

# Strategic Framework 2011 – 2015

## Introduction

The Statewide Primary Care Partnerships (PCPs) Chairs and Executive Officers Network have agreed on the following strategic framework detailing key areas for the next four years. Annual reviews of this framework will occur to ensure currency and responsiveness to the policy and strategic environment. These key areas of work have been identified collectively for the network to progress in this timeframe. The strategic framework is also supported by *The Strengths and Value of Primary Care Partnership* document which outlines core PCP function areas.

## Strategic Framework

- Key area 1: Strategic Planning and Advocacy
- 1.1 PCP strategy progression;
  - 1.2 Current policy responses and initiatives.
- Key area 2: Partnership Leadership and Development
- 2.1 Professional development;
  - 2.2 Peer learning and knowledge sharing;
  - 2.3 PCP Continuous Quality Improvement (CQI);
  - 2.4 Planning for Medicare Locals (ML) and Local Hospital Networks (LHN).

The key areas are underpinned by the local work each PCP is involved in facilitating and implementing;

1. Building on our **partnership** platform;
2. An integrated approach to **health promotion and prevention** initiatives that enable healthy communities;
3. Ensuring better **coordination and integration of the service system** to improve the consumer journey;
4. Facilitating **chronic disease** service system integration and change management.

Building on our <b>partnership</b> platform	An integrated approach to <b>Health Promotion and prevention</b> initiatives that enable healthy communities	<b>Key area 1: Strategic Planning and Advocacy</b>		Facilitate <b>chronic disease</b> service system integration and change management	Ensure better <b>coordination and integration of the service system</b> to improve the consumer journey
		PCP strategy progression	Current policy responses and initiatives		
		<b>Key area 2: Partnership Leadership and Development</b>			
		Professional development	PCP Continuous Quality Improvement		
		Peer learning & knowledge sharing	Planning for MLs and LHNs		
		<b>Mechanisms for action</b> - statewide PCP groups; <ul style="list-style-type: none"> <li>- Chairs Executive group</li> <li>- Chairs and Executive Officers network</li> <li>- Service Coordination network</li> <li>- Integrated Health Promotion network</li> <li>- Integrated Chronic Disease Management network</li> <li>- Working groups</li> </ul>			
<b>Enhance partnerships through the National and State Health Reform</b> <ul style="list-style-type: none"> <li>- Medicare Locals</li> <li>- Preventative health strategy</li> <li>- State health plans</li> <li>- Aged care</li> <li>- Mental health</li> <li>- Dental</li> </ul>					
Continue to strengthen planning responses to <b>health inequities and social determinants</b> through cross-sector partnering and consumer engagement					

Victorian Statewide Primary Care Partnerships  
Chairs and Executive Officers Network

**Strategic Plan – Key actions**

Key Area	Objectives	Key Actions
<b>1. Strategic Planning and Advocacy</b>	1.1 To progress the PCP strategy	<ul style="list-style-type: none"> <li>○ Continue to work with Department of Health Partnerships team on continuous quality improvement activities;</li> <li>○ Implement communication and marketing strategy;</li> <li>○ Provide a forum for PCP chairs and executive officers to discuss and advocate for the PCP strategy;</li> <li>○ Enhance utilization of the PCP infrastructure by others including state government, VicHealth, DH Prevention &amp; Population Health, DHS, GPV, DPCD, National Prevention Agency/task force, DVA, VHA, DoHA &amp; other government departments.</li> </ul>
	1.2 Current policy responses and initiatives	<ul style="list-style-type: none"> <li>○ Develop resource that identifies the real cost of the PCP partnership platform that supports viability analysis of initiatives;</li> <li>○ Be informed and responsive to external changes and policy directions.</li> </ul>
<b>2. Partnership Leadership and Development</b>	2.1 To provide professional development for the PCP executive officers through the statewide network group	<ul style="list-style-type: none"> <li>○ Identify shared needs for professional development through analysis of partnership survey results and evaluations;</li> <li>○ Continue to develop the <i>PCP Capacity Building Tool Kit</i> resources;</li> <li>○ Build capacity to drive change at the local level;</li> <li>○ Capacity building workshops.</li> </ul>
	2.2 Continue to facilitate peer learning and knowledge transfer	<ul style="list-style-type: none"> <li>○ Provide a forum for the PCP executive officers to discuss ideas, learning's and experiences;</li> <li>○ Integrate peer learning in Statewide EOs network meeting agendas;</li> <li>○ Vicpcp.org.au website to be repository of shared resources between PCPs;</li> <li>○ Research dissemination;</li> <li>○ Support uptake of capacity building research grants.</li> </ul>
	2.3 PCP Continuous Quality Improvement (CQI)	<ul style="list-style-type: none"> <li>○ Continue to build and contribute to the evidence base: <ul style="list-style-type: none"> <li>● Clearing house for successful interventions;</li> <li>● Statewide benchmarking eg. 'Impact of partnerships' resource development/ tool measurement;</li> <li>● Best practice case studies;</li> <li>● Contribute to research;</li> </ul> </li> <li>○ Evidence-based evaluation tools;</li> <li>○ Capacity-building in agencies to evaluate: <ul style="list-style-type: none"> <li>● Organisational development;</li> <li>● Workforce change management;</li> <li>● Partnership strength;</li> </ul> </li> <li>○ Partnerships with academics;</li> <li>○ Structure, process, impact and outcome evaluation.</li> </ul>
	2.4 Planning for Medicare Locals and Local Hospital Networks	<ul style="list-style-type: none"> <li>○ Model partnership practices;</li> <li>○ Plan for alignment with MLs: <ul style="list-style-type: none"> <li>● Review the relationship integration of PCP functions with MLs ;</li> <li>● Transfer learning's of successful partnership applications for achieving collaboration with new MLs;</li> </ul> </li> <li>○ Continue to work with DH: <ul style="list-style-type: none"> <li>● Advocate for social model of health activity;</li> <li>● Ensure no net-loss of activity.</li> </ul> </li> </ul>