Western Cape Government

Health

Healthcare 2030

The Road to Wellness

Healthcare 2030
The Road to Wellness

Western Cape Government
Health

March 2014

TABLE OF CONTENTS

LIST OF FIGURES IV

LIST OF TABLES V

LIST OF ABBREVIATIONS VI

MESSAGE FROM MINISTER THEUNS BOTHA X

FOREWORD: HEAD OF WESTERN CAPE HEALTH XII

EXECUTIVE SUMMARY XIV

SECTION A: CONTEXT HEALTHCARE 2030 1

Introduction and Background 1

A Changing Environment 2

External Environment 2

Legislative and Policy Environment 4

Internal Environment 9

SECTION B: OUR APPROACH TO WELLNESS 15

Introduction and Background 15

Provincial Transversal Management System 17

Strategy to Address the Six Priorities to Increase Wellness 18

Strengthening the Advocacy Role of the Department 18

The Cape Town Declaration on Wellness 19

Priority Interventions 20

SECTION C: FROM HEALTH SERVICE DELIVERY TO PERSON-CENTRED CARE 29

Introduction and Background 29

Person-centred Approach 29

Integrated Care Provisioning 29

Continuity of Care 30

Life Course Approach 30

SECTION D: VISION, VALUES AND PRINCIPLES 33

Vision 33

The Expanded Vision Statement 33

Values 37

Principles 37

Person-centred Quality of Care 37

A Move Towards an Outcomes-based Approach 37

The Primary Health Care Philosophy 37

Strengthening the District Health System 38

Equity 38

Efficiency 38

Building Strategic Partnerships 38

SECTION E: LEADERSHIP AND GOVERNANCE 41

Leadership 41

Distributed Leadership 42

Competing Values Framework 42

Reciprocal Accountability 42

Governance 43

Legislation and the Rule of Law 43

Public Participation 44

Accountability 44

TABLE OF CONTENTS

SECTION F: SERVICE DELIVERY PLATFORM 47

Introduction and Background 47

Care Co-ordination 48

Planning Methodology 48

Primary Health Care Services 49

2030 Service Configuration for PHC services 50

Service Modelling 54

Acute Hospital Services 57

Planning Considerations 57

Description of Services 58

Specialised Hospitals 61

Mental Health and Psychiatric Hospitals 61

Rehabilitation Services and Western Cape Rehabilitation Centre (WCRC) 64

Tuberculosis Services and Hospitals 66

Oral Health and Oral Health Centres 69

Specialised Services 70

Emergency Medical Services 70

Forensic Pathology Services 75

SECTION G: QUALITY OF CARE 79

Introduction 79

Person-Centred Experience (PCE) 80

Involvement of Family and Friends 80

The Voice of the Patient 81

Improving Technical quality 81

National Core Standards 81

Reception Services 82

Clinical Governance 82

Infection prevention and control 83

Continuity of Care 84

Caring for the Carer 84

Building a Culture of Continuous Quality Improvement 85

SECTION H: SUPPORT SERVICES 89

Synergy 89

Decentralised Management Model 90

Defining Support Services 91

Support Services Re-Invented 92

Clinical Support Services 96

Human Resources 102

Finance & Supply Chain Management 107

Healthcare Infrastructure and Health Technology 112

Information Communication and Technology 118

Health Programmes 126

Communications 128

TABLE OF CONTENTS

SECTION I: MONITORING AND EVALUATION (M&E) **133**

Monitoring and Evaluation of Population Health Outcomes **133**

Monitoring and Evaluation of Health Services **134**

Monitoring and Evaluation of Cost Efficiency **134**

Information and Continuous Improvement **135**

Improving Leadership and Accountability 135

Improving the Quality of Information 135

Improving Capacity 135

Role of Research **136**

Key Indicators of Success **136**

Real Time Learning and Feedback **137**

SECTION J: CONCLUSION **141**

ANNEXURES .....

Annexure A: The Burden of Disease **145**

Annexure B: Millennium Development Goals **154**

Annexure C: The Ekurhuleni Declaration on Mental Health **155**

Annexure D: Planning Methodology **157**

Annexure E: Workload Calculator **162**

Annexure F: Definitions **165**

BIBLIOGRAPHY **170**

LIST OF FIGURES

Figure 1: Priority public health conditions analysis 16
Figure 2: Key conceptual pillars of person-centred care 29
Figure 3: Competing values framework 42
Figure 4: UNDP principles of good governance 43
Figure 5: Service delivery platform for 2030 47
Figure 6: Inter-related service delivery platforms 49
Figure 7: Primary Care package of care 53
Figure 8: Types of Intermediate Care 54
Figure 9: District hospital package of care 58
Figure 10: Regional hospital package of care 59
Figure 11: A TB patient's care pathway 68
Figure 12: The seven domains of the National Core Standards 81
Figure 13: Conceptual Structure of Departmental functions 91
Figure 14: Conceptual Approach of client-centred support services 92
Figure 15: Generic Elements of Support Services 94
Figure 16: The 5L's Agenda 113
Figure 17: WCDoH business intelligence framework 119
Figure 18: Data harmonisation – integration of patient level data 122

ANNEXURES

Figure A.1: Broad cause mortality rates by district, Western Cape 2009 and 2010 145
Figure A.2: Causes of death in children under five years, Western Cape 2010 147
Figure A.3: Causes of neonatal deaths, Western Cape 2010 147
Figure A.4: Pneumonia under five years: new cases in the Western Cape: 2008 to 2012 148
Figure A.5: Annual incidence of invasive pneumococcal disease 149
Figure A.6: Maternal deaths in the Western Cape 2003 to 2010 150
Figure A.7: Injury mortality rates by district, Western Cape, 2010 152

