

# Collaborative Framework 2012 – 2017

*How we work together to improve the strength of our communities.*



## Introduction and foreword

On behalf of the four partner organisations, we are pleased to present to you this Collaborative Framework document 2012 – 2017.

Inner North West Melbourne Medicare Local (INWMML), Doutta Galla Community Health, Merri Community Health Services and Melbourne Health are committed to working together to improve patient care, outcomes and pathways for our shared community.

These organisations, and more recently the INWMML, have a longstanding partnership through initiatives such as Hospital Admissions Risk Program (HARP) and Health Workforce Australia Clinical Placements Project, as well as representation on the Melbourne Health Primary Care and Population Health Advisory Committee and Primary Care Partnership.

This Collaborative Framework has been developed to bring together these existing activities and provide a framework to support the overarching service and planning collaboration these organisations seek to achieve.

The framework outlines the shared commitment and principles that will support a common goal of collaborating to move more care into the primary care setting.

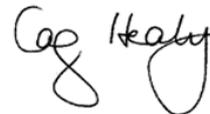
The framework also sets out some specific outcome measures for the collaborative partnership as we seek to address issues of escalating chronic disease conditions, increased demand for health services, and the need for improved health promotion strategies.

Our communities and those who rely heavily on our services can be confident in the knowledge that there is an ongoing commitment from the leadership of the four collaborative partners to diligently work towards achieving the outcomes outlined in this framework.

Our thanks to the members of the Collaborative Framework Steering Committee members who have invested their time and expertise to develop the principles and outcome measures in this framework.



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# 1. Background

The Chief Executives of Melbourne Health, Doutta Galla Community Health and Merri Community Health Services met in April 2012 to discuss new opportunities to enhance collaboration. INWMML has since joined this group due to their important role in working with primary health care providers and hospitals to ensure services are better tailored to meet the needs of local communities.

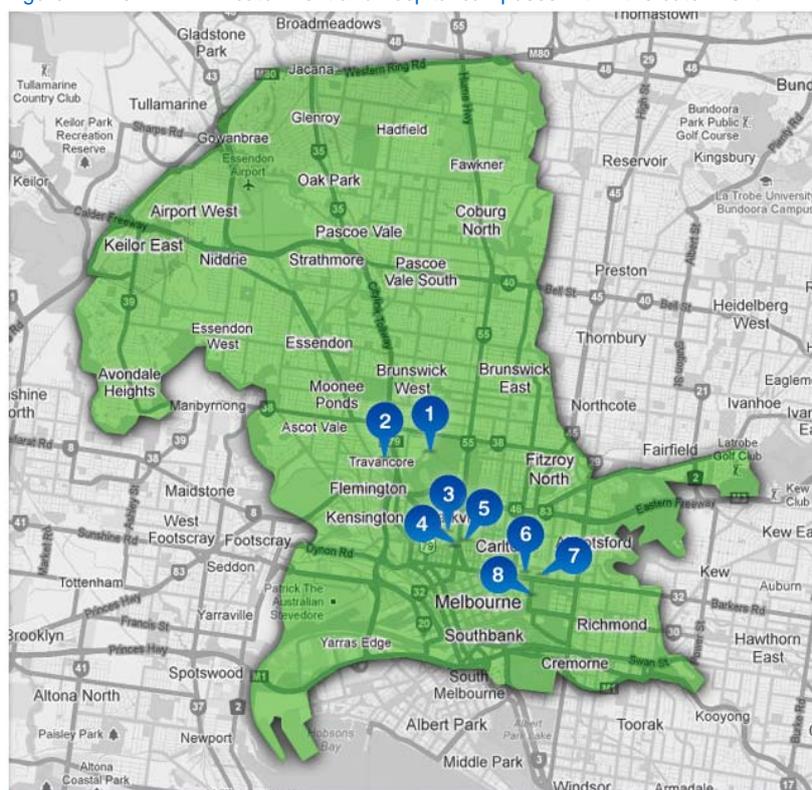
Led by the Chief Executives, the four organisations are committed to working together, recognising that collaboration will deliver enormous benefits to the region.

