Community Health Taskforce

Terms of Reference

Purpose

The Community Health Taskforce will provide advice to government on opportunities to strengthen the community health sector, including proposed actions.

Sector input will be a critical element of this work. The experience and expertise of community health services will be essential in identifying issues and opportunities to grow the sector.

Role

The Community Health Taskforce will:

- **Oversee a review and consultation process** to identify a shared vision for the role and priorities of community health services now and into the future.
- **Identify opportunities to strengthen** the community health sector's capacity to meet the needs of Victoria's disadvantaged and priority populations.

In undertaking this role, the Taskforce will contribute to, and inform the Department of Health and Human Services' action plan in response to the Victoria Auditor General's performance audit of the Community Health Program (tabled in June 2018).

Guiding principles

Principles guiding the review of community health services include:

1. **Clarity of role and function:** the core role of community health services in meeting the needs of disadvantaged populations should be affirmed. Community health services provide services that are targeted to meet the needs of their priority populations. Specifically they provide an integrated service platform for people with complex health and social care needs, and should be a key provider services that bridge the gap between hospital-based services and universal services (such as primary care services funded under the Medicare Benefits Schedule) that are often experienced by priority populations.

2. **Funding:** community health services should have funding arrangements that are:

   - fit for purpose to deliver services in alignment with their role and function.

   - flexible for providers to allow them to respond to evolving population trends and the needs of their priority populations.

   - sustainable.

3. **Collaboration and engagement:** community health services should work in conjunction with other sectors such as local government, primary health providers, acute health services, education, Aboriginal Community Controlled Health Organisations, immigration, housing, employment, justice, child protection, and disability services to keep people healthy.

4. **Governance and performance monitoring:** community health services should meet rigorous corporate and clinical governance standards, and performance monitoring and reporting standards and benchmarks. Community health service boards and management should be supported with the skills and knowledge they need to ensure services provided are safe, of high quality, and sustainable.

Consultation topics

The Taskforce will consult and propose actions in relation to the five topics listed below. Appendix 1 provides possible key questions of interest for each of the consultation topics.

1. **Defining priority populations and identifying the core role of community health**. This includes articulation of the current disadvantaged populations that are prioritised by community health services, including recognition of the variation in levels of need for different services in different geographic locations.

2. **Demand management and future service planning**. This includes assessment of the current service levels to meet demand within the growing Victorian population, noting the importance of geography and volume of services required.

3. **The funding model and funding requirements for delivering services in line with the core role and function of community health services**. This includes the appropriateness of the unit price (for Community Health Program activities), options for meeting the costs associated with the community health platform and the basis for the allocation of any future growth funding (including equity and population considerations).

4. **Strengthening clinical and corporate governance**. The quality and safety of all services is a priority for the Victorian Government. Service delivery should be underpinned by rigorous and robust governance standards.

5. **Performance and outcomes measurement**. This includes consideration of:

    *   performance measures that have a greater focus on the quality of services, and the development of consistent approaches to performance monitoring and measurement.

    *   providing for a unified set of outcomes for the community health service sector. A unified set of outcomes would clearly set priorities that focus and sustain effort and articulate an overall purpose and role, while acknowledging the diversity of the sector.

The Taskforce will consider how the department's outcomes framework can be applied to the community health context.

Consultation processes

A consultation framework will be developed for approval by the Taskforce. This will step out the timing and methodology for broad-based consultation with the community health sector. The consultation will also involve other stakeholders such as peak bodies and funded organisations in the health and social care sectors, other government departments and funded entities at State, Commonwealth and Local Government level, people who are currently accessing community health services and their carers, and other relevant community health advocates.

Consultation methods may include but are not limited to face-to-face meetings with key stakeholders, workshops, telephone and online consultations, and a call for submissions. Consultation methods will be tailored to priority populations.

The **purpose of the consultation** is to develop a clear pathway for strengthening community health through close engagement with the sector, including concrete proposals and actions.

Membership

Members

An Expression of Interest process will be undertaken to select up to ten members to serve on the Taskforce (in addition to the Chair). Members will be selected for their broad expertise and understanding of the health and social care systems, the role of community health, and the broad range of priority populations that community health serves.

Chair

The Minister for Health has appointed Mr.Phillip Bain, former chief executive of Plenty Valley Health to chair the Taskforce. The Chair will be responsible for ensuring the Taskforce is accountable for:

- fostering collaboration
- maintaining the focus of the Taskforce on the agreed scope and outcomes as detailed in the Terms of Reference.