LIST OF TABLES

Table 1: Summary of key policy and legislative frameworks guiding development of Vision 2030 4
Table 2: Twelve Provincial Strategic Objectives 17
Table 3: Cape Town Declaration on Wellness Priority Actions 19
Table 4: Worked example showing application of above model to a sub-district 54
Table 5: Worked example showing application of workload calculator to determine the HCBC teams allocated to a sub-district 55
Table 6: Subdistrict application of the equity measures regarding clinical nurse practitioner services 55
Table 7: Admission rate to intermediate care weighted according to household income 56
Table 8: Weighted admissions for district hospitals 59
Table 9: Weighted admissions for regional hospitals 60
Table10: Location of Emergency Contact Centres in the Western Cape 71
Table 11: Key indicators of success 137

ANNEXURES

Table A.1: Infant and under-five mortality rate (per 1 000 live births) 146
Table B.1: Millennium Development Goals 154
Table D.1: Equity measure income layers 161
Table E.1: Module 1 application of the workload calculator – a ward 163
Table E.2: Module 2 of workload calculator – estimation of "head count" 164

ABBREVIATIONS

ALS	Advanced life support
APL	Approved post list
ART	Antiretroviral treatment
ARV	Antiretroviral
ASR	Air sea rescue
BI	Business intelligence
BLS	Basic life support
BMI	Budget management instrument
CAD	Computer-aided dispatch
CBO	Community-based organisation
CBS	Community-based services
CCG	Community care giver
CCW	Community care worker
CDC	Community day centre
CEI	The Centre for e-inovation
CDU	Chronic dispensing unit
CHC	Community health centre
CHW	Community health worker
CMI	Compliance management instrument
CI	Confidence interval
CNP	Clinical nurse practitioner
COCT	City of Cape Town
COO	Chief Operating Officer
CSP	Comprehensive Service Plan
DHS	District health services / system
DoE	Department of Education
DITCOM	Departmental IT Committee
DPSA	Department of Public Service Administration
DRG	Diagnostic-related group
DSD	Department of Social Development
DTaP-IPV/Hib	Diphtheria, Tetanus, acellular Pertussis, inactivated polio vaccine and Haemophilus influenza type B combined
DTPW	Department of Transport and Public Works
ECD	Early childhood development
ECM	Enterprise content management
ECT	Emergency care technician
EEV	Emergency equipment vehicle
EFAR	Emergency first aid response
EMS	Emergency medical services
ENT	Ear Nose and Throat
FBS	Facility-based services
FBU	Functional business unit
FPL	Forensic pathology laboratory
FPS	Forensic pathology services

ABBREVIATIONS

FTE	Full-time equivalent
GIAMA	Government Immovable Asset Management Act
GBV	Gender-based violence
GSA	Geographic service area
Ha	Hectare
HCBC	Home community-based carers
HR	Human resources
HRM	Human resource management
HSRC	Human Sciences Research Council
HCT	HIV counselling and testing
ICD10	International classification of disease coding
ICS	Improved conditions of service
ICT	Information and communications technology
ICU	Intensive care unit
IDMS	Infrastructure delivery management system
IDS	Intellectually disabled services
IFR	Institute for Futures Research
IHI	Institute for healthcare improvement
IMR	Infant mortality rate
ILS	Intermediate life support
IPV	Intimate partner violence
IT	Information technology
IUSS	Infrastructure Unit Systems Support
L1	Level 1
L2	Level 2
L3	Level 3
MDG	Millennium Development Goal
MDR TB	Multi-drug-resistant TB
M&E	Monitoring and evaluation
MIMMS	Major Incident Medical Management System
MMR	Maternal mortality rate
MRC	Medical Research Council
MTEF	Medium-term expenditure framework
NCD	Non-communicable disease
NDP	National Development Plan
NEC	New engineering contract
NHI	National Health Insurance
NHS	National Health Service
NHS	National Health System
NPC	National Planning Commission
NPO	Non-profit organisation
NSDA	Negotiated Service Delivery Agreement
NSRI	National Sea Rescue Institute
OHC	Oral health centre
OHSA	Occupational Health and Safety Act

ABBREVIATIONS

OT	Occupational therapist
OSD	Occupation-specific dispensation
P1	Priority 1
P2	Priority 2
PACS	Picture archives and communication systems
PAC	Provincial AIDS Council
PCE	Person-centred experience
PDA	Personal Digital Assistant
PDE	Patient Day Equivalent
PERO	Provincial Economic Review and Outlook
PFMA	Public Finance Management Act
PHC	Primary health care
PLWID	People living with intellectual disabilities
PMTCT	Prevention of mother-to-child transmission
PN	Professional Nurse
PSA	Public Service Act
PTMS	Provincial transversal management system
RCW	Rehabilitation care worker
RIS	Radiology information systems
RTI	Road traffic injuries
SAAF	South African Airforce
SANAC	South African National Aids Council
SHERQ	Safety, Health, Environment, Risk and Quality Management
SITA	State information technology agency
TB	Tuberculosis
U-AMP	User asset management plan
UNDP	United Nations Development Programme
VPUU	Violence Prevention through Urban Upgrade
WCDoH	Western Cape Department of Health
WCDTPW	Western Cape Department of Transport and Public Works
WCG	Western Cape Government
WCIDMS	Western Cape Infrastructure Delivery Management System
WCRC	Western Cape Rehabilitation Centre
WCL	Weighted case load
WH	Women's health
WHO	World Health Organization
WMA	World Medical Association
WSAR	Wilderness Search and Rescue
XDR TB	Extensively drug-resistant TB

Minister's Message: Healthcare 2030

It gives me great pleasure to release the Healthcare 2030 vision of the Western Cape Government, which has been endorsed by the provincial cabinet. The Department of Health is to be congratulated on the in-house development of this document, which reflects a cohesive and powerful vision for the future of health care in this province. I would like to sincerely thank the many individuals and organisations that took the time to make significant inputs into this process. It is my wish that the vision of Healthcare 2030 is shared and owned by the broader communities of the Western Cape.

