

Care in your community

A Planning Framework for Integrated Ambulatory Health Care

Vision

The Victorian health care system will increasingly deliver person and family centred health care in community-based settings, reducing the need for inpatient care and improving the health outcomes of Victorians.

Care in your community (CiYC) provides a ten-year vision for a modern and person and family centred health system. It sets out a framework for a consistent approach to developing an integrated system, building on existing strengths and trends in health care provision.

The Victorian health care system consists of multiple and complex models and settings of care, funded from various sources, including the State Government. Within government are multiple programs and funding streams, each with their own planning methods, funding formulas, eligibility criteria and reporting requirements. In many cases, these current methods for planning and delivering services have become obsolete and in the changing face of health will increasingly be so.

The vision and principles of Care in your community will be achieved over the next ten years.

Care in your community provides direction for the next 2–3 years with the initial short-term actions including trialling the development of integrated area-based planning in three catchments and taking action on five key enablers. A range of things is needed to underpin the development of integrated community based health care. To deliver person and family centred care, and plan on an area basis for population health needs, Victoria's health system needs:

- **funding models** and reporting that provide appropriately structured incentives to support person-centred care and provide health care providers with flexibility to address area-based planning priorities.
- a **workforce** that is structured to provide person-centred care in community settings.
- different organisations and professions need **integration tools**—a standard environment to work within which supports trust, understanding and effective communication—including common language and common approaches to information sharing.
- an **information management** environment that supports effective, informed decision making, reduces administrative overheads, supports information sharing (allowing information to lead/follow people as they move through the system) and collaboration between providers, consumers and carers.
- the delivery of integrated health services in a community setting requires a range of autonomous organisations to work together in **partnership**.

Care in your community principles

Principle one: The best place to treat

Health care will be provided in community-based settings, where it is safe and cost-effective to do so.

Services will be brought together and integrated to improve accessibility, availability and quality of care. One mechanism for integrating health care services will be co-location or clustering within health precincts.

Principle two: Together we do better

The delivery of health care will incorporate a population health approach that recognises the social determinants of health and prioritises health promotion and illness prevention. The provision of health care will be based on partnerships among levels of government and public and private health care services.

People needing health care, and their family and carers, will be empowered to take more responsibility for their health care and will receive support for self-management.

Principle three: Technology to benefit people

There will be a consistent, planned approach to developing the infrastructure for the delivery of integrated health care, including information and communications technology (ICT), standard tools and protocols, facilities and equipment. ICT will be used to better inform people about their health care and about how to better manage their health.

Principle four: A better health care experience

Care will be 'person and family centred', focusing on the needs of the whole person as these change over time. People will have equitable, timely and appropriate access to health care regardless of where they live. The delivery of health care will be based on the best evidence available and will be planned on an area basis to meet the needs of defined populations. Information about people and the services they receive will be consistently managed and coordinated across health care services to protect privacy and support integrated service delivery and continuity of care. Funding and accountability arrangements for the delivery of quality health care services will support the provision of the right care, at the right time, and in the right place.

Principle five: A better place to work

The workforce will be configured to deliver integrated health care. The future workforce will be flexible and multi-skilled to deliver care in a variety of settings including community and home based settings. Consolidation of service delivery in community-based settings will support improved working conditions, more efficient use of the workforce, and better quality systems.



Catchments for area-based planning

Adopting area-based planning catchments means that there will be one agreed reference point for planning that is common across all relevant DHS programs. This will support the development of integrated planning cycles within the department, informed by the external area-based planning process and linked to the annual budget cycle.

Implementation of integrated area-based planning

The changes associated with the introduction of integrated area-based planning will have a significant impact on business practice for the DHS and for the agencies it funds. For this reason, the approach will be introduced in a staged way.

In the first stage (2006–07) the approach will be refined and developed through area-based catchment trials. Evaluation of the trials will be used to inform decision making on capital development priorities for community-based health care, service growth and new funding.

Trial areas

Three area-based planning trials have been chosen to test and refine the planning framework set out in *Care in your community*. These areas were chosen by the Department for their potential for building on existing partnerships such as strong Primary Care Partnerships (PCPs), advanced PCP Service Co-ordination, Population Health Advisory Committees or already developed partnerships for specific purposes such as ICT. In addition the DHS site selection is supported by socio-economic demographics as areas of high need and high incidence of ambulatory care sensitive conditions.

Two metropolitan and one rural planning catchments have been selected to trial integrated area-based planning. The trial locations are:

- Southern Metropolitan Region: South East planning area (covering the local government areas of Greater Dandenong, Casey and Cardinia)
- Eastern Metropolitan Region: Outer East planning area (covering the local government areas of Knox, Maroondah and Yarra Ranges)
- Gippsland Region: trial will be conducted for the whole region, under the direction of the Gippsland Health Services Partnership.

Planning in each location will be facilitated by DHS and conducted through a planning network comprising of representative key stakeholders operating within the planning catchment, including at a minimum:

- Metropolitan and Rural Health Services
- Community Health Services
- Local Government
- Consumer Representatives
- Nursing Services
- Psychiatric Disability Rehabilitation and Support Services
- Divisions of General Practice.

Governance Arrangements

A new whole-of-health governance structure has been established across DHS Divisions to guide the implementation of *Care in your community*.

- Steering Committee: chaired by Dr Chris Brook, Executive Director Rural and Regional Health and Aged Care Services and responsible for endorsing the direction of the implementation of *Care in your community*.
- Implementation Group: chaired by Ms Janet Laverick, Director Primary Health and responsible for management of the implementation of *Care in your community*
- Advisory Group: chaired by the Ms Patricia Faulkner, Secretary of the Department of Human Services and a consultative body that will advise both the Steering Committee and the Implementation Group on issues from the view of the sector.

Local Government is a major stakeholder in *Care in your community*. As such Local Government engagement is necessary at a number of levels, as a planner of regional services, as a service provider to a diverse population and as a representative of the region. Local Government has three representatives on the Advisory Group.

Benefits to Local Government

The *Care in your community* framework will:

- Provide efficiencies for Local Government and DHS planning by reducing duplication and identifying opportunities for service and capital development.
- Allow for Local Government to have greater influence in DHS service integration, DHS planning for service growth and new funding, in particular in areas demonstrating socio-economic and health disadvantage.
- Add value and efficiencies to the Municipal Public Health Planning process for example the development of a partnership approach to the identification of local issues and local solutions to improve the health outcomes for citizens.
- Encourage shared service arrangements to provide for local workforce development efficiencies, improved recruitment and retention across sectors.

For further information on *Care in your community* please contact:
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