



Upper Hume Primary Care Partnership
Service Coordination
Strategic Plan

Executive Summary

In 2009- 2012 the continued program of activity around service coordination in UHPCP will aim to address the following areas of importance.

- Enhancing health service capacity
- Access and equity for consumers
- Continuity of care
- Quality systems

Background

The policy foundation for Service Coordination in Victoria is the Better Access to Services (BATS) operational framework.

Service Coordination is a statewide vision to align practices, processes, protocols and systems through functional integration. Achieving functional integration enables agencies to remain independent of each other as entities and still work in a cohesive and coordinated way so that consumers experience a seamless and integrated response.

Service Coordination places consumers at the centre of service delivery, to ensure that they have access to the services they need, opportunities for early intervention, health promotion and improved health and care outcomes.²

The Planning Process

Three priorities for service coordination were identified at a joint Strategic Planning day in March 2009 in Wangaratta. The planning session which was facilitated by an external consultant was a joint initiative of the Central and the Upper Hume PCP's. The three identified priorities were:

Service Coordination Priorities for 2009 -2012

1. Achieve Continuous Quality Improvement in Service Coordination

- Formalise linkages for agencies working with hard to reach and vulnerable populations
- Embed Service Coordination within agency Continuous Quality Improvement Systems
- Review Service Coordination Implementation across the service system in UHPCP
- Improve Information Management Information Technology in support of effective service coordination

2. Enable the adoption of shared approaches to inter agency care planning

- Embed effective Multidisciplinary Care Coordination practice and systems
- Improve communication systems with General Practice and Private Health Providers.
- Enhance service coordination linkages with clinicians working with clients with preventable chronic conditions.
- Develop a workforce skilled in coordinating care for clients with complex needs.

3. Embed service coordination systems across member organisations

- Development and design of integrated service access (intake) models.
- Embed effective e-communication to support integrated practice.
- Embed service coordination within agency management and operational systems.

The service coordination strategic planning priorities for 2009-2012 aim to consolidate previous service coordination activity in UHPCP and to increase the number of organisations / program areas in UHPCP implementing Service Coordination.

Role of the UHPCP Service Coordination Steering Committee

In UHPCP change management will continue to be driven at a partnership level by the Upper Hume PCP Service Coordination Steering Committee. The Service Coordination Steering Committee represents a mix of managers and staff from key stakeholder organisations across the PCP. This committee will continue to meet bi monthly and is chaired by the CEO of the Albury Wodonga Regional GP Network

The role of the UHPCP Service Coordination Steering Committee is to:

- Plan and deliver on Service Coordination Priorities (as appropriate given local needs and resources)
- Disseminate materials and resources around service coordination to UHCP members
- Support the delivery of partnership activities around service coordination such as workshops, forums, training and direct program and service advice where indicated
- Provide opportunity for partners to communicate and network around service coordination implementation within their organisation and across sectors.

Evaluation and Dissemination Planning

SC Priority Goal 1	Continuous Quality Improvement in Service Coordination			
target groups	Albury Wodonga Health Service, Gateway Community Health, City of Wodonga, Indigo Shire, Towong Shire, Tallangatta Health Service, Upper Murray Health and Community Services, Alpine Health, Indigo North Health, Beechworth Health Service, Aged Concern, Department of Veterans Affairs, Upper Murray Family Care, Central Hume Support Services, Aged Psychiatry, Rural Housing Network Limited, Disability Advocacy Service, Integrated Primary Mental Health Service, Mungabereena Aboriginal Cooperative, Uniting Care Goulburn North East, Ovens and King Community Health Service ACAS, Upper Murray CASA, Trinity (PDRSS). Department of Health and Department of Human Services (Hume Region).			
Objective	Strategy	Indicators	By when?	Resources
UHPCP agencies embed service coordination within a continuous quality improvement system	<p>Partnership</p> <ul style="list-style-type: none"> Increase the number of organisations and programs participating in the Victorian Service Coordination Integrated Chronic Disease Management Survey annually in UHPCP. UHPCP Service Coordination Planning Committee continues to support service coordination change management at both a PCP level and at an agency level <p>Agency:</p> <ul style="list-style-type: none"> Ensure Service Coordination is implemented at part of continual quality improvement activity within organisations. Ensure that programs participating in the Service Coordination Survey utilise a continuous quality improvement methodology i.e. Plan Do Study Act (PDSA) framework. 	<ul style="list-style-type: none"> UHPCP Victorian SC ICDM survey data, Annual forum on Service Coordination Continuous Quality Improvement Client files audits / reviews. Agency policies/plans. SC ICDM Survey results for each agency. Minutes of meetings/planning sessions, budget reports, minutes of meetings/agency work plans, 	<p>June 09 -12</p> <p>Dec 09-12</p> <p>Nov 09-12</p>	<p>SCSC staff time, Project Officer,</p> <p>Staff and management time</p> <p>Staff time & Management time</p>

