

Care in your community

Frequently Asked Questions

February 2007

How will *Care in your community* be implemented?

Care in your community - A planning framework for integrated ambulatory health care (1) provides a ten year vision for an innovative, efficient and effective Victorian health system.

Trials are already underway in the Outer East, South East and Gippsland region. Project managers for each of the trials have been appointed. The trials have established partnerships with stakeholders (planning networks) and developed their terms of reference.

Integrated area-based planning exercises currently being undertaken by the three trial planning networks include:

- data collection and analysis (demographic and service profiling) to inform area and population-based planning methodology;
- priority assessments of the three areas of need (chronic and complex care, episodic and urgent care and integrated health promotion and illness prevention); and
- determining how the planning principles apply to the local service system.

In late 2006, a team of consultants from Phillips Fox began working with the trials. The consultants are assisting the trials to develop a consistent methodology for integrated area-based planning that can be rolled out across the State.

(1) *Care in your community - A planning framework for integrating ambulatory health care*, DHS, 2006. www.health.vic.gov.au/ambulatorycare/

How do I classify my service including all sites by level?

A detailed description of the service system configuration planning schema is provided in *Care in your community* (p 20-21) and *Rural Directions for a Better State of Health* (2) (p 31). These can be used to guide classification of existing service sites.

The important aspect of classification is that it applies to the site where patient/client services are located.

As part of integrated area-based planning, an assessment will be made as to the role of each service site in meeting the needs of the community within which it is situated.

The classification of metropolitan sites is a process that is currently being undertaken by the Metro Health Strategy Refresh.

(2) *Rural directions for a better state of health*, Department of Human Services, DHS, 2005. www.health.vic.gov.au/ruralhealth

What will be the role of Primary Care Partnerships (PCPs) in implementing *Care in your community*?

PCPs are the main mechanism supported by DHS for integration and partnership across primary health care and between primary health care and other sectors. This will continue to be the case and PCPs will continue to work in the areas of service integration, health promotion and integrated chronic disease management.

Each PCP is required to undertake population health planning and these plans together with other local plans including Municipal Public Health Plans, Primary Mental Health Plans, Divisions of General Practice Plans and agency Service Plans should inform *Care in your community* planning.

Many planning network members are also members of their local PCP.

Where there is local and regional agreement, the PCP could auspice the planning network.

What about other governance arrangements / partnerships that are already in place across the State?

A number of governance arrangements and partnerships are already in place across catchments and planning networks. In order to accommodate this *Care in your community* encourages the participation of existing governance arrangements and partnerships.

DHS Regions will facilitate the development of the network required for integrated area-based planning to ensure that effort is not duplicated. The experience in the trial sites will assist in showing how this can be undertaken.

It will also be important to ensure that the *Care in your community* planning networks are linked in with other population planning networks such as the Primary Care and Population Health Advisory Committee.

Will the implementation of *Care in your community* affect the way in which agencies are funded in the future?

While *Care in your community* advocates change by moving health service provision into community settings, there are no plans to change the way agencies are funded.

Care in your community planning networks are encouraged to think flexibly about providing services in community settings and put forward proposals that may involve developing new funding models, workforce arrangements, models of service integration, new partnerships and new ICT strategies. For example, DHS is working on funding formulas that will promote flexible models of care. The way in which programs are funded should not be seen as a barrier for planning networks when thinking about what they would like to implement.

How will I be kept informed of developments throughout the implementation of *Care in your community*?

A number of communication modes have been established including:

- regular updates on the ambulatory care website (<http://www.health.vic.gov.au/ambulatorycare>);
- articles in a number of publications (including Human Services News, Municipal Association of Victoria's Bulletins and Victorian Healthcare Association Newsletters); and
- engagement with the sector including DHS attendance and presentations at provider forums and conferences.

What is the role of the *Care in your community* consultants?

A team of consultants from Phillips Fox were appointed in late 2006 to work with the trials. Heather Wellington, Campbell Miller and Alison Hallahan will be assisting the trials to develop a consistent methodology for integrated area-based planning that can be rolled out across the State.

The role of the consultants is to:

- provide high-level support to the three trials undertaking integrated area-based planning trials to operationalise the planning framework set out in *Care in your community*;
- develop and facilitate workshops to agree and develop common features of the methodology to be used in each region;
- assess the effectiveness of the methodology for area-based planning trials in implementing area and population-based planning;
- provide a final report which includes a documented methodology to support a consistent approach to the rollout of integrated area-based planning across Victoria; and
- retain a close working relationship with each of the trial sites throughout the length of the trials, so that the final proposed methodology reported incorporates the successful features of each site.