The publication of Healthcare 2030 is the start of a new journey in health care reform in the Western Cape. It is important that all parties in the province and beyond engage in a dialogue to deepen our understanding and build a common commitment to the vision, values and principles of Healthcare 2030 in order to improve the health and wellness of our citizens.

Healthcare 2030 signals an important shift from illness to wellness. The conventional approach of health services with the focus on curative health care is not sustainable or desirable in the face of the increasing burden of disease. The community at large must own the responsibility for health and wellness. Wellness cannot be delivered by a health service to people who remain passive recipients of the process. Thus a "whole of society" approach to improving wellness is a key pillar of Healthcare 2030 and an important strategic objective of the Western Cape Government.

I therefore call on all parties to work closely with the Western Cape Government to bring this vision to fruition. We can only do better together!

Theuns Botha

Provincial Minister of Health

Western Cape Government

March 2014

Foreword

Reflection on the achievements of and lessons learned from the 2010 Comprehensive Service Plan acknowledged that the Department, while making many positive organisational changes, had not focused adequately on many "people issues", related both to patients as well as to the staff. For this reason since 2010, the patient experience and a person-centered approach to health care have become a focus of the Department. Following extensive consultation the vision of Healthcare 2030 emerged as "access to person-centered quality care". The process of achieving a shared understanding of the vision, values and principles of Healthcare 2030 amongst staff and strategic partners will continue over the forthcoming period.

The Department has recognised that person-centered quality care can only become a reality if staff is dedicated to serve, committed to the vision, feel engaged and passionate about their work and feel happy and proud to work in the Department.

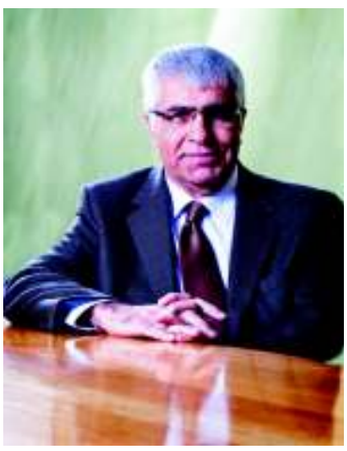
While the department is a large organisation with currently over 30 000 employees, quality care is delivered at the clinical interface between health workers and patients. Thus the Department will shift focus and effort to the support of the staff and management working at the service-rendering coalface.

Visible and responsive management and leadership at all levels of the organisation will be critical to the successful implementation of what is outlined in the Healthcare 2030 document. Championing the vision and principles of Healthcare 2030 amongst the staff as well as with our strategic partners will be key to success.

While the Department performs well within a South African context, Healthcare 2030 creates an exciting opportunity to sustain the good practices that have been built over the years as well as to be innovative and take the organisation to another level over the next two decades. Planning for the long term necessitates that the strategic intent is demonstrated through the vision, values and principles, but also to be flexible to adapt to changes in the internal and external environment.

The measure of successful implementation of Healthcare 2030 will lie in the achievement of time-bound targets. The Department will use flexible planning tools, based on the principles of Healthcare 2030 to determine the specific service needs for institutions and geographic areas. The priorities will need to be based on the affordability limits of the Department. Five-year and annual plans will translate Healthcare 2030 into implementable bites with defined indicators and targets to measure progress.

The achievement of the noble and indeed far-sighted vision of Healthcare 2030 requires collective commitment from our staff, partners and stakeholders as well as the cohesive functioning of all parts of the organisation. Unity of purpose to deliver a comprehensive quality health service and achieve optimal health and wellness outcomes amongst the best in the world will be key to success. The impact of the social determinants of disease on health outcomes is well documented and to address this requires a broader whole of society approach to improving health and wellness. The Department will need to play an important catalytic role to focus the attention of the broader community on these issues.



As I prepare to leave the department after more than a decade at its helm, I am reassured that the road map is now clear to take the department forward well into the 21st century. I have no doubt that the leadership and staff of the Western Cape Department of Health has what is needed to make this organisation one of the best of its kind in the world!

Professor Craig Household

Head of Department: Health

Western Cape Government

March 2014

EXECUTIVE SUMMARY

Introduction

Given the changing environment, uncertainties and assumptions, long term planning for the future necessitates a regular revisiting of the strategic thinking and basic parameters. The Western Cape Government: Health has finalised the Health Care 2030 framework, after considering the substantial verbal and written comments received on earlier drafts. It has been endorsed in principle by the provincial cabinet. The process of developing the 2030 strategy has already begun to energise, excite and engage our staff and strategic partners.

The document sets out the vision, values and principles guiding the Department to 2030. The document also presents a strategic framework for the Department together with a set of planning parameters and tools that will be incrementally applied. The 2030 strategy represents the third wave of health reform in the Western Cape since the Health Plan of 1995 and the Healthcare 2010. This document is divided into 10 sections and each section is discussed briefly below.

