Rural and Regional Health Partnerships

Guidelines 2018 – 2019

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1. About the guidelines

These guidelines detail the requirements for Regional and Local Area Health Partnerships (Health Partnerships) from 2018-19. They replace the previous *Rural and regional health partnerships: a system approach to patient care* guidelines issued in 2016 for the Regional Area Health Partnerships that have been funded since 2016-17.

This document outlines the department's expectations for how all Health Partnerships are required to operate, with a strong focus on shared decision making and ownership in identifying priority actions and use of funding for the partnerships. They include:

– expanded functions

– clearer accountabilities based on shared responsibility; and

– clear expectations on activities and deliverables

The guidelines also seek to establish Health Partnerships as a platform for future system reform and development, a role evident throughout the *Statewide design, service and infrastructure plan for Victoria's health system* 2017 – 2037 (the Statewide Plan). This includes a central role in supporting clinical stream and locality planning (as they are rolled out).

2. Context

The Statewide Plan, released in November 2017, details the future design of the Victorian health system. It provides the blueprint for how Victoria will deliver better, safer care and treat more patients sooner. Five priority areas were identified to chart the path forward.

Table 1: Statewide Plan priority areas

Statewide design, service and infrastructure plan 2017 - 2037 – Priority areas
1. Building a proactive system that promotes health and anticipates demand
2. Creating a safety and quality-led system
3. Integrating care across the health and social service system
4. Strengthening regional and rural health services
5. Investing in the future—the next generation of healthcare.

Strong and effective partnership is a key theme across each of these priority areas. The Statewide Plan emphasises the importance of a more connected approach to how Victoria's health services are planned, delivered and coordinated, as well as stronger linkages with population health planning, health promotion and disease prevention.

Rural Victoria's large number and range of health providers are essential to providing high quality and accessible health care for Victorians in or near the community in which they live. Strengthening regional and rural health services' is a priority area within the Statewide Plan, under which four focus areas have been identified:

Table 2: Priority Area 4

Priority Area 4: Strengthening regional and rural health services
We will continue to develop the rural health workforce
We will establish a formal partnership approach to overcome the challenges faced by rural and regional health services
We will adjust the service mix for an older population
We will strengthen access to core services in rural Victoria

Partnerships between health services are critical to ensuring rural Victorians can receive safe, accessible and sustainable care as close to home as possible. The Statewide Plan commits to establishing formal Partnerships to support more regional approaches to service planning, delivery and coordination.

In implementing this formal approach, we recognise the long history of collaboration and innovation across Victoria's health services and look to build on the collaborative efforts that are already in place. Health Partnerships will build on existing collaboration to create a stronger network of services for each geographical region. They will support a range of reforms outlined in the Statewide Plan that are taking a regional approach and they will complement other partnerships that individual services have with health services in other areas, such as with metropolitan providers, or providers across other regions.

3. Purpose

The purpose of Health Partnerships is to support a more regional approach to service planning, delivery and coordination to:

– improve the safety and quality of care to patients;

– increase the capacity and accessibility of rural health care and improve regional self-sufficiency; and

– strengthen sustainability of rural health services and their workforce.

Health Partnerships will provide a platform for initiating, implementing and/or overseeing collaborative efforts across health services in a region/area. This will include implementing state-wide policies and priorities, as well as locally led initiatives that respond to local issues or opportunities.

Table 3: Health Partnerships purpose

Improve delivery of high quality safe care	Increase capacity and access to services	Strengthen sustainability of rural services
A platform for systematic collaboration on service planning, delivery and coordination		

Health Partnerships will operate at two levels: a regional area and a local area (see Attachment 1 – Map of Health Partnerships). These two levels recognise that health services face varied challenges, across or within regions, and provide platforms for collaboration and local decision making at different levels to best address the needs of local communities.

Health Partnership areas have been designed in consideration of Regional Development Victoria boundaries and the historical boundaries of health regions, but allow for the existing organisational

structures of health services (for example, where a health service has multiple campuses) as well as established patient flows.