As all of the collaborative partners have a significant and shared interest in the health of the INWMML catchment, the four partners have agreed that this catchment will be used as a basis for assessing, prioritising and planning for services to best meet local health care needs. There is a shared commitment to strengthening our collaboration through means such as this Framework and an inaugural Collaborative Forum which together will provide the catalyst required to initiate a number of innovative projects, programs and models to address system gaps, and ultimately move more care into the primary care setting.

## 1.1 Introduction to the region

The INWMML area encompasses a population of more than 400,000 people in the cities of Moonee Valley, Moreland, Yarra, and most of the City of Melbourne. This population is serviced by approximately 777 General Practitioners in 230 clinics, four Community Health Services and six public hospitals. **Figure 1** shows the catchment boundary and the location of public hospitals within the catchment.

Figure 1 The INWMML catchment and hospital campuses within the catchment.



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|--|--|
| 1 Royal Melbourne Hospital Royal Park Campus | 5 Royal Melbourne Hospital               |
| 2 Royal Children's Hospital Travancore Psych | 6 St Vincent's Hospital                  |
| 3 Royal Children's Hospital                  | 7 The Royal Victorian Eye & Ear Hospital |
| 4 Royal Women's Hospital                     | 8 Peter MacCallum Cancer Institute       |

The Inner North West Melbourne Medicare Local 2012-13 Annual Plan provides an outline of the community within the catchment. The following is an extract from the Plan.

- *3-7% of the population is in public housing, with the exception of the City of Yarra, with 11% in public housing;*
- *The City of Melbourne has a high rate of unstable housing/homelessness (129 per 10,000), compared with other local government areas (40 per 10,000);*
- *Over 1200 Aboriginal and Torres Strait Islanders/ATSI reside in the catchment; and*
- *34-48% speak a language other than English at home and approximately 20% have poor English language literacy.*
- *There is significant cultural diversity between the four different Local Government Areas (LGAs) that comprise the INWMML catchment area.*

*The top five causes of death in the INWMML catchment are reported as being:*

- 1. Ischaemic heart disease;*
- 2. Stroke;*
- 3. Lung cancer;*
- 4. COPD; and*
- 5. Colon/rectum cancer*

*The top five causes of disability in the catchment are reported as being:*

- 1. Mental disorders;*
- 2. Neurological and sense disorders;*
- 3. Chronic respiratory disease;*
- 4. Cancer; and*
- 5. Cardiovascular disorders.*

*The top five Ambulatory Care Sensitive Conditions in the catchment are reported as being:*

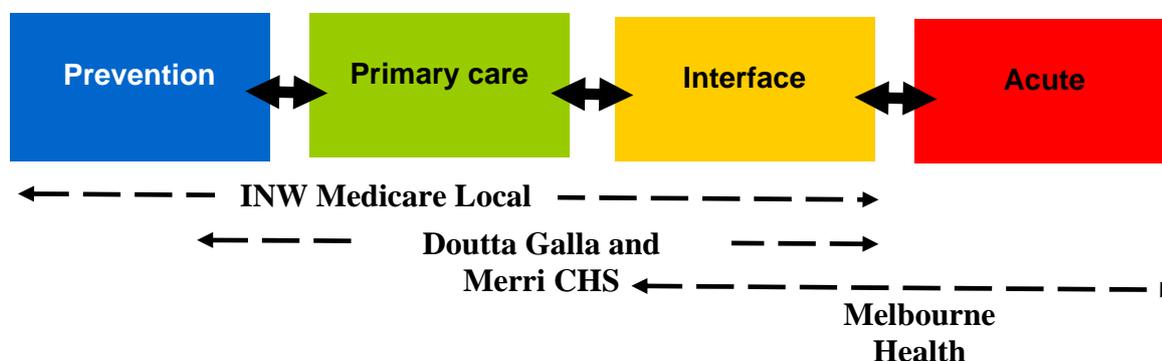
- 1. Diabetes complications;*
- 2. Congestive cardiac failure;*
- 3. Pyelonephritis*
- 4. Dental conditions; and*
- 5. Asthma*

## 1.2 Our roles across the health care continuum

As partners, we recognise that we each have an important part to play across the health care continuum. Figure 2 represents where we see our roles across the health care continuum across prevention, primary care, interface and acute settings. Understanding our roles in the continuum supports us to design client centred models of care that deliver the right care in the right setting.