Background Context

Development of the 2030 strategy took into account changes in the external environment, which include demography, socio-economic determinants of health, burden of disease and its associated risk factors, climate change, advances in technology, and limited resources.

The changing policy environment and policy imperatives such as the Millennium Development Goals (MDGs), the 2030 National Development Plan (NDP), the priority National Health outcomes and the provincial strategic objective to improve wellness were also taken into account. The full implications of the National Health Insurance (NHI) policy have not been detailed to date and the 2030 strategy will need to be adjusted accordingly over time.

The Department will build on the strong foundation, direction and many other achievements of the Comprehensive Service Plan (CSP) and learn from the lessons in its planning and implementation towards 2030.

The two main focus areas that provide a compelling context for change are firstly, continuous improvement in the patient experience and the provision of quality health services on a sustainable basis to meet the escalating burden of disease and achieve wellness and secondly, the fact that we cannot achieve this without caring and better engagement of our staff.

Approach to Wellness :

Wellness is defined as not merely the absence of disease but the ability to maximise personal potential in all spheres of life. The World Health Organization (WHO) framework is used to think about an approach to Wellness. The five pillars of this framework include socio-economic context, differential exposure to risk factors, differential vulnerability, differential health care outcomes and differential consequences.

The Government of the Western Cape is committed to increasing the wellness of the people of the Province through a whole of society approach. The Department will strengthen its advocacy role through wide engagement with other departments and stakeholders outside of government.

The Department wants to conceptually move away from an all consuming curative paradigm of treating illness and disease to one of prevention, promotion and wellness. This is in keeping with the World Health Organization's definition of Health being not merely the absence of disease but a complete state of physical, mental and social wellbeing. It's about fulfilling one's full potential in life.

The priority focus areas for intervention include:

1. Reducing Infectious diseases such as HIV/TB
2. Improving healthy lifestyles
3. Preventing injuries and violence
4. Improving maternal and child health
5. Strengthening women's health
6. Improving Mental Health

From Health Service Delivery to Person-Centred Care

The crux of a re-imagined future in 2030 is the focus on person-centredness. This focus is woven throughout the document from the vision, values and principles to the service platform reconfiguration and quality.

The four conceptual pillars of person-centred care are: a person-centred approach, integrated provision of care, continuity of care, and a life course approach.

Vision, Values and Principles

Vision

The 2030 vision for the Western Cape Department of Health is: Access to person-centred, quality care. There are multiple perspectives to this vision. These perspectives include those of patients, staff, the community, the Department, spheres of government and strategic partners. To bring the vision for 2030 to life at a physical, intellectual and emotional level, we have attempted to describe in detail what the achievement of the vision will feel like for a range of role players, from patients to other stakeholders.

Values

The values of the Department are caring, competence, accountability, integrity, responsiveness and respect. The challenge of the Department is how to make these values a living reality for each staff member across the Department as we move towards our vision for 2030. The leadership will lead this process by example. Values are important in building a cohesive organisation and must be embedded in the organisational culture of the Department.

Principles

The principles underlying our vision and values are as follows:

1. Striving for person-centred quality of care
2. Adopting an outcomes-based approach
3. Commitment to the primary health care (PHC) philosophy
4. Strengthening the district health system model
5. Promoting equity
6. Operating with efficiency
7. Developing strategic partnerships

The development of a shared meaning and a rich, common understanding of these principles will evolve through a series of dialogues with staff and partners over time.

The evolution of a shared meaning and rich, common understanding of these principles will happen through a series of dialogues with staff and partners over time. The principles will inform the strategies to give effect to Healthcare 2030.

Leadership and Governance

Leadership

An essential requirement to communicate and build commitment to the vision of Healthcare 2030 is a dynamic and distributed leadership across the management, clinical and administrative ranks of the Department. Leadership is about inspiring change, providing strategic direction, building cohesion and motivating people. Steps to strengthen leadership and facilitate transformational action will be taken. Reciprocal accountability which is a shift from top down to mutual accountability is an important culture change that will help to cement a cohesive commitment to common objectives.

Leadership will demonstrate and embody prevailing organisational values, have highly developed inter-personal skills, encourage innovation, draw on the capability of all employees and be visibly collaborative with staff and partners.

A competitive values framework for organisational effectiveness identifies the tensions between the need to collaborate and the emphasis on competing for results, as well as the need to be creative and the requirements to control and comply. The key is to acquire the appropriate balance between these competing tensions for a specific situation.

Governance

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.

There is a rich legal and policy architecture that underpins the provision of public sector services in general and health services in particular. This includes the Public Finance Management Act, the National Health Act, the Western Cape Facilities Board Act and the Western Cape District Health Councils Act.

Greater effort will be made to make the statutory structures more functionally effective as conduits of community perspectives. This will include more effective communication and information sharing, capacity development within these structures and deepening of the trust and respect between them and the Department. Notwithstanding the complexity of community involvement, the Department will strive to increase community involvement in the design of health services.

Transparency, responsiveness and information sharing are important prerequisites for accountability. Greater effort will be made to communicate departmental plans and reports to the public, in a user-friendly format.

Clinical accountability will be embedded within the Department in line with the departmental clinical governance policy framework.

Service Platform

The shape of the envisioned 2030 service platform retains the original configuration of 2010 with a strengthening of primary health care (PHC) and district hospitals. The essence of the change is on how we do business within this service platform. The focus is on person-centred quality care, integrated provisioning, and continuity of care throughout the life course of the patient.

