

# HealthOne NSW Planning Process

# Why is HONSW planning different?

- Developing a new service that integrates public & private partners who operate under different legislation, funding sources, cultures and structures
- Complexity of integration associated with numbers of partners, size of the proposed service & level of community involvement
- Range of potential funding partners involved

# Establish planning group

- Establish planning groups with representation from AHS, GPs, other partners, supporting organisations & consumers to progress further service planning
- Key contact person nominated for DoH
- This committee (or other) may oversee entire process

# Consider support required

- Option to request funding for Project Officer and/or consultant if required
- Key contact person to discuss details with IGFS before formal request
- AHS to communicate with HONSW partners

# Develop Service Plan

- Use existing AHS Service Plan & other relevant plans (eg site plan) to develop a service plan (see <http://internal.health.nsw.gov.au/policy/ssdb/publication.html>)
- The service plan should clearly demonstrate need, address the core characteristics and provide sufficient information about proposed service and activity to allow preliminary facility planning

# Submit Service Plan

- Submit Service Plan to DoH for endorsement (by IGFS/ SSD)
- Documents submitted for review should be endorsed by AHS Executive
- Ongoing development & implementation of service

# Consider planning resources

- Projects under \$5m require a Capital Works Functional Brief (CWFB) to be completed
- If the project is particularly complicated or sensitive, it may be appropriate to complete a Service Procurement Plan (SPP) & Project Definition Plan (PDP)
- Engagement of external consultant to assist may be appropriate
- AHS and partners can request planning funds to help develop these documents

# Establish Planning & Development Committee

- This committee should have representation appropriate to its purpose (potentially different to planning group) and be time limited
- Department representation should be included
- When committee includes non-Health staff there should be agreement about communication of outcomes of meetings
- Minutes should be kept

# Develop planning documents

- Complete CWFB or SPP/PDP using Department templates (available at [http://www.health.nsw.gov.au/assets/process\\_update.html](http://www.health.nsw.gov.au/assets/process_update.html))
- DoH has developed a CWFB checklist specifically for HONSW which is available from IGFS
- Documents submitted for review should be endorsed by AHS Executive

# Submit planning documents (projects <\$1m)

- Submit final document to DoH for endorsement
- Internal approval by Director, IGFS; Chief Procurement Officer (capital) & Chief Financial Officer (recurrent)
- Documentation provided to Minister's office for information
- AHS formally advised of approval to proceed
- AHS to communicate with HONSW partners

# Submit planning documents (projects >\$1m)

- Same internal approval sought from Director, IGFS, Chief Procurement Officer (capital) & Director Finance (recurrent)
- Document submitted to Minister's office for endorsement and to NSW Treasury for approval
- AHS formally advised by DoH of approval to proceed
- AHS to communicate with HONSW partners

# Implement capital works

- Strategic Procurement and Business Development liaises with AHS staff re implementation
- AHS to communicate with HONSW partners as required

# Commission facility

- Facility commissioned by AHS Capital Works

# Specific planning issues

## Service planning

1. Service Plan
2. Model of Care
3. Governance – Corporate & Clinical

# 1. Service plan

- The service plan should include staffing profile, services to be delivered and activity data to inform facility planning
- Can't start capital planning without a service plan!

## 2. Model of Care

- A multidisciplinary team is required to achieve core characteristics of HONSW
- If team is not available from within State-funded resources, describe how service is to be provided. Is the provider going to be co-located? Do they require access to consult rooms?
- Anticipate future whole of population activities in service planning. These activities may also impact on facility requirements.

# 3. Governance structure

- Corporate & clinical governance structures must be detailed in planning documents
- Corporate structure must be sufficiently robust to limit risk
- Clinical structure must ensure compliance with model of care, relevant legislation & indemnity

# Specific planning issues

## Capital planning

1. Options & justification
2. Asset management
3. Funding models

# 1. Options analysis & justification

- Planning documentation should include analysis of all capital options and clear justification for:
  - Need for service
  - Space/ rooms/ workstations required
  - Variation from original budget estimate
- Evidence that VMS principles have been applied should be included in documentation (Checklist available from IGFS)

## 2. Asset management

- Is concept in keeping with the Area Asset Strategic Plan? i.e. any known future proposed developments
- Does the proposal "cut-off" or fatally impact future site redevelopment?
- Are we maximising site usage?
- Does it impact on existing building services?
- Does it impact existing tenure arrangements?
- Are there heritage or other considerations?

# 3. Funding models

- Grant to Council (or other organisation)
- Public/ private partnership