



Dear Colleague,

**TOWARDS OUR 5 YEAR TRANSFORMATION STRATEGY: INVITING YOUR VIEWS**

The Department is undertaking a five year planning process to define its goals and strategies for the medium term towards its vision outlined in Healthcare 2030 : the Road to Wellness. This is an important opportunity to take stock of the external and internal environment, re-calibrate our priorities, re-think our roles and most importantly explore innovative ways of doing business differently to achieve our objectives.

In this complex environment, it is imperative that we open up the process to invite insights, perspectives and ideas to help shape our departmental transformation strategy. In this regard, please find a draft discussion document containing our preliminary thoughts at this stage. As an important stakeholder / strategic partner, we kindly request you to discuss the document within your organization and submit comments to us **by the 12 August 2019**. We are also happy to make ourselves available to present the document and engage, should you deem it necessary.

Your comments and or request for an engagement should be directed to:  
[Plaxcedes.Chiwire@westerncape.gov.za](mailto:Plaxcedes.Chiwire@westerncape.gov.za)

Thank you

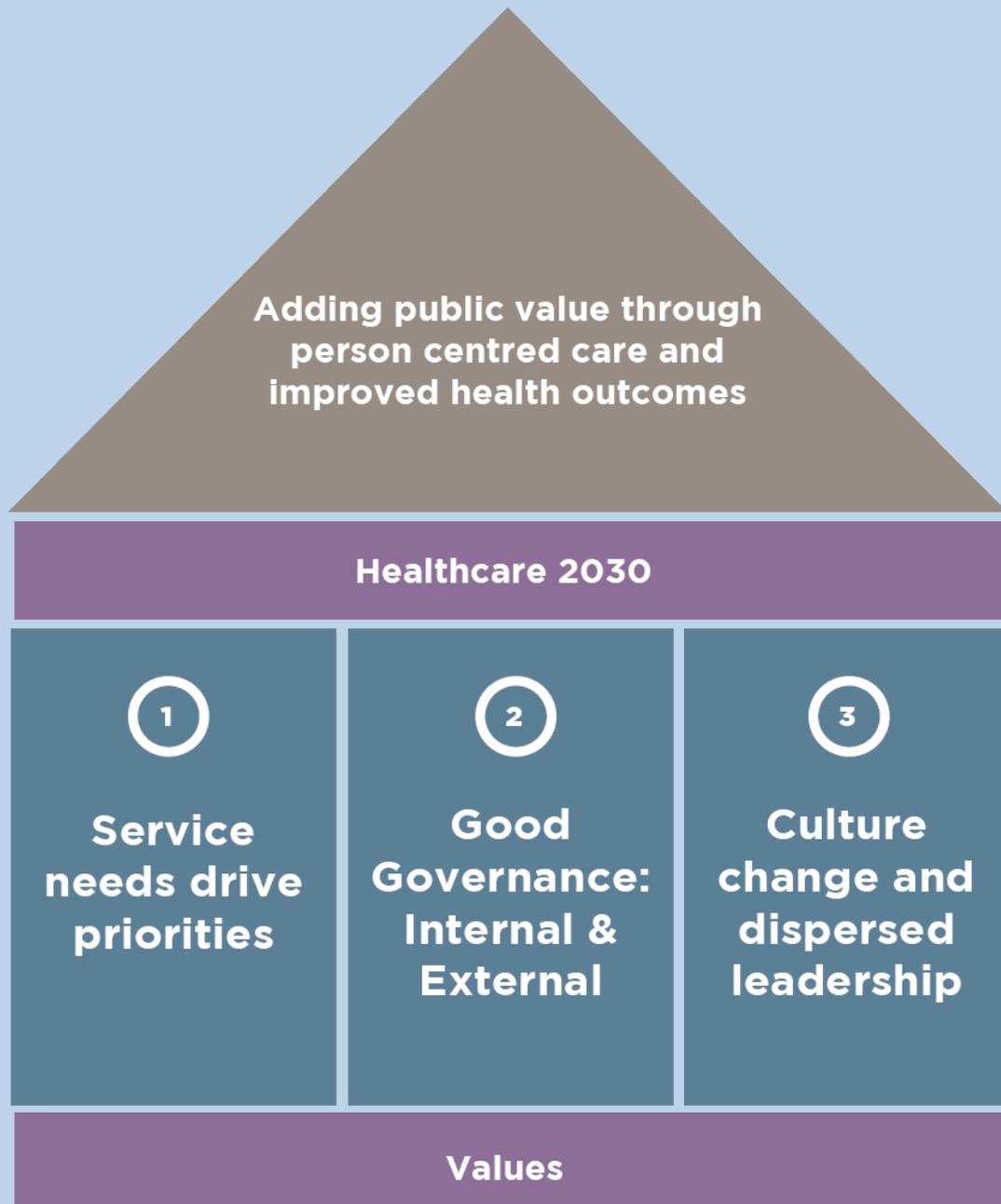
Yours sincerely

A handwritten signature in black ink, appearing to read 'Beth Engelbrecht', written over the printed name.

**Dr Beth Engelbrecht**

**Head: Western Cape Department of Health**

Date: **2019-07-05**



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Draft Discussion Document

## A. Executive Summary of Key Messages:

1. The new political term and the five-year planning process provides **an opportunity to rethink the role** of the Health department.