This strategic document focuses on the general health service platform and does not deal with any specific disciplines or sub-specialities. Special reference is made to tuberculosis (TB), rehabilitation, mental health and oral health in order to provide context to the re-alignment of these services from specialised hospitals to the mainstream health service.

The four tenets of the planning methodology are using the dependent population as a base, the smallest geographic entity for which there is good data, household income as a proxy for inequity and creation of norms and planning tools for application within specific service settings.

Primary Health Care Services

The PHC service component of the health system is the most critical component, as it serves as the entry point into the care continuum, and it caters for the vast majority of patient contacts. It comprises three distinct but inter-related service delivery platforms:

- Home and community-based care (HCBC),
- Primary care services (PCS) at health facilities , and
- Intermediate care.

Collectively these settings will provide a comprehensive array of preventive, promotive, curative, rehabilitative and palliative interventions.

Home and Community based care (HCBC)

HCBC is geared towards prevention and health promotion, with a complementary capacity for curative, rehabilitative and palliative care. It will support the actions people take to maintain health and well - being; prevent illness and accidents; care for minor ailments and long-term conditions; and recover from periods of acute illness and hospitalisation.

The core primary care team in HCBC comprises community care workers (CCWs) and a professional nurse. The service model is population-based and organised per electoral ward in the metro and per sub-district in rural areas. These teams will be entrusted with the responsibility of the health of a defined population. It does not depend on individual- or community-initiated access, thus maximising opportunities for preventive care and health promotion.

PHC services rendered in schools, crèches, old-age homes, the workplace and prisons will be governed by service level agreements between the Department and the custodian of these sites.

Counselling is an essential part of a health care provider's work, from encouraging adherence to supporting behaviour change, and has an important role in increasing the preventive and promotive aspects of the clinical encounter. The Department will further explore how, where and by whom counselling can be provided, what training and other resources will be required and how it could be implemented in a phased manner.

Primary care services

A comprehensive range of curative and preventive services are provided for with a complementary capacity for rehabilitative and palliative care at primary health care facilities.

The Clinical Nurse Practitioner, supported by a medical officer will provide the core of this front line service. There will be additional capacity to target amongst others, clinical support services, maternity care, eye care, Ear, Nose and Throat (ENT) services, oral health, nutrition, rehabilitation and chronic diseases. The specific circumstances within a geographic area – such as the burden of disease, access, economies of scale and efficiencies – will need to be considered to determine the provision of limited after-hour emergency services and labour ward facilities for the delivery of babies.

Intermediate care

Intermediate care refers to inpatient transitional care enabling patients to regain skills and abilities in daily living, with the ultimate discharge destination being home or an alternate supported living environment. Intermediate care involves post-acute-, rehabilitative- and end-of-life care. It allows for a seamless transition between acute care and the living environment, particularly where the person's ability to self-care is significantly compromised. Intermediate care is essential to alleviating the pressure on acute hospital beds.

Intermediate care teams will work in close collaboration with home-based care teams. Rehabilitation care workers (RCWs), working under the direction and clinical supervision of professional therapists, will deliver the bulk of required therapy. The introduction of a rehabilitation care worker is a major development in this service and will significantly improve access to rehabilitation.

Rehabilitation will be available for all impairment groups, including mental ill-health and intellectual disability. Support groups, adult day care facilities, supported living environments and occupational enrichment programmes are all part of the fabric of wholesome rehabilitation.

Acute hospital services

A well-functioning PHC service, as well as an efficient patient transport system are critical to the efficient functioning of acute hospitals. The international trends in the utilisation of hospitals and strategic parameters to guide the technical planning of acute hospitals are identified.

A home-grown set of norms for admission rates and average length of stay have been developed. The landscape of service provision will be dramatically different from the current reality after modernising and commissioning fully functional Khayelitsha-, Mitchells Plain-, GF Jooste-, Victoria-, Karl Bremer- and Helderberg hospitals.

The district hospital will provide a family-physician-driven service. The larger district hospitals will also provide a varying quantum of general specialist services depending on, amongst other things, the burden of disease and available infrastructure. These specialist services will not be departmentalised by clinical discipline in district hospitals. A detailed package of care for the large district hospital is being developed.

The regional hospitals will be general-specialist-led services that will also provide a district hospital service to the population in the immediate vicinity.

The central hospitals will be sub-specialist led, but will also provide a general specialist service to the population in their immediate vicinity. The National Department of Health is developing a tertiary services plan for the country, which will also inform the technical planning for central hospitals services. There will also be an enhanced capability to render specific rehabilitative care activities, psychiatric care and specific oral health service activities in the regional and central hospital.

Specialised hospitals

Mental health and psychiatric hospitals

There is strong evidence that mental illness is on the increase. This is further aggravated by societal stressors such as socio-economic deprivation, violence, poor family structures, as well as co-morbidly with chronic diseases, substance abuse and HIV. There are large proportions of unmet need. Importantly, there is emerging evidence that a significant proportion of patients can recover from their mental illness.

The introduction of the Mental Health Care Act has created a statutory obligation to improve access to mental health care by mainstreaming and integrating mental health services in the general health services. The key components of the package of care to be provided at all levels of the service are summarised. This section must be read in conjunction with the rest of the service delivery platform sections of the document. The hospital services plan that will be developed after the 2030 framework has been adopted, will include beds required for psychiatric services across the service platform.