What sort of data are the trials using in their planning and what are the challenges ?

Trials are currently using a large range of demographic, social and health utilisation data. For example:

- Health indicators: ambulatory care sensitive conditions, life expectancy, disability adjusted life years, years of life lost and years lived with a disability.
- Population: projections, birth rates, household type and family makeup, cultural and linguistic diversity;
- Economic status: relative disadvantage, electronic gaming machine prevalence, income status, unemployment data, Centrelink assistance, housing, rent stress and assistance; and
- Social indicators: education levels, social connectedness, child protection reports, crime rates, drug offences and family violence.

What planning principles has *Care in your community* developed to inform the trials?

To meet the identified needs of the health care system, planning for the development of future health care service delivery capacity will be based on the following principles set out in *Care in your community* (p 9):

- We will build up and consolidate health care services in community-based settings, improving the range, level and quality of services delivered.
- Services delivered in hospital settings will complement community-based services. Planning will identify which services in the specific local context can be delivered safely, effectively and efficiently in community-based settings and which services should be delivered in hospital settings.
- Planning for delivery of health care services will start from the preferred options of providing services at people's homes or close to where people live, work, shop, meet or relax (for services currently in or proposed for hospital settings, the first question will be 'can it be delivered at home or in the community?').

- Planning will maximise equitable distribution of services, based on the characteristics and needs of local populations, with a focus on addressing disadvantage (including the needs of socioeconomically disadvantaged communities, Aboriginal people with a disability and people with a mental illness).
- Planning will maximise ease of access to services, co-locating services where possible and undertaking service development/redevelopment in locations that people can easily get to.
- Planning will deliver collaborative outcomes, based on partnerships focused on a population health approach.

What is integrated area-based planning?

Planning will be conducted within each area by an area-based planning network, made up of local stakeholders and involving, at a minimum, health services (including hospitals and community health services), local government, nursing services, General Practice Divisions, consumer representatives and the Department of Human Services. It is expected that area-based planning networks will build on existing partnership arrangements, including Primary Care Partnerships (PCPs), Integrated Cancer Services, and ICT Alliances. In metropolitan areas, networks will link closely with Population Health and Primary Care Advisory Committees of health services.

Further information on the integrated area-based planning approach of *Care in your community* can be found in the policy document (p 10-12).

Do Community Health Plans, Health Promotion Plans, Agency Service Plans and Municipal Public Health Plans fit into the *Care in your community* integrated area-based planning?

Care in your community builds on current strategic planning processes such as the Municipal Public Health Plans, Health Promotion Plans, Community Health Plans, Division of General Practice Plans, Primary Mental Health Team Plans and Strategic Plans for Metropolitan Health Services. These processes then in turn inform the planning processes for *Care in your community*.

What are integrated care enablers?

A range of actions are set out in *Care in your community* to begin moving towards achieving its vision. The 19 key actions encompass the areas of funding, workforce, integrating tools and information and communications technology. The development of these enabling actions and capacity to influence the trials and statewide roll out of the *Care in your community* strategy is being monitored by DHS centrally and reported through the *Care in your community* governance arrangements to the trials' planning networks.

How does the policy document *Rural Directions for a Better State of Health* fit with *Care in your community*?

Rural Directions for a Better State of Health assisted in the development of the *Care in your community* policy document. *Rural Directions* provides a framework that has three broad directions:

- Promote health and well being of rural Victorians;
- Foster a contemporary health system and models of care for rural Victoria; and
- Strengthen and sustain rural health services.

The two policies complement each other and add value to the area-based planning approach taken by *Care in your community*.

Does health promotion fit with the *Care in your community* framework?

Yes, health promotion is a crucial part of health service delivery for *Care in your community*.

Opportunistic and planned health promotion can be delivered at all levels of the care continuum. *Care in your community* suggests that “quality integrated health promotion practice and delivery should focus on implementing an appropriate mix of health promotion interventions (that encompass a balance of individual and population-wide health promotion interventions) supported by capacity building strategies to address the priority issues identified” (p 17).



Care in your community emphasises the important role of partnerships and integration in health promotion and encourages the engagement of a broad range of stakeholders including non-government agencies, schools, recreation clubs and commercial businesses to improve health outcomes (p. 17).