2. A confluence of three main factors makes it **imperative that we step into a broader stewardship role for a health society**. These are:

- The Constitutional and legislative framework of the country holds the Minister and the Health Department accountable for the health of the total population and not just the public sector dependent population.
- We must positively and more strongly influence social, economic and commercial determinants of the health and wellness outcomes of the population. This calls for a fundamental mindset shift from being mainly inwardly focused and service delivery orientated to a complementary broader, outward focused advocacy and leadership role in inter-sectoral action for health and a stewardship role towards a healthy society.
- The UHC policy framework creates fresh opportunities to connect the public and private health sectors to pool resources and work collaboratively towards a transformed health service and a healthy society

3. The **principles of UHC** which are optimal coverage (access to services) of the population, good quality (health) care and financial protection of the population in the times of need for (health) care are globally, nationally and locally fully supported by the WGH.

*The principles of coverage, quality and financial protection apply equally to the full package of social services. So, the WCG is committed to **UHC for all social services**. This is particularly important in the context of unacceptable levels of poverty and deprivation.*

4. The unfolding Departmental strategy is underpinned by the long-term vision and principles of **Health care 2030 – the Road to Wellness, the established values of the Department and the Departmental pledge**; and must be aligned to the SDGS, NDP and the PSP of the province.

5. The Department has the **largest physical footprint of facilities and reach into households and communities**. This provides a huge opportunity to listen to and connect with families and communities, build trust and relationships to **strengthen social cohesion**, provide a **significant part of social safety net** and a major interface with the provincial government. Each of our frontline staff become ambassadors of the WCG in their daily interaction with clients. The Department also needs to develop strategies and

mechanisms to empower patients, families and communities with greater agency to take responsibility for their health and play an active role in shaping the oversight and governance of health service delivery.

6. The Department is also a **major contributor to the enabling economy** of the province;

- We employ more than 31 000 staff on a full - time basis.
- We fund NPOs to provide a Community based service who in turn employ about 3500 CHWs across the province.
- Procure goods and services estimated at approx. R7bn per annum.
- We create opportunities for several hundreds of intern graduates annually in the Dept.
- Provide a training platform for a range of skills including amongst others, artisans, CHWS, up to health professionals like nurses, doctors and specialists in partnership with the HEIs.
- Optimal health is vital to providing a productive workforce.
- The return on investment in health has been estimated to be six fold.

7. As we plan, **we must learn the lessons from the past**. On reflecting over the past 2 decades and more, we have recognized the importance of stable leadership, consistently confirm the need for a balanced health system with a focus on PHC within a DHS, realized the need for individual, team and health system resilience. There are significant challenges in terms of service pressures, equity and engaging effectively with communities which need to be addressed. We have also recognized the need for a distributed, transformational leadership, the importance of good governance internally and externally, and the need to sustain the gains made in building systems and managerial, technical and relational capability of the health Department to improve the performance of the health department and the health system.

8. The core challenge in the current context is the **burning platform** experienced by our patients and frontline staff essentially caused by the escalating demands on the health service on the one hand and decreasing resources in real terms on the other. The **service pressures are not sustainable**. The Departmental strategy must map a different, creative way of doing business to address the needs of communities within the available resources, while optimizing the patient experience and outcomes.

9. In mapping the Departmental Transformation path, we make **assumptions** for the next five-year horizon. These include increasing population growth aggravated by migration, a weak economic outlook with unacceptable levels of poverty, a decrease or plateauing of social spending budgets, a continuing volatile and complex environment, escalating size and complexity of the burden of disease, adverse impact of climate change to worsen, incremental increases in the proportion of a younger workforce, significant opportunities and eagerness to innovate and major opportunities to improve efficiencies and do business differently through Information technology.

The Department has identified **four intermediate goals** to the long - term aspiration of becoming an effective steward for a healthy society, transform the health system and optimize its service delivery:

- A Balanced, resilient health system to optimize outcomes
- Health Systems coherence thro' effective governance
- Responsive and enabling support service
- Responsible allocation and use of resources

10. A **preliminary set of strategies** is identified. Transversal strategies include distributed leadership and a positive culture, a learning and innovation culture, effective communication, a strategic and design capability, and a responsive information and IT system. Several preliminary specific strategies aligned to the intermediate goals are also identified. Noteworthy, is the need to create a safe and secure working environment for staff, optimize the engagement of staff and strengthening workforce planning.