The Department believes that the majority of people living with intellectual disabilities require supported living arrangements and not medical institutionalisation. The medical treatment should be provided on a needs basis by the Department of Health. The supported living arrangements should be the responsibility of the Department of Social Development (DoSD). An integrated approach by the whole of government should ensure that the needs of this vulnerable community are addressed.

Rehabilitation services and the Western Cape Rehabilitation Centre

In line with the departmental approach to improving the person centred experience and to providing integrated health care, rehabilitation services will be accessible at all levels of care. Acute services will be provided in health facilities such as district hospitals and PHC facilities, whereas non-acute services will be provided from a community-based platform. The major investment towards 2030 is to mainstream and strengthen these services within the general health service platform. A community rehabilitation care worker has been piloted with very positive results for broader application.

The Western Cape Rehabilitation Centre will continue to provide high-intensity-, specialised comprehensive, and multi-disciplinary inpatient and outpatient rehabilitation services. An integral aspect of the rehabilitation service will include the provision of the required mobility- and other assistive devices, orthotics and/or prosthetics, to facilitate full re-integration of persons with disabilities back into the community.

Tuberculosis services and TB hospitals

Ninety percent of TB is currently managed within the PHC platform and strengthening PHC services will improve efficiencies within TB hospitals. A PHC-based model for the treatment of multi-drug-resistant TB has been successfully piloted and will be rolled out.

A TB hospital will make provision for acute, sub-acute and chronic care beds for the proportion of patients who will be transferred from acute hospitals. The patient information system will also be improved to allow for the efficient continuity of care and referrals across the service platform. This will be a critical success factor in the effective management of the TB patient.

Oral health and oral health centres

Oral conditions are important public health concerns because of their high prevalence, their severity, their impact on the quality of life and the public demand for services.

The oral health service platform will be strengthened across all levels, with the largest investment in PHC services. The focus will shift from curative care to integrated health prevention and promotion – including education, advocacy for tooth brushing and fissure sealant programmes. Specialised services for complex conditions will be provided at the central hospitals and the oral health centres, which will also provide outreach and support to the district health services.

Specialised services

Emergency medical services (EMS)

Access to emergency care is a constitutional right in South Africa and is prioritised within the 2030 vision for

person-centred quality care. Emergency medical services has set ambitious targets for 2030, which may have to be adjusted within the available resources.

The EMS has five important components including communications, ambulance service, medical rescue, aeromedical and non-emergency patient transport. The province is geographically divided into six districts, each with an emergency contact centre, which also doubles as a disaster risk management centre in the rural districts. The communication centre will receive a modernised software application to enhance its operations. This will also enable better management reporting in real time and improved communication with the emergency centres in hospitals. A bed bureau will also be developed to monitor the availability of acute beds in all the major hospitals.

The aeromedical service will continue to play a vital role in the emergency transfer of complex patients to the referral hospitals.

The non-acute patient transport service will also be strengthened as a key component for access to services (especially for rural patients) and will improve efficiencies of acute hospitals by facilitating only those patients that have difficulty with transport out of these hospitals.

Forensic pathology services

The forensic pathology service (FPS) is a specialised service rendered by forensic pathologists, supported by forensic pathology officers. Access is also required to other sub-specialists such as histo-pathologists, odontologists and toxicologists. The FPS will continue to be provided via 18 forensic pathology laboratories and two departments of forensic medicine supported by a central management and administration component. The potential for consolidation of services between laboratories will also be explored. The laboratories are graded between M1 to M6 depending on the workload capacity and complexity to be managed.

A model has been developed that considers a number of factors including population estimates, burden of disease and its impact on caseload, workload, case mix, case complexity, direct case contact time as well as the optimal configuration of services. Affordable targets and staffing levels will be developed through the application of the model within defined budget allocations.

Quality of Care

The essence of Healthcare 2030 is "access to person-centred quality care". This vision needs to be rekindled with renewed vigour. The Department needs to deepen the daily conversation around quality and to make meaning of what terms like quality care and superior patient experience actually mean, what will it require to make it happen, how do we give effect to it in practice and make it a part of our being in our daily work.

The amended National Health Act, the National Core Standards and the establishment of the Office of Health Standards Compliance provide a legislative framework and mechanisms to ensure quality improvement. In parallel to the statutory obligation to comply with the national core standards, the Department intends to build sustainable commitment to continuous improvement through its local person-centred experience (PCE) strategies.

The vision for quality of care within the 2030 strategy will focus on person-centred experience, technical quality and caring for the carer. Caring for and engaging staff is central to achieving optimal PCE and is a theme that is picked up in several parts of the 2030 strategy.

Support Services

The process of developing a new vision and strategic framework for 2030 has created an opportunity for critical reflection and review of Support Services. There will be a cohesive alignment and common commitment of both line function services and support services to the shared vision, set of values and principles of Healthcare 2030. The organisational culture of working together and continuous improvement will be embedded in the Department.

The leadership at all levels will systematically create and nurture the space to allow for new and more effective ways of doing business within the department. The launch of Healthcare 2030 provides renewed energy and opportunity for innovation. Building strong and trustful relationships, the free flow of information and ideas, effective communication across boundaries and divisions and working in cross functional and diverse teams, will enhance the culture of learning and innovation.

The Department has a decentralised management model within which the roles, responsibilities, powers and functions and the levels of accountability are well defined. There will be three tiers of management viz. at the service entity, district or regional and provincial levels. Over the next few years, the focus is going to be on developing the clinical and administrative leadership and management capacity at institutional level that is directly responsible for service delivery and quality of care.