The membership of the Taskforce will commit to:

- attend scheduled meetings
- make timely decisions and take action so as to facilitate the work of the Taskforce.

Remuneration

The Chair's position will be remunerated in recognition for the additional leadership and relationship management responsibilities and in recognition to the intensity of the workload and the expertise required.

The Taskforce member positions are not remunerated, however department pre-approved expenses deemed relevant to complete their roles will be reimbursed.

Meetings and duties

Taskforce members will be expected to play an active role in facilitating sector consultations, including leading and /or attending specific consultations with a wide range of key stakeholder groups and advocacy organisations.

Meetings of the Taskforce will be held monthly or as required. A quorum shall be a simple majority of the membership. The work of the Taskforce will be supported by a Project Plan and defined timelines to be developed by the Taskforce secretariat.

Advice and updates may be provided or requested out-of-session.

Guest speakers and or expert advisers may also be invited to attend a meeting at the request of the Minister for Health, the Taskforce and or its Secretariat.

Conflicts of interest

Standard Declaration of Private Interests and Conflict of Interest processes will apply. Conflicts of interest will be managed by establishing a register for members to declare any conflict of interest. The register will be reviewed and updated periodically during the term of operation for the Taskforce.

Governance

Chair - the Taskforce Chair will report to a senior departmental representative (to be confirmed).

Secretariat – the Primary and Community Health Unit will provide project management and secretariat services to the Taskforce.

Timing

It is expected that the Taskforce will commence in late July or early August 2018, and be operational for up to 12 months or as required.

Reporting

The Chair will be supported by the Secretariat to provide regular updates for the Minister for Health on issues and opportunities identified through the consultation. This includes briefing the Minister for Health on the key findings and proposed actions from the consultation process.

A quarterly bulletin will be provided to the community health sector.

Amendment, modification or variation

This Terms of Reference may be amended, varied or modified in writing after consultation and agreement with Taskforce members.

Consultation questions

Possible questions under each of the five consultation topics are identified below.

Defining priority populations and identifying the core role of community health

Key questions include:

- Where are community health services best placed to be preferred providers of particular services and for which defined services or populations?
- How should collaboration with health services (hospitals) occur to support community health services in providing appropriate care for patients with chronic disease (noting the potential for community health to support hospital diversion)?
- How do services develop and provide innovative models of care and offer more choice to patients, for example by providing more care in the home?
- How can community health better link and integrate services across health and social care?
- What are the some of the external risks and opportunities for community health services in undertaking their core role?

Demand management and future service planning

Key questions include:

- What are the key drivers of demand for community health services?
- Where are the service gaps, and how can we bridge the gap between acute and primary care services for disadvantaged populations that are not always well served by universal services?
- What are the barriers and enablers to implementing innovative models of care, for example models that support the provision of lower acuity and ambulatory services in community based settings?
- How can we leverage community health's knowledge of their local communities to achieve place-based planning and service delivery partnerships?
- How does this work intersect and relate to the range of service planning activities underway such as locality planning through the Statewide Design Service and Infrastructure Plan, Primary Health Network catchment planning, and planning for subacute and acute care?
- How should community health services align work with Aboriginal Controlled Community Health Organisations to improve access to primary care for Aboriginal Victorians?

Funding

Key questions include:

- What are the existing funding streams for community health (for example, State and Commonwealth), and what are the opportunities for funding diversification?
- How can funding models incentivise integrated service delivery, and services for people with chronic and complex health and social care needs?
- How will greater funding security and certainty support community health services to attract funding from other sources, and build confidence in the services?
- How do funding models support innovation within the context of strong, stable services and rigorous quality control.

Strengthening clinical and corporate governance

Key questions include:

- What are the key capabilities and competencies required for boards to ensure robust clinical and corporate accountability?
- How can community health service boards ensure a system of governance and financial accountability that actively manages client safety and quality risks?
- Are the department's requirements around corporate and clinical governance for community health services adequate and sufficiently clear?

Performance and outcomes measurement

Key questions include:

- What enhancements can be made to data collection to better support performance monitoring by both the department and service providers?
- How can performance measurement enhance the quality and safety of care and good governance, and how should this be balanced with the need to reduce the regulatory burden associated with these measures?
- What can be done to build on actions already implemented under the Community Health Streamlining Reporting project to reduce the regulatory burden?
- How does the department, in its role as system steward, reinforce and support these directions?