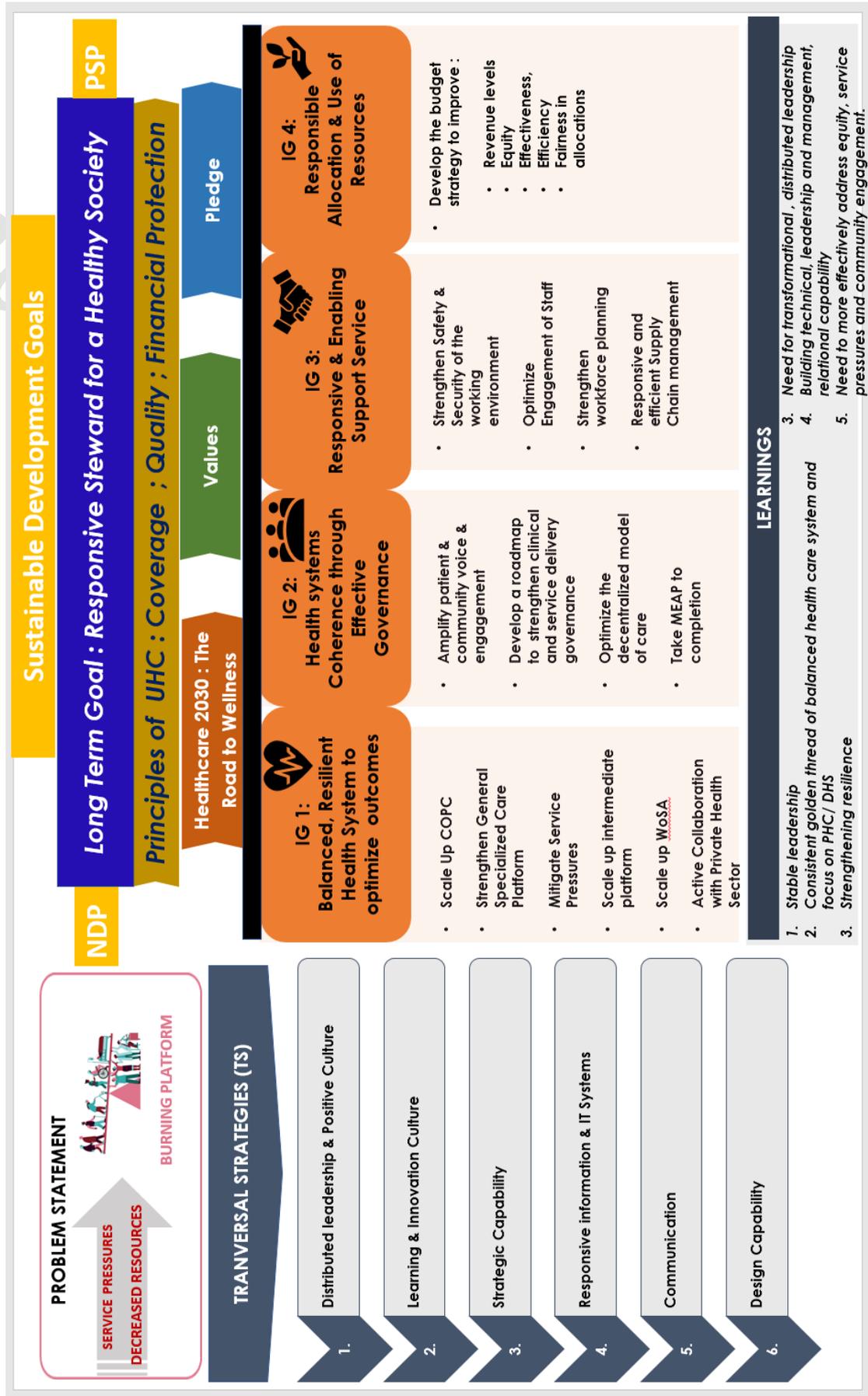
This document will be re- shaped by the unfolding engagements both internally within the Department as well as with our external stakeholders, over the next few months, which will provide important perspectives and creative strategies.

11. In this document the Department of Health is positioned as the **“Responsive Steward for a Healthy Society”, which will take us towards UHC**. The main concepts to this end will be **stewardship, optimization, and transformation**. **Stewardship** will aim to improve health through direct activities, through influencing partners, and work with partners (whereas the community is seen as a partner).

12. A **Theory of Change methodology** is used to define the problem, make explicit the assumptions, identify the desired impact, long term and intermediate goals and explain the rationale between the strategies and the goals and propose a system of monitoring, evaluation and learning.

13. A **system of monitoring, evaluation and learning** will be put in place to monitor progress towards the long-term goal of a healthy society and the vision of Healthcare 2030: The Road to Wellness.

Figure 1: Schematic Representation of Key Messages



## B. Definitions and Abbreviations

In some cases, definitions can be wide ranging - the Department's use and interpretation of the concepts are defined below

### **Steward for a healthy society**

A steward for a healthy society has 3 functions:

1. To improve the health outcomes of society through its direct activities.
2. To influence partners to improve health outcomes.
3. To work with partners towards the goal of a healthy society.

### **Universal Health Coverage**

Universal health coverage means that all people have access to the quality health services they need, when and where they need them, without financial hardship. (World Health Organisation, 2019). UHC therefore consists of three components:

1. Access to health services
2. Quality health services
3. Affordable health services

### **A Healthy Society**

Health is a state of complete physical, mental and social wellbeing (Alma-Ata, 1978). A healthy society has the following characteristics

1. Positive health outcomes
2. Mental wellness - the ability to cope with the routine stresses of life
3. Financial security
4. Education
5. Safety
6. Respect for human rights
7. Spatial connection
8. Low levels of inequality

### **What is a health system?**

A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct

health-improving activities. A health system is therefore more than the pyramid of publicly owned facilities that deliver personal health services. It includes, for example, a mother caring for a sick child at home; private providers; behaviour change programmes; vector-control campaigns; health insurance organizations; occupational health and safety legislation. It includes inter-sectoral action by health staff, for example, encouraging the ministry of education to promote female education, a well-known determinant of better health. (World Health Organization. (2007). Everybody's business--strengthening health systems to improve health outcomes: WHO's framework for action. Geneva: World Health Organization)

### **Governance**

The Commission on Global Governance defines governance as " the sum of the many ways in which institutions, public and private, manage their common affairs. It is a continuing process through which conflicting or diverse interests may be accommodated ...." It includes formal and informal arrangements. According to the United Nations Development Programme, good governance is accountable, transparent, responsive, equitable and inclusive, effective and efficient, participatory, consensus-oriented and follows the rule of law. The Department further consider Governance of Health as internal arrangements within the Department and Governance for Health as that with external partners and other sectors to achieve the goals of the health system

### **Distributed leadership**

Distributed leadership refers to the system that nurtures and supports its development as well as the desired leadership characteristics being present at all levels of the organisation irrespective of location, rank and profession.

### **COPC**

A continuous process by which primary health care is provided to a defined community on the basis of its assessed health needs, by the planned integration of primary care practice and public health". (Abramson, 1988)

### **WoSA**

The whole of society approach is an evidence-led, collaborative, area-based management model towards aligned planning and delivery. It encourages provincial and local government to find new ways of working together and partnering with communities by continuously reflecting, learning and adapting.

### **Organizational learning / learning organization :**

Learning organization is defined as a place where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to learn together. (Senge 1990). The four important aspects of a learning organization include learning on the job, developing a climate to learn, organizational learning (the processes of learning), and creating the structures for learning.