Support Services are defined as those that are not direct patient facing. The client of support services is therefore primarily the line function manager and its key purpose is to enable service delivery. Support services include financial management, human resources management, appropriate infrastructure, medical technology, availability of consumables , information management and ICT, communication as well as health programmes and clinical support services (e.g. pharmacy services, radiography, laboratories and bloods). The substance and form of these support services are centrally informed by the service delivery imperatives.

Clinical support services

Certain of the support services are more closely aligned to direct patient care and have been clustered as clinical support services. This includes, amongst others, laboratory services, provision of blood products, pharmacy services, imaging and radiography, and nursing. These services are critical to the efficient and effective delivery of patient care. The health professionals that perform these functions within the service rendering facilities are an integral part of the team at the local level.

The Clinical Support Services will revise their priorities and policies, in collaboration with the line function service, to align with the vision and principles of Healthcare 2030.

Human resources

Notwithstanding the envisaged changes in the system and opportunities that advances in technology will create, the people factor will be central to the successful achievement of the strategic objectives of Healthcare 2030. The biggest challenges to achieving the objective of a person-centred service are: re-energising the staff and building renewed commitment to the principles, vision and values of 2030 and creating an organisation where staff have a deep sense of belonging.

Leading and managing the people within the Department is a distributed responsibility at all levels of the organisation, and not the sole preserve of human resource management. The day-to-day listening to staff and effectively communicating, providing meaningful support, uplifting morale, managing performance for results and leading by example is the function of the line manager.

The 2030 Strategic Human Resources (HR) approach will focus on :

- developing capability in HR analytics and research to provide the workforce intelligence that informs workforce planning, development and monitoring and evaluation (M&E);
- an integrated HR policy and planning framework ;
- Executing the HR priorities which include :
    - People management (bringing back the “human” in HRM),
    - Employee Wellness,
    - Scarce Skills,
    - implications for Task Shifting/ Sharing,
    - Leadership and management development.

Implementation support will include efficient and creative addressing of HR operational management challenges, performance management and productivity, capacity building and provision of systems, tools and support.

From a M&E perspective, the Department will have effective systems and a set of metrics in place to assess progress against the objectives of Healthcare 2030.

Financial management

There will always be an inevitable tension between effectively balancing the demand for health services against limited resources. The allocation of budgets, financial management and the procurement of supplies are a major support function that is central to the effective and efficient functioning of the Department and the achievement of the objectives of Healthcare 2030.

Gathering good financial intelligence to inform the planning and resourcing of services is key. Financial policy priorities include appropriate decentralisation with devolved accountability, building financial accountability into performance management and declaring war on red tape. Integrated planning and priority setting will inform budget allocations. A standard medical and surgical consumables and equipment list will simplify procurement and improve efficiencies.

Implementation support to the services will include automation, improved procurement and stock management, better communication and relationships across all levels of the service, staff recruitment and development.

The Department will closely monitor expenditure against its budget allocation, measuring efficiency and cost effectiveness and monitor compliance with financial prescripts to ensure that it receives an unqualified audit.

Infrastructure and technology

The modernisation, management, and maintenance of health infrastructure and technology continue to remain one of the cornerstones for enabling the health service in 2030. The process for the delivery and maintenance of health infrastructure and technology also needs to be economical, efficient, effective, and take cognisance of the continuous development of medical technology.

The approach to policy and planning of Infrastructure will continue to be governed by the 5L's : Long life (sustainability), Loose fit (flexibility and adaptability), Low impact (reduction of the carbon footprint), Luminous healing space (enlightened healing environment), Lean design and construction (collaborative and integrated).

The following priority areas have been identified: PHC facilities, Emergency Centres at Hospitals, District hospital replacements, the New Tygerberg Hospital, a focus on maintenance of facility infrastructure.

Monitoring and Evaluation will focus on maintenance and capital projects, physical condition of the health infrastructure and technology and learning lessons from post-occupancy evaluations of newly commissioned facilities.

This Integrated Delivery Management System provides tools, systems, and processes for improved management of infrastructure programmes and project

Information communication technology (ICT)

One of the most exciting developments is the realisation of the centrality of Information Communication and Technology (ICT) as an enabler and the opportunities it presents in achieving the vision and objectives of 2030. ICT will be mainstreamed within the generic processes of planning, budgeting, risk management, implementation, monitoring and evaluation in the department. This has served to systematically elevate the importance and focus of ICT in the minds of managers.

Business Intelligence (BI) with good-quality information is an important prerequisite for the planning, implementation and M&E of the 2030 plan. The strength of BI lies in its ability to integrate information from various systems and provide meaningful reports for better management. Integrated information at a clinical level will advance the cause of person-centredness and continuity of care, improve clinical management and automated coding will facilitate effective data mining.

Data Harmonization refers to the agreement, synchronization, and coordination of eHealth initiatives in the department to be able to inter-operate more effectively to achieve the goals of Healthcare 2030. The project focuses on Financial Business Intelligence and Clinical Business intelligence

ICT Policy and Planning will prioritise ICT Governance including risk management, producing annual implementation and project plans to give effect to the objectives in the ICT strategic plan, developing a system for technology refresh, creating organisational arrangements to encourage and respond to IT innovation and using the potential of mobile technology to advance health care delivery.

Implementation support will focus on data harmonisation at a patient level that will enable better and

integrated patient management, use of integrated information for research and health services management, the electronic Continuity of Care Record (eCCR) which is intended to foster and improve continuity of care across institutions and health professionals, and the availability of skilled technical capability. A range of ICT opportunities are identified at various levels i.e citizen, home and community based platform, health facility, management, support services.

