Recommendations

The *Care in your community* (**CiYC**) planning Trials have demonstrated the capacity of service providers from a range of organisations in the health sector to work together to achieve better outcomes for consumers. We support the continuing implementation of the initiative across Victoria, and provide the following recommendations to enhance a future roll-out of area-based planning methodologies.

Recommendation 1

That the DHS provides standardised and comprehensive terms of reference for Planning Networks and templates for project briefs, plans and project reports that focus on progress against targets and objectives.

Recommendation 2

That Planning Network members are appointed as organisational representatives; that the extent of their delegated authority to represent their organisation is defined clearly and shared with other Network members; and that the status of DHS as a member of each Planning Network is reviewed.

Recommendation 3

That at the commencement of their involvement, Planning Network members are orientated about the status of CiYC action plans and in particular how they will be taken into account in DHS budget prioritisation processes.

Recommendation 4

That the DHS works with local government bodies, PCPs and Planning Networks to develop a consistent statewide approach to population health analyses and integrated health promotion planning that will also form a basic building block for CiYC planning.

Recommendation 5

That the DHS reviews the statutory requirement for metropolitan and large regional acute public health services to appoint a Primary Care and Population Health Advisory Committee.

Recommendation 6

That the DHS initiates discussion with the new Department of Planning and Community Development to ensure ongoing access to the specialist planning and development expertise that was developed by the then Department for Victorian Communities.

Recommendation 7

That a comprehensive population based data analysis is not mandated as a component of CiYC planning but that a flexible approach is adopted to achieve the project outcomes depending on the scope of the task and the availability of information from existing sources.

Recommendation 8

That the DHS:

- establishes a common planning cycle for CiYC, PCPs and funded agencies;
- develops a minimum information set to provide a common reference point for all Victorian population health analyses;
- ensures program area accountability for providing relevant data to assist CiYC planning;
- provides a regularly updated summary of national and state-wide studies that provides insight into the planning area's health needs;
- sources and provides summary data on a State-wide basis that are not available to regional or sub-regional planning teams (e.g. Medicare data);
- develops a definition of "ambulatory type" admissions and non inpatient activity, to enable identification of activity currently undertaken in hospitals that could be provided in alternative settings; and
- develops a greater understanding of the nature of 'community-based settings', particularly as many sub-acute, primary and community health services are delivered in consumers' homes and in rural regions by acute public health services; and
- provides support to CiYC planning teams through personnel skilled in manipulation and presentation of health data, including mapping.

Recommendation 9

That the DHS:

- reviews the CiYC schema for designating levels of care;
- provides CiYC Planning Networks with clearly defined and targeted criteria for developing area-based service profiles;
- investigates the feasibility of developing a standardised, comprehensive profile of each funded agency based on functional programs rather than on funding or program bases; and
- investigates the feasibility of developing an agreed functional definition or schema for ambulatory services for CiYC planning purposes.

Recommendation 10

That it is appropriate for the DHS to ask Planning Networks to address integration planning and community-based service configuration planning for specific services, but that the DHS does not ask Planning Networks to develop specific service plans in the context of population-based planning exercises.

Recommendation 11

That the planning prioritisation criteria applied by the South East and Gippsland Trials are promulgated as useful tools to other Planning Networks.

Recommendation 12

That in future CiYC processes Planning Networks allow additional time for pre-planning, project planning and negotiation of planning outcomes.

Recommendation 13

That integration planning and community-based service configuration planning by CiYC Planning Networks is focused initially in program areas where the DHS has developed strong planning frameworks and models of care.

Recommendation 14

That the DHS invests in the development of more specific service delivery frameworks and models of care, in consultation with service providers, consumers and carers across Victoria, and that area-based planners are delegated responsibility to implement these frameworks in the local context.

Recommendation 15

That the requirement to include at least one representative of consumers and carers in the membership of each Planning Network is reinforced.

Recommendation 16

That the DHS develops standard guidelines addressing the roles, responsibilities and information and support needs of, and possible methods of participation by, consumers and carers who participate in CiYC planning and other consulting and planning processes.

Recommendation 17

That the DHS:

- confirms a standard format for CiYC action plans that has an explicit focus and emphasis on the specificity and achievability of recommended actions; and
- ensures that future CiYC project methodology has clear links with DHS capital development and prioritisation processes.

Recommendation 18

That different forms of engagement are negotiated with Division of General Practice and Local Government representatives according to local needs and preferences, in particular to facilitate their direct involvement in project planning, population health planning and planning for specific services that they deliver, without an inflexible expectation of full participation in CiYC Planning Networks.

Recommendation 19

That the DHS provides comprehensive guidance on the objectives of service delivery partnerships and the types of partnership structures and models that will support achievement of CiYC objectives.

Recommendation 20

That the DHS examines and evaluates CiYC objectives and achievements under different governance models (including formal partnerships between public/public and public/private providers; and amalgamated community health/acute health services) and identifies preferred governance models based on their capacity to support the achievement of CiYC objectives.

Recommendation 21

That the DHS continues to actively develop and broadly promulgate information about the extensive range of policy and funding strategies that support CiYC, with a focus on a balanced package of requirements and incentives that in particular foster commitment by acute health services to CiYC objectives.

Recommendation 22

That CiYC is 'rolled out' across the state through the establishment of Planning Networks that:

- are supported by DHS regional offices in collaboration with relevant DHS programs and by 'top-down' policy drivers and enablers;
- are comprised of senior representatives of member organisations;
- are flexible in their expectations of member organisational contributions;
- operate as high level, strategic planning partnerships, coordinating detailed population health planning and integration planning contributed by member agencies, PCPs, local governments and task-specific working parties;
- have a formal role in service configuration planning led by DHS regional offices and capital planning led by the Programs Branch, Metropolitan Health and Aged Care Services Division of the DHS;
- set priorities for local action;
- facilitate and coordinate input from consumers and carers;
- provide a forum for consultation by non-member health service providers seeking to establish new or change existing services delivered in the planning area; and
- provide a forum to resolve planning issues.

Recommendation 23

That Planning Networks in rural regions

- have a whole-of-sector, whole-of-region responsibility;
- have a strong 'bottom-up' regional health advocacy role; and
- where appropriate, cross DHS regional boundaries.

Recommendation 24

That given that harmonisation of service and planning boundaries across health programs and across metropolitan Melbourne is unlikely to be achieved in the short- to medium-term, the DHS:

- reviews proposed CiYC planning areas and establishes Planning Networks using single or aggregated PCP boundaries as appropriate to local circumstances;
- incorporates one metropolitan acute public health service in the membership of each Planning Network, selected as the most appropriate provider for that planning area taking into account the full range of services provided by that metropolitan health service;
- requires each acute public health service to:
    - be a core member of only one Planning Network;
    - facilitate consultation and liaison by the Planning Network of which they are a member with other metropolitan and rural health services as appropriate; and
    - consult with, including submitting strategic service plans and information about major service changes to, each of the Planning Networks in their catchment areas; and
- requires each Planning Network to consult with and engage relevant non-member acute public health services when planning activities that may have an impact on or be of interest to them.

Recommendation 25

That interaction between metropolitan regional offices and the Programs Branch, Metropolitan Health and Aged Care Services Division of the DHS is systematised through the development of protocols for shared participation in major projects, to ensure good communication and to avoid duplication or uncoordinated activities.