### **Innovation**

Innovation is a unique or new or a different way of doing things which adds value. This could apply to a product or service or a way of functioning or governance arrangements and processes.

### **Social, Economic and Commercial Determinants of Health**

There are social and economic factors that have an impact on health outcomes and tend to produce structural inequities within and between communities. They include but are not limited to Income, Employment, Poverty, Education, Water and Sanitation, Housing, Crime, Infrastructure that impact health status. The commercial determinants mainly refer to the power of corporates including monopolies and multinationals and the impact of their policies and practices, including advertising, prices, distribution, incentives, influence on trade policies and tariffs etc on health outcomes.

## **C. LIST OF ABBREVIATIONS/ ACCRONYMS**

<b>CAS</b>	Complex Adaptive System
<b>CHW</b>	Community Health Worker
<b>COCT</b>	City of Cape Town
<b>COPC</b>	Community Oriented Primary Care
<b>CSS</b>	Corporate Support Service
<b>DHS</b>	District Health Service
<b>ECSS</b>	Emergency and Clinical Support Services
<b>EMS</b>	Emergency Medical Service
<b>FBU</b>	Financial Business Unit
<b>FPS</b>	Forensic Pathology Services
<b>GSS</b>	General Specialist Service

<b>HCBC</b>	Home community-based care
<b>HEI</b>	Higher Education Institution
<b>HIV</b>	Human Immunodeficiency Virus
<b>HoD</b>	Head of Department
<b>HR</b>	Human Resource
<b>ICT</b>	Information Communication Technology
<b>ID</b>	Intellectual Disability
<b>MEAP</b>	Management Efficiency Alignment Process
<b>MHS</b>	Metro Health Service
<b>NCDs</b>	Non- Communicable Diseases
<b>NDOH</b>	National Department of Health
<b>NHI</b>	National Health Insurance
<b>NPO</b>	Non-profit Organization
<b>PCGC</b>	Provincial Clinical Governance Committee
<b>PHC</b>	Primary Health Care
<b>PPHC</b>	Personal Primary Health Care
<b>PSP</b>	Provincial Strategic Plan
<b>RHS</b>	Rural Health Service
<b>SC</b>	Strategic Cluster
<b>SDGs</b>	Sustainable Development Goals
<b>SLA</b>	Service Level Agreement
<b>TB</b>	Tuberculosis
<b>TEXCO</b>	Top Executive Committee
<b>TOC</b>	Theory of Change
<b>UHC</b>	Universal Health Coverage
<b>VUCA</b>	Volatility, Uncertainty, Complexity, and Ambiguity
<b>WCG</b>	Western Cape Government
<b>WCGH</b>	Western Cape Government Health
<b>WHO</b>	World Health Organization
<b>WoSA</b>	Whole of Society Approach

## D. Introduction

The beginning of a new political term (2019-2024) and the need for a five-year plan has created an opportunity to take stock, reflect on the learnings of the last two decades or more, and develop a Departmental strategy towards its vision outlined in Healthcare 2030: The Road to Wellness, as well as to give effect to the policy direction of UHC.

This is a preliminary draft of the Departmental transformational direction and strategic intent of the Department. It will be further informed and amended after engagement internally with other levels and functional sections in the organization as well as with external partners such as the HEIs, private sector, organized labor and community voices through statutory structures and NPOs. The Departmental strategy also needs to be aligned with the unfolding planning processes within WCG, Local Government, National Department of Health and National Government more broadly.

The cascaded process will confirm or amend the direction and goals; develop a robust and definitive set of specific strategies; explore the implementation steps and identify milestones over the short to medium term (5 years). The outputs from the decentralized processes will be consolidated into the next Departmental five - year plan.

### **Some of the potential questions to be addressed within the cascaded process would be:**

- 1. Do we have a shared understanding and acceptance of the desired impact (healthy society) and strategic intent (goals) we wish to achieve?*
- 2. Are the transversal and specific strategies the right priorities to achieve our desired impact? Are there any blind spots? How can we more sharply define our strategies?*
- 3. Once the strategies are endorsed, what are the planned actions, milestones and markers to monitor progress over the next five years to ensure effective implementation.*

This is a major opportunity to strategically think and plan for the next five years and the process should be used to deepen our strategic capability as well as our priority setting and planning processes, strengthen our relationships and partnerships, and enable our stewardship role towards a healthy society across the public and private health sectors as well as across other sectors.

It is important at the outset to remind ourselves that the Minister and the Department is accountable for the health outcomes of the total population and not only the public sector. We therefore have a stewardship role in the province that goes beyond the Department's own service delivery responsibility. This understanding of the broader mandate translates not only to public and private health sector and service delivery roles, but also the requirement to play a strong advocacy and leadership role across the whole of society and whole of Government if we are to positively influence social, economic and commercial determinants of the health and wellness outcomes of the population. This calls for a fundamental mindset shift from being mainly inwardly focused and service delivery orientated to a complementary broader, outward focused stewardship role towards a healthy society.

### **E. Learnings: 1994-2018**

- 1) The need to move from a fragmented, inefficient, siloed set of structures, systems and processes to a **more integrated, aligned and coherent health system**.
- 2) The **central role of stable leadership** that can chart the transformation journey and provide continuity in strategic direction and health system development. Over the 25-year journey, there has been a **consistent golden thread of a balanced health system with specialist services and referral support systems with a focus on PHC and the DHS**.
- 3) Over the years, there have been a range of shocks and stresses, including intractable service pressures, significant budget cuts, severe water shortages, load shedding, massive fires like those at Knysna and Swartland hospital and disease outbreaks that built and tested the resilience of the Department, Government at large and local communities. Thus, the **need for strengthening resilience on an ongoing basis** given the VUCA world we live in. The role of leadership and learning are critical components to this end.
- 4) The Department has over the years incrementally adjusted and responded to the changing environment. With the threat of ongoing reduction in resources and escalating service pressures and demands, there is a **need for a transformatory change** to cope, emerge stronger and take the Department to the next level. This requires **transformatory, distributed leadership to steer the change with a connected, collaborative, learning and innovative culture** to adapt and respond differently to the challenges and opportunities ahead.