As the arrows below demonstrate, these roles overlap at different points and this is where we see our collaboration occurring. Future and ongoing collaboration will recognise these roles and focus on intersections. For instance, prevention initiatives would involve the INWMMML and Community Health Services. Importantly, the interface between primary and acute care will be an important space for each of the partners to focus our collaboration.

Figure 2: Our roles across the health care continuum



## 2 Purpose

We recognise that by working together we will be in the best position to improve patient care, outcomes and pathways by moving more care into the primary care setting.

Driven by consumer needs, collectively we aim to:

- ensure a coordinated approach to service planning and delivery across our shared catchment, prioritising service gaps and challenges together;
- develop agreed common, seamless and complimentary pathways;
- work collaboratively to deliver more care in the primary care setting;
- develop new ways of working together in partnership to improve patient care, outcomes and pathways; and
- create opportunities for our people to share resources, ideas, knowledge and experience to improve care through partnerships at the frontline.

### 3 Collaboration principles

The four partnering organisations have identified a set of principles that will be used to support the development of collaborative projects and programs. The principles are intended to guide how we will work together to achieve our shared purpose.

In order to maximise the benefit to the community, we will ensure that our collaborative efforts adhere to the following guiding principles.

#### ***Foundation collaboration principles:***

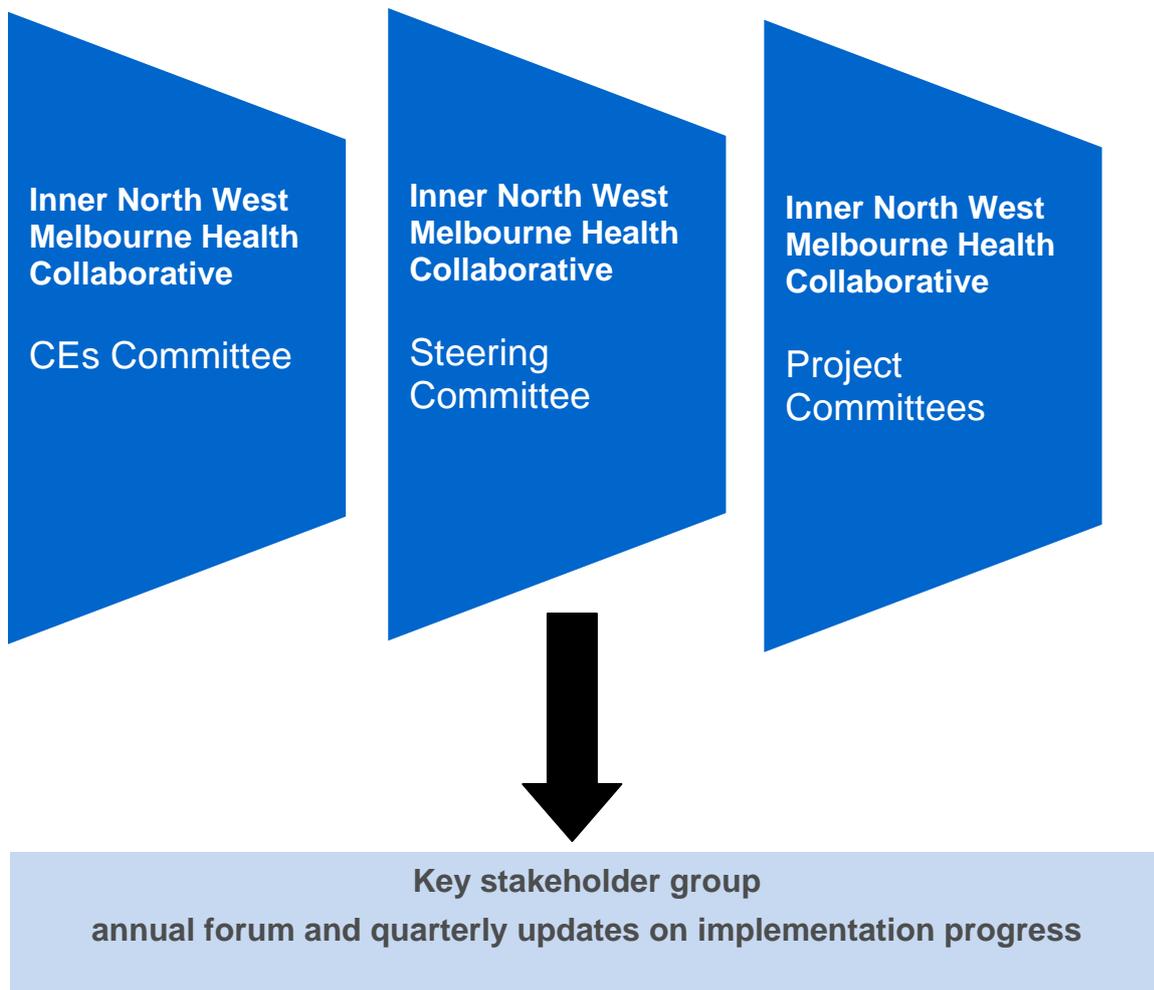
- ***Patient and client centred*** – we will seek to understand and incorporate how patients and clients experience the health system through our collaboration.
- ***Commitment and participation*** – we are committed to the partnership and will actively participate in the collaboration.
- ***Positive working relationship*** – we will ensure fair and transparent decision making, recognising the strengths, culture and voice of all partners and build on the achievements of each department.
- ***Complementarity*** – we will build on the distinctive contribution of all partners, and ensure that our combined efforts bring about change.
- ***Transparency*** – we will share information and ideas that will support and strengthen collaborative projects, programs and processes.
- ***Independence*** – we will value and respect independence within the partnership, recognising contributions and acknowledging each others' strengths.
- ***Outcome focused*** – we will focus on the end goal rather than the process.
- ***Equal standing and responsibility*** – All partnering organisations have an equal standing in the partnership and we are equally responsible for the outcomes of the partnership and the health of our community.
- ***Joint learning*** – we will learn from each other, with the aim of incorporating learning, communications and knowledge-sharing into the relationship.