The ICT M&E process will monitor progress on the roll-out of ICT projects.

Monitoring and Evaluation (M&E)

The Department will apply the Triple AIM framework, which identifies key dimensions for "optimising health system performance". These dimensions include population health outcomes, health services (acceptability, appropriateness, access, quality, equity, effectiveness, and person-centeredness) and cost efficiency in service delivery. A set of potential indicators to measure each of these dimensions is proposed. The National Development Plan indicators will also be incorporated into the M&E framework.

The culture of monitoring and evaluation and continuous improvement which is important for health system strengthening, will be developed through improving the quality of information, deepening capacity, ensuring leadership and accountability and the widespread sharing of good practices. The purpose of M&E is to improve decision - making and support the process of whole system change and must allow for real-time learning and feedback i.e. move beyond the mere monitoring of variances from targets to meaningful dialogue to better understand and address the underlying challenges of the system and service.

Health research is critical to understanding the well-being of the population, the burden of disease, its associated risk factors and populations at highest risk as well as the performance of the health system with regards to access, quality, efficiency and impact.

Conclusion

Healthcare 2030 is a substantial piece of work built on the preliminary thinking, vision, principles and values circulated in earlier drafts, the extensive and valuable input received from staff and external stakeholders and the further evolution of conceptual thinking and technical work to date.

The thinking and principles of 2030 have begun to infiltrate the daily language and conversations in the department. The journey to 2030 has begun in parallel to the process of finalising the 2030 framework.

The process of consultation and engagement and coalescing of the multiple perspectives of people within and outside of the Department into a cohesive document is always a challenge. The Department believes that this final version is a fair reflection of the collective thinking and its strategic intent to date.

The provincial cabinet has endorsed Healthcare 2030 in principle. The work will now shift to converting this broad strategic direction to more specific details by applying the models and approaches to specific services and geographic areas. This will include, amongst others, identifying the priorities for incremental implementation through five year and annual plans within the affordability limits of allocated budgets.

Healthcare 2030 as a strategic compass will have to be regularly revisited to be able to titrate its intention and assumptions with the changing realities of the next two decades.

History will judge us by the degree to which we have been able to put in place the various plans and processes we have outlined in this document and its actual implementation to improve the health status of our citizens.

The provincial cabinet has endorsed Healthcare 2030 in principle. The work will now shift to converting this broad strategic direction to more specific details by applying the models and approaches to specific services and geographic areas. This will include, amongst others, identifying the priorities for incremental implementation through five year and annual plans within the limits of allocated budgets.

SECTION A:

THE CONTEXT OF HEALTHCARE 2030

SECTION A: THE CONTEXT OF HEALTHCARE 2030

SUMMARY POINTS

1. This is the third wave of health reform in the Western Cape since 1995.
2. The Department appreciates the extensive comments on the earlier drafts of 2030, which were generally positive and the criticisms constructive.
3. Given the uncertainty of the environment and the need for flexibility to adapt, the Department has chosen to develop a high-level strategic framework that provides the vision, values and principles of 2030 with a set of planning parameters and tools that can be locally and incrementally applied within a specific context.
4. The 2030 planning process is as important as the end product. It has already served to energise, excite and engage our staff and strategic partners.

Introduction and Background

2030 is about plotting the path to a re-imagined future health service over the next two decades. This framework has been developed after having considered four main areas:

- Changes, including opportunities and threats in the external environment;
- Distilling key lessons from the Comprehensive Service Plan (CSP) of 2010;
- Fresh thinking about a re-imagined future; and
- Significant comments that have been submitted on both drafts

These areas have provided a compelling context for change and created an exciting opportunity to take the Department to new heights in this third wave of health reform in this province since the 1995 Health Plan and the CSP of 2010.

The Department's preliminary thinking was shared in a draft document circulated for public comment in 2012 and again in December of 2013. Facilitated dialogue sessions were convened with a range of external stakeholders and staff through specially convened sessions by the geographic service area management structures. Many submissions were received on both occasions and colleagues raised interesting, relevant and creative ideas during the dialogue sessions. All comments were considered and the written comments were individually responded to.

The values, vision and principles of 2030 were generally supported. The absence of a formal evaluation of the 2010 plan was noted and a substantial section has been included in this document to remedy this for 2030. Some of the major omissions from the earlier drafts, such as the impact of climate change and the potential role of advances in information and communications technology (ICT) in health, have been addressed in this final version. Many of the specific technical comments have either been addressed in the service delivery platform or support services section or will be addressed when the service plans emanating from 2030 framework is further developed in detail.

The Department recognises the high levels of uncertainty and complexity associated with planning for the long term. Examples of these include: the size of the financial envelope available to provide health services beyond the medium term; the cost of human and other resources required in health services; and the potential impact of National Health Insurance (NHI) on the organisational, functional and service delivery arrangements between the public and private sectors. The Department has therefore chosen to develop a high-level strategic framework that provides the vision, values and principles of 2030 with a set of planning parameters and tools that can be locally and incrementally applied within specific contexts. Healthcare 2030 is meant to show long term strategic intent which must be constantly revisited to allow for flexibility and adjustments for the kind of changes mentioned above.

The 2030 planning process is as important as the end product. It has already served to energise, excite and engage our staff and strategic partners. Work has already begun to embed the principles, vision and values of 2030 within the language of the Department and plant the seeds within the hearts and minds of our staff.