There has been a recognition that the burden of disease and chronic service pressures we face in health are primarily a consequence of the social, economic and commercial determinants of health. We therefore **need to shift emphasis from curative to preventive and promotive and from a health service delivery role (inward focus) to one of stewardship and advocacy to influence**

**other sectors and the upstream risk factors (outward focus) and from a vertical or reactive response to service pressures to a more integrated and holistic system response.** In this regard the power of strong partnerships is essential in navigating this complex environment.

- 5) The **importance of governance, internally and externally**, as a lever to improve decision making, accountability and performance of a complex health system with multiple role players and partners cannot be emphasized enough. Governance arrangements therefore require regular review and adjustments in keeping with the changing environment as well as lessons we learn through experience of what works and what not. Governance is not only about formal structures, systems and processes but also and arguably, more importantly about relationships, trust and ethics.
- 6) We have built a well performing organization based on strong systems, processes and capabilities over the years as evidenced by a range of objective markers. We have thus learnt **the importance of building and sustaining internal relational, technical, leadership and managerial capabilities** to prevent the gains from being eroded in this VUCA environment.
- 7) There are **areas that we can improve**. These include amongst others, addressing equity, mitigating service pressures and improving community engagement.
- 8) The **End of Term review and the evaluation of the provincial transversal management system raises important lessons** to improve efficiency and effectiveness of working across Departments and spheres of Government that should be factored into provincial planning process as well as our intention to play a greater stewardship role more broadly.

## F. Problem Statement

We have a burning service platform within a VUCA environment and worsening socio-economic conditions, juxtaposed between chronic intractable service pressures and limited and reducing resources. The current situation is unsustainable and demands that we take action to manage the service pressures. Incremental improvement, short - term mitigation strategies and business as usual will not be enough to compensate for the service pressures, population growth and economic threats nor achieve our long-term goal of a healthy society in the province.

We also have a burning desire to make a difference, influence and improve. We therefore must embark upon a transformation journey and make fundamental system change to the way we do business and to influence the social, economic and commercial determinants of health to achieve a healthy society.

## G. Transformation Journey

### 1. Theory of Change methodology

The TOC is the preferred methodology by the Presidency in developing its framework for five - year planning as well as within the WCG in its provincial strategic planning process. The rationale underlying the TOC will be adapted in our planning processes. It is a useful methodology that fosters critical thinking, participative processes to solicit different perspectives, avoids rigidity and linear thinking and calls for ongoing learning and adaptive responses towards a desired change.

Given the complex situation with multiple dynamic variables in which we operate, and the social nature of our organization, one must recognize that we cannot predict the future reality nor our performance with certainty. While we map out long term goals and a broad strategic direction, we must be constantly mindful of the changing environment. Our strategies must adapt and we must be responsive accordingly. In this process we must reflect and learn from our history and our experiences, consider the local and global knowledge and experiences of others, and use the best intelligence available to inform our decisions and actions.

In the process of developing the Departmental strategy the following questions should be answered explicitly:

- what assumptions are we making?
- what are our long - term system goals and the desired impact,
- what are the set of more intermediate goals that it will take achieve the desired impact,
- make explicit the rationale of why we believe the goals and strategies we undertake will get us to the desired impact.
- Have a system of learning and monitoring our progress towards the long-term goals

### 2. What are the assumptions we making?

For the purposes of this exercise, the time horizon for the assumptions we are using is approx. five years. In a VUCA world, these assumptions become less valid the longer the horizon. A summary of the assumptions includes:

- A **VUCA environment will continue** to confront the Department, though the nature, shape and size of the stresses and shocks may vary.

- The **population in the province is expected to increase** annually by about 2%. Net inward Migration will escalate.
- South Africa is facing a **weak economic outlook**. The economic growth rate is likely to be low for the next five years ranging between 1,5% and 2,1 % in 2021 and 2,5% by 2024. Unemployment is currently approximately 27,5% nationally and 21% within the WC and will remain unacceptably high. Western Cape was estimated to have about 33.2% (upper bound poverty line of R992 per person per month) of adults living in poverty in 2015 and this will also remain unacceptably high.
- Given the economic growth rate and weak economic outlook, **budgets for social spending** related Departments such as health, human settlements, education, social services are likely to **further reduce in real terms in the short - term (1-2 years) and then stabilize in the medium term** (3-5 years) but unlikely to significantly grow in the short to medium term.
- **Service pressures will continue**. Mitigation strategies may be partially effective.
- There will a **growing impatience amongst communities** of poor service delivery and quality of care.
- The **NHI as a fully functional funding model is unlikely to be operational within the next five years**. However, there may be **increased opportunities for the sharing of pooled resources** such as under-utilized bed capacity and skilled health professionals between the public and private health sectors in its shared commitment to UHC.
- In the main the **burden of disease is likely to increase with multi-morbidity becoming the norm**. The **unmet need will remain significantly high** for NCDs. Injuries from inter-personal violence likely to increase both in numbers and complexity given the increase in gun - shot injuries we are seeing recently. The social determinants of Health will continue to significantly fuel the increase in burden of disease. Antibiotic resistance is on the rise. The cumulative effect of these trends is more complex and expensive diagnostics and treatment required, longer lengths of stay in hospitals and poorer clinical outcomes.
- Despite a growing consciousness, desire and multiple activities to mitigate the impact of climate change, **adverse impacts of climate change are likely to increase** in frequency and severity. More specifically, the challenges around water shortages, load shedding and waste management will continue in the medium term. The demand for disaster management and acute emergency services will increase.
- **The rapidly advancing field of technology, in medical equipment** as well as ICT, has the potential to **dramatically impact on the way we fundamentally do business** and redesign our models of care and business practices both at service delivery level as well as corporate. Closely allied to this is the availability and access to information which can be empowering for patients and communities as well as enable good and quick communication within large organizations.