Priority Goal 2	Shared approaches to inter agency care planning			
Population target group/s	Albury Wodonga Health Service, Gateway Community Health Service, City of Wodonga, Indigo Shire, Towong Shire, Tallangatta Health Service, Upper Murray Health and Community Services, Alpine Health, Indigo North Health, Beechworth Health Service, Aged Concern, Department of Veterans Affairs, Upper Murray Family Care, Central Hume Support Services, Aged Psychiatry, Rural Housing Network Limited, Disability Advocacy Service, Integrated Primary Mental Health Service, Mungabereena Aboriginal Cooperative, Uniting Care Goulburn North East, Ovens and King Community Health Service ACAS, Upper Murray CASA, Trinity (PDRSS).			
Objective	Strategy	Indicators	By when?	Resources
Implement the Victorian Service Coordination Practice Manual with a broader range of agencies, services and programs	Partnership <ul style="list-style-type: none"> Facilitate UHPCP members to embed common practice standards as stated in the Victorian Service Coordination Practice Manual within and between agencies, including acute and residential services, general practice and other primary health providers. 	<ul style="list-style-type: none"> PCP wide Service Coordination Protocols / MOU Documented, Intra agency SC, ICDM or e-referral working groups. Policies, procedures, workplans and position descriptions outlining service coordination roles and responsibilities 	Dec 2011	Staff and management hours
	Agency <ul style="list-style-type: none"> Implement common practice standards as stated in the Victorian Service Coordination Practice across all programs within organisation. 		Dec 2010	Staff/ Management hours

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Population target group/s	Albury Wodonga Health Service, Gateway Community Health Service, City of Wodonga, Indigo Shire, Towong Shire, Tallangatta Health Service, Upper Murray Health and Community Services, Alpine Health, Indigo North Health, Beechworth Health Service, Aged Concern, Department of Veterans Affairs, Upper Murray Family Care, Central Hume Support Services, Aged Psychiatry, Rural Housing Network Limited, Disability Advocacy Service, Integrated Primary Mental Health Service, Mungabereena Aboriginal Cooperative, Uniting Care Goulburn North East, Ovens and King Community Health Service ACAS, Upper Murray CASA, Trinity (PDRSS).			
Objective	Strategy	Indicators	By when?	Resources
All agencies have access to and appropriately utilise the SCTT / VSRF.	Partnership <ul style="list-style-type: none"> UHPCP continues to resource and support SCTT VSRF implementation in client and patient management systems Provide SCTT train the trainer courses for UHPCP member organisations Agencies <ul style="list-style-type: none"> Develop & implement SCTT policy and procedures Deliver SCTT training as part of induction procedures 	E-Referral data, PCP level SCTT / VSRF training sessions delivered. Training registration forms Organisational SCTT policy documents Number of participants?	Dec 09- 12 Dec 09-12 Dec 2011	PCP staff / Management hours PCP staff hours Staff / management hours

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Objective	Strategy	Indicators	By when?	Resources
Achieve effective shared communication and care planning with General Practice	Partnership <ul style="list-style-type: none"> Work with the Albury Wodonga Regional GP Network (AWRGPN) to identify programs and initiatives aimed at improving referral, referral feedback, care planning and e-communication systems with GP's and other PCP member organisations 	Project Reports	June 2011	Staff hours,
	GP's / Agency's <ul style="list-style-type: none"> Agencies develop policies and procedures to formalise referral feedback processes to GP's consistent with VSCPM and other local agreements & with input from general practice. 	Referral Audits Evidence of feedback to GP's via e-communication.	Dec 2011	Staff hours
	<ul style="list-style-type: none"> Agencies deliver staff development to increase the levels and quality of shared care and care planning with general practice and other providers. 	Training attendance registers. GP involved care plan audit. Audits of feedback from health services to general practice	Dec 2011	Staff hours
	<ul style="list-style-type: none"> General Practices implement the Victorian State-wide Referral Form (VSRF) to assist appropriate referral of consumers to other services. 	GP Network review of VSRF uptake,	June 2012	Staff hours