## 4 Governance

The partners have established a governance structure to provide a mechanism for ensuring the aims of collaboration are achieved and efforts coordinated. The following committees have been established which represent three levels of governance:

- **Inner North West Melbourne Health Collaborative – CEs Committee**
  - This Committee includes representation from the Chief Executives of all partner organisations, and will continue to meet quarterly to provide formal oversight for the collaboration and authorise or commission joint work.
- **Inner North West Melbourne Health Collaborative – Steering Committee**
  - This Committee will meet monthly to oversee joint planning, and ensure progress on agreed 'measures of success' and that project deliverables are progressing to agreed timeframes and in keeping with our broader objectives.
- **Inner North West Melbourne Health Collaborative – Project Committees**
  - These Committees will meet as required and will be responsible for overseeing specific collaborative projects.

In addition, annual stakeholder forums will provide a broader link to programs and services operating across the region.



## 5 Measures of success

The following measures of success have been developed by the partners to outline the outcomes that are hoped to be achieved through the collaboration.

### ***Measures of success:***

#### ***2 years***

- *Two collaborative projects/programs implemented to address priority areas*
- *Annual collaborative forums established*
- *Shared understanding of the population and health needs documented*
- *Strategic Plan for the region developed*
- *Shared Evaluation Framework developed to measure the effectiveness of collaboration*
- *Scope and develop an agreed position on a region-based Electronic Medical Record*

#### ***5 years***

- *New to follow up outpatient ratio at Royal Melbourne Hospital reduced*
- *Collaborative presentations on integrated service models delivered*
- *Collaborative research projects established to provide academic focus to priority area projects/programs*
- *Two collaborative projects are mainstreamed in priority areas*
- *Joint research grants awarded*
- *Mechanism for collecting and analysing client feedback on their journey through the system established*
- *Initial Evaluation of collaboration undertaken*