- The **size of the health workforce in the Department is unlikely to increase** in the medium term, with the possibility of slight reductions if the budgets continue to decrease. Given the natural attrition rate trends, there will be a small margin that leave and create opportunities for recruitment. Challenges to recruit and retain certain categories of skilled staff and health professionals will continue. The flux of a cadre of junior health professionals will continue such as interns and COSMOS. Young staff have different ways of thinking, working and behaving. They provide an opportunity to bring new energy and additional creative thinking into the Department which should be optimized. The trend to introduce task sharing and task shifting will increase.
- There is an **increasing trend to innovate** even within the Department. This is a value and a culture within WCG and WCGH that will be encouraged and supported. Innovation ranges from incremental improvements to disruptive changes and has the potential to reconfigure the way we do business and improve efficiencies and effectiveness on multiple fronts be it in the services or corporate support space. The IT space is one of the most fertile grounds for innovation given the pace of developments in information technology.

### **3. What is the Desired Impact?**

The **desired impact is a healthy society**. Healthy Societies have an optimal quality of life, are more productive, live longer and happier. They are built around the core values of equality, democracy and sustainability. The traditional population health outcomes that the Department will continue to strive for as part of its core mandate, such as improved life expectancy, reduced infant, child and maternal mortality, which are integral to a healthy society.

### **4. What are the Long Term and Intermediate Goals and Strategies to achieve the desired impact and what is the explicit rationale?**

The **burning platform** with its intractable service pressures, fueled by an escalating burden of disease and a VUCA environment, juxtaposed against reducing resources in real terms, is **unsustainable**. An inward focus on health service provision within the public sector and marginal changes is simply not adequate.

The constitutional and legislative framework holds the Ministry and the Department accountable for the health outcomes of the *total* population and not just the uninsured portion attending the public sector. The UHC policy framework creates fresh opportunities to connect the public and private health sectors to pool resources and work collaboratively towards a transformed health service and a healthy society. Furthermore, the importance of social, economic and commercial determinants on health outcomes

demands a whole of society approach across sectors, spheres of government and civil society and strong partnerships that goes far beyond the conventional mandate of just public health service delivery. The cumulative effect of the above imperatives calls upon the Department to step up to a **stewardship role**, alongside other stewards, galvanizing all forces to achieve a healthy society (**Long Term Goal**).

The Stewardship role of the Department is under-pinned by the Healthcare 2030 principles, the principles of UHC, values of the Department and the Departmental pledge as shown below. It is also aligned with the SDGs, the National Development Plan of the country and the PSP of the Western Cape. Within the current national context and the strategic intent of UHC which is supported by WCGH, it is important that we **locate our goals and strategies within the principles of improving coverage (access), quality and financial protection of the citizen against unaffordable health costs**.



The **stewardship role will help the Department to navigate its other roles** – these include that of direct service provision (currently to approx. 75% of the population in the province), responsible allocation and

use of resources including the **strategic purchasing** of goods and services from the profit and non - profit private sector, **regulating** the private sector and **advocacy** and partnerships across sectors to mitigate social and commercial determinants of health (outward focus) – all within a **coherent, effectively governed and trustworthy, decentralized and balanced health system. The health system needs to be enabled by a responsive support service and distributed leadership** all working towards the common goal of a healthy society. We also need to **intentionally build trust, collaborative partnerships and agency amongst patients, families and communities if we are to impact on the lived experience of citizens and their quality of life.**

The health service itself is complex, multi layered, conventionally divided by specialties and levels of care and rendered within hundreds of facilities. PHC has the greatest reach into communities through community based services. It has the greatest potential to ensure equitable access to health care and make the greatest impact on health outcomes. The **Community Orientated Primary Care (COPC) is a geographic based model that connects primary care with a community based service that also promotes intersectoral action for health.** It moves beyond the bricks and mortar of health facilities into households with a focus on family health and a shift from curative to prevention and promotive health. It will enable greater agency amongst patients and communities to take ownership of their health and wellness recognizing their rights and responsibilities. COPC will begin to address the unmet need of patients that do not attend the health service and follow up with patients that default treatment. CHWs will strive to be representative of the Whole of Government and provide the connections to other sectors and departments. **Community assets will be optimized and communities empowered to play an active role in health oversight and demanding social accountability.** PHC will be embedded within a **district health service model which is supported by specialist and sub specialist services and an efficient referral system** to move patients up and down the system across levels of care. Thus, the need for a **balanced health system** that is well connected internally as well as externally with private health sector, other partners and other sectors to optimize both individual patient experience and clinical outcomes as well as the population health and wellness outcomes. The health system is complex and its development needs to be considered “system wide” across services, programmes, functions and levels as well as “system deep” in terms of its complexity.

Given the pressure of the burning platform on frontline staff, strategies to **alleviate service pressures** in the short to medium term and **focused efforts to address specific conditions** embedded within a health systems approach will be strengthened. These areas currently identified include neonatal and obstetric services, acute mental illness, specific areas of the health service platform such as Emergency Centres, Operating Theatres and Critical Care and Forensic Pathology Services and specific conditions such as HIV and TB. HIV and TB remain significant causes of potential years of life lost and merit focused attention.