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Objective	Strategy	Indicators	By when?	Budget
UHPCP Member organisations undertake care planning consistent with Victorian Service Coordination Practice Manual (with priority being given for consumers with chronic & complex conditions or needs)	<p>Partnership</p> <ul style="list-style-type: none"> Host annual forums / workshops and training in Multidisciplinary Care Planning in line with the VSCPM incorporating use of the SCTT Care Coordination Plan <p>Agency</p> <ul style="list-style-type: none"> UHPCP member agencies have care planning policies and procedures consistent with the VSCPM Care Planning component. UHPCP member agencies participate in a continuous quality review of care planning in line with the Service Coordination Continuous Improvement Framework and accompanying survey 	<p>Statewide Service Coordination ICDM Survey data on Care Planning performance</p> <p>Care Planning policies and procedures and associated documents.</p> <p>Agency level data from Statewide Service Coordination ICDM Survey</p>	<p>Dec 2011</p> <p>Dec 09-12</p> <p>Dec 09-12</p>	<p>Service coordination committee</p> <p>Staff hours Service coordination expertise</p>

SC Priority Goal 3	Build a sustainable System of Support for Service Coordination			
Population target group/s	Albury Wodonga Health Service, Gateway Community Health Service, City of Wodonga, Indigo Shire, Towong Shire, Tallangatta Health Service, Upper Murray Health and Community Services, Alpine Health, Indigo North Health, Beechworth Health Service, Aged Concern, Department of Veterans Affairs, Upper Murray Family Care, Central Hume Support Services, Aged Psychiatry, Rural Housing Network Limited, Disability Advocacy Service, Integrated Primary Mental Health Service, Mungabereena Aboriginal Cooperative, Uniting Care Goulburn North East, Ovens and King Community Health Service ACAS, Upper Murray CASA, Trinity (PDRSS).			
Objective	Strategy	Indicators	By when?	Resources
Member organisations have embedded business process's for Connectingcare e-communication	Partnership <ul style="list-style-type: none"> • Develop agreed protocol for e-communication in UHPCP. • Provide engagement, change management and leadership to new sectors implementing e communication via Connectingcare. • PCP staff deliver Connectingcare train the trainer events for all organisations in UHPCP Agency <ul style="list-style-type: none"> • Develop / implement service access models in line with e-communication business process's • Deliver internal training on referral, referral feedback and care planning process using Connectingcare 	Connectingcare E-Communication Policy Connectingcare implementation documented in workplan Training register Intake Systems, Work plans/position descriptions for Intake, Assessment, Clinical and other staff Agency policies, staff position descriptions Staff professional development records	Dec 2010 Dec 2009 June 2010 Dec 2010 Dec 2010	Staff/ Management hours Staff hours Staff hours Change management support

SC Priority 3	Service coordination systems across member organisations			
Population target group/s	Albury Wodonga Health Service, Gateway Community Health Service, City of Wodonga, Indigo Shire, Towong Shire, Tallangatta Health Service, Upper Murray Health and Community Services, Alpine Health, Indigo North Health, Beechworth Health Service, Aged Concern, Department of Veterans Affairs, Upper Murray Family Care, Central Hume Support Services, Aged Psychiatry, Rural Housing Network Limited, Disability Advocacy Service, Integrated Primary Mental Health Service, Mungabereena Aboriginal Cooperative, Uniting Care Goulburn North East, Ovens and King Community Health Service ACAS, Upper Murray CASA, Trinity (PDRSS). Albury Wodonga Regional GP Network (AWRGPN), GP's, Private and Public Allied Health Services			
Objective	Strategy	Indicators	By when?	Resources
Improve uptake and usage of Human Services Directory and Connectingcare web based service directories	Partnership <ul style="list-style-type: none"> HSD training and support offered through UHPCP Service Coordination Steering Committee 	PCP Snapshot audit of member data entry process on HSD and Connectingcare web based service directories Agency data administration policy and staff training records.	June 2011	Project Officer time / Staff hours
	Agency <ul style="list-style-type: none"> Agencies have an identifiable information management policy with staff appropriately trained in updating the HSD or Connectingcare web based service directories 		June 2011	Agency / admin time

Preparation of evaluation report	Project Officer Service Coordination for the Upper Hume PCP is responsible for collating evaluation findings and developing evaluation report
Dissemination	Annual evaluation reports will be disseminated to all relevant stakeholders and the Department of Health and the Department of Human Services Hume region Office