This requires visible leadership and enabling support to the frontline staff to cope with these pressures. The intractable service pressures underline the importance of **building resilience** amongst individual staff, teams and the system.

Staff are the most asset within the health system. The frontline staff who manage the patient encounter are critical to optimizing the patient experience and health outcomes. Staff working in the support services are equally important to enable efficient and effective service delivery. Providing staff with a **safe and secure environment** within which they work is a basic yet key requirement especially within the current reality of a very stressful environment. The working environment and infrastructure needs to be well maintained, modernized where feasible, and have **well – functioning medical equipment and IT systems**. Giving the staff the space and autonomy to learn and develop both as individuals and teams and to make local decisions is **intrinsic to their motivation and engagement**. **Responsive and efficient SCM processes** that includes a combination of transversal contracts developed at the centre to enable cost effective procurement and increased delegations to entities with administrative capacity to more responsively procure goods and services locally where appropriate. **Strategic workforce planning** will be important to consider the supply - demand equation, the skills required in this transformation journey, strategies to address scarce skills, and mechanisms to improve staff productivity and efficiency including task sharing and shifting.

The health system comprises multiple role players and inter-dependencies. The intention is to **optimize a decentralized model of care** to improve responsiveness to patient and population needs by those closest to the ground. This requires **effective governance arrangements** to facilitate decision making, align the efforts of multiple partnerships towards a shared purpose of a healthy society and set of goals. This will ensure coherence, optimize the power and performance of the health system and ensure reciprocal accountability is a key lever. Governance is conventionally focused on rules, roles, power and authority. We need to equally focus on culture, trust, ethics and relationships. **Effective communication** is imperative to maintaining coherence and good governance, improving mutual understanding, agency and collaboration internally and externally, strengthening relationships and sharing of lessons and good practice. The leverage of good governance is as important internally at multiple levels be it clinical, service platform or corporate support service space (Governance of Health) as it is for externally focused efforts within WoSA and strategic partnerships (Governance for Health). The **way we operate needs to be agile** to respond rapidly to a changing environment, connect with the private sector for the purposes of UHC and testing new partnership models. Trustful relationships, sharing of information and an innovation-friendly environment become important elements in this regard. The **MEAP initiative must be taken to completion** to enable a new operational logic that permeates structures, functions, processes and culture to take root.

Given our core business of health service delivery and patient care, it would be important to prioritize developing **a roadmap to strengthen clinical and service platform governance**. Significant evidence shows the poor control of chronic conditions in the main. This is because of patient, provider and system factors and requires multi-pronged strategies to address them.

It is well documented that the health system at large in SA does not obtain optimal outcomes for the level of investment in health. Thus, having the technical capability to provide the evidence to influence interventions, ensure we are doing the right things and allocating our resources appropriately, is paramount. Thus, the need for a powerful **strategic capability** that is technically endowed and relationally networked across the department as well as with relevant partners externally. The capability should include:

- **Health intelligence** that is finely tuned into and making sense of the changing internal and external environment; that integrates the information from a range of sources including amongst others, epidemiological trends, surveillance, research, routine data from a variety of systems; and **makes it available timeously in a user-friendly format to enable decision making** be it at clinical, operational or strategic levels.
- **Technical and managerial capability** to provide the evidence from, amongst others, health economics, policy and health system and public health analyses to inform strategic decision making, priority setting (doing the right things), strategy and policy formulation and planning as well as the responsible **allocation and use of resources**. These processes must happen with ongoing feedback and input from the operational levels closest to the ground.
- *Monitor the impact* of our interventions, regular evaluation and learning for continuous improvement must be embedded in the way we do business.

The current problematic context described above also **demands we do business differently**. In addition to working collaboratively with other sectors and the private health sector, we need to reconfigure and **redesign our services**. We need to risk stratify the patient population and develop differentiated care models for different target groups. This will increase the options for providing services at multiple venues that are convenient for patients and improves their experience without compromising their health outcomes. This will at the same time decongests existing health facilities and create a less stressful and more enabling working environment for staff. Advances in IT systems, the ability to track patient care across facilities (public and private) over their life course and the timeous availability of **good quality data is a key enabler in doing business differently, efficiently and effectively**.

Doing business differently requires a **positive, transformational culture change** to being more open minded, actively listen and observe, humility and curiosity to ask questions, **constant reflection and learning, desire to continuously improve, a willingness to innovate, experiment** and take risks. This requires a shift from command and control to enabling and support and from problem finding focus to solution seeking focus. The importance of strengthening relationships and connectivity horizontally and vertically, internally and externally and fostering a culture of collaboration and boundary spanning is key to optimizing the power of the health system. Given the complexity and uncertainty of the dynamic environment in which we operate, as leaders we need to become comfortable in being agile in our responsiveness through emergent thinking and adaptive management. The **transformational distributed leadership must be intentional about steering this culture change**. It must drive changes to systems, processes and policies to enable the culture change and provide the space and autonomy to intrinsically motivate staff. This culture change equally applies to both the service rendering entities as well as within the support service space. Thus, distributed individual and team **leadership development and competencies** as per the leadership development strategy, competency framework and leadership behavior's charter of the Department must remain a key focus. We also need to create a climate to encourage learning at work (on the job), develop systems, processes and structures that encourage and **institutionalize organizational learning**. Learning must become part of the organizational culture and the way we do business in the existing places and spaces. This will also strengthen the resilience of the Department.

A summary of the Long-Term Goal, Intermediate Goals (IG) transversal (TS) and specific (SS) strategies appear in the table below.

The strategies identified in this document and listed below are high level, preliminary and by no means comprehensive and not ranked in any order. The cascaded process of engagement internally and externally will allow a robust set of more specifically defined strategies to emerge that will inform the five-year planning process.

<b>Long term Goal: Responsive Stewardship towards a Healthy Society</b>	
<b>Transversal Strategies (TS)</b>	<b>IG 1: A Balanced, Resilient Health System to optimize patient experience and health and wellness outcomes of the population</b>
<p>TS 1: Distributed Leadership and Positive Culture for Transformation</p> <p>TS 2: Learning and innovation Culture</p> <p>TS 3: Strategic capability</p> <p>TS 4: Responsive Information and IT Systems</p> <p>TS 5: Effective Communication</p> <p>TS 6: Design Capability</p>	<p>SS 1: Scale up COPC across the Province</p> <p>SS2: Strengthen General Specialist Services</p> <p>SS3: Mitigate Service Pressures &amp; focused efforts to address specific conditions</p> <p>SS4: Expand the Intermediate Care Platform</p> <p>SS 5: Scale up WoSA</p> <p>SS6: Active collaboration with the private health sector</p>
	<b>IG 2: Health Systems Coherence thro effective Governance</b>
	SS 7: Strengthen Community Engagement
	SS 8: Develop and Implement a roadmap for improved clinical and service delivery governance
	SS 9: Optimize the decentralized model of care
	SS10: Take MEAP to completion
	<b>IG 3: Responsive and Enabling Support Service</b>
	SS 11: Optimize the engagement of staff
	SS 12: Strengthen the safety and security of the working environment
	SS 13: Strengthen Strategic Workforce Planning
SS 14. Improved efficiency and responsiveness of SCM processes	
<b>IG 4: Responsible Allocation and Use of Resources</b>	
SS 14: Refine the budget strategy to improve revenue, equity, efficiency, effectiveness and fairness in budgeting	

## 5. Monitoring, Evaluation and Learning (MEL)

The Department receives almost 38% of the total provincial budget (taxpayer's money). We are therefore accountable for performance and results. It is therefore imperative that we ensure consistent progress towards a healthy society and have markers that indicate movement in this

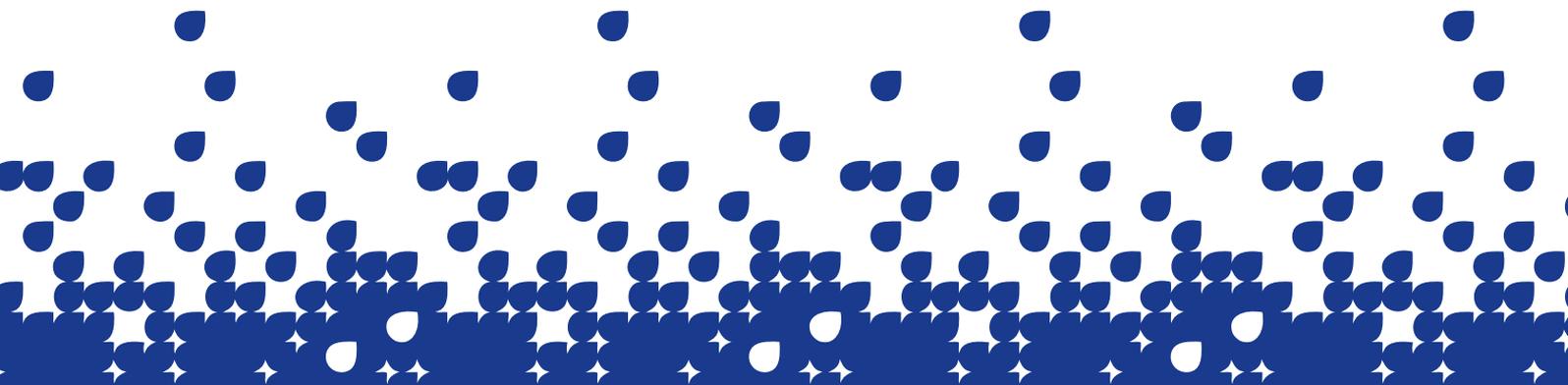
regard. This is notwithstanding the recognition that we operate within a fluid environment, will face stresses and shocks and the future is unpredictable. We also recognize the limitation of linear thinking and hard targets in this environment.

The Department intends to increasingly move towards an **active learning approach and building a learning organization**. We need to create the climate, systems and processes that would enable organizational learning across the Department. Within the M&E domain, we need to increasingly move from the correction of errors in current work routines (Single-loop learning) to questioning and improving current work routines to improve effectiveness (Double-loop learning) and challenging deep-rooted assumptions and norms underlying how things are done (triple-loop learning)

Part of the process of engagement and technical work over the next few months will be to **develop a set of indicators to monitor progress** as well as processes at all levels of the department that embed the practice of reflection, learning and continuous improvement. These will range from monitoring the individual patient experience and clinical outcomes to health system efficiencies and effectiveness and the desired impact on a healthy society especially of the most vulnerable (equity).

## G. Conclusion

Within an environment of limited resources, escalating challenges and needs and much uncertainty, we have a responsibility to seek opportunities, strengthen our systems and sustain our gains and build resilience. We need to be creative in doing business differently, and marshal all forces through strong partnerships towards the vision of a healthy society. In this period, it is imperative that we through a healthy mix of top down and bottom up, internal and external processes to critically analyze our reality, define our problems clearly, access the best evidence and expertise to identify the most important priorities and interventions that will have the greatest impact. Resources need to be allocated accordingly. Flexibility and adaptive management is required to adjust to changing circumstances and a healthy process of organizational learning to ensure continuous improvement. **The litmus test then remains focused execution of the planned strategies and actions.** A robust set of markers to monitor progress towards the desired impact is important.



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