Health Partnerships are not intended to replace, or prevent, other partnering and collaboration across the health system. Existing or new partnerships will continue to be formed within and across regional boundaries.

4. Delineation of partnership roles

Both Regional and Local Area Health Partnerships play an important role in supporting and strengthening health services across their region. The two partnership levels are complementary; both levels will work across the same core functions, however the way in which they address these functions will vary.

Each region will determine the issues and initiatives that are best addressed at the Regional or Local Area Partnership level. Regional Area Health Partnerships will identify and address region wide issues and priorities. Local Area Health Partnerships will drive local collaboration at a more operational level, while also supporting the implementation of agreed regional priorities in their local area.

The respective responsibilities of partnerships at the regional or local level are likely to vary between regions as they identify and respond to their local needs and circumstances. The department encourages effective communication between the two levels of partnership to determine which matters are best addressed at a regional or local level in each region.

Examples of possible responsibilities for each level of partnership are included in table 4 and 5 below.

Table 4: Regional Area Health Partnership roles

Regional Area Health Partnerships drive region wide collaboration on strategic issues and priorities. This could include: • Implement and strengthen clinical governance processes within their region (for example establishing and supporting regional Morbidity & Mortality committees) • Implementing service stream plans and role delineation (in conjunction with the future release of role delineation frameworks and service stream planning). • Strengthening the interface with metropolitan based tertiary and specialist health services • Specialist workforce planning, recruitment and development • Academic and research linkages • Supporting ICT and technology solutions (in partnership with the Rural Health ICT Alliance) • Work collaboratively with Local Area Health Partnerships to understand local context in implementing region-wide initiatives. Regional health services, as lead of the partnership, will be the fund holder and coordinator of Regional Health Partnerships, which are jointly owned by all services in the region.

Table 5: Local Area Health Partnership roles

Local Area Health Partnerships work at an operational level to drive local collaboration, responding to issues and priorities, whilst supporting the operationalisation of region wide initiatives in their local area.

This could include:

- Referral pathways and joint models of care between health services (eg telehealth)
- Developing and implementing models of care that improve the links between hospital and non-hospital based care, such as Bush Nursing Centres or Hospitals, local government, Primary Health Networks, Primary Care Partnerships, Community Health and other public and private providers.
- Other workforce planning, development or models to support rural communities
- Service Planning, in conjunction with Locality planning, led by DHHS (undertaken progressively over the next five years)
- Work collaboratively with the Regional Area Health Partnership to inform and implement region-wide initiatives in their local area and ensure good coordination of partnership work at each level.

The identified lead agency (a regional or outer regional health service) will be the fund holder and coordinator of Local Area Health Partnerships, which are jointly owned by all services in the local area.

5. Partnership Formation

5.1 Formation and Membership

Health Partnerships will provide a platform for improved and more systematic collaboration between health services within their region or local area. It is important that each Health Partnership works to establish collaborative ways of working that build shared ownership, communication and understanding necessary for effective and sustainable partnerships.

Figure 1: The 6 Partnership Principles[1]

- **Principle 1** – Recognise and Accept the Need for Partnership
- **Principle 2** – Develop Clarity and Realism of Purpose
- **Principle 3** – Ensure Commitment and Ownership
- **Principle 4** – Develop and Maintain Trust
- **Principle 5** – Create Clear and Robust Partnership Arrangements
- **Principle 6** – Monitor, Measure and Learn

All health services will be members of both their respective regional and local area health partnership.

All partnerships will have formalised arrangements for how they will work together, make partnership decisions and develop collaborative initiatives. These formal arrangements will include;

– a shared vision or mission for the partnership

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[1] These principles are drawn from Assessing Strategic Partnership: The Partnership Assessment Tool (p.14), Office of the Deputy Prime Minister, UK (2003)

– clearly documented roles, responsibilities and expectations of all members

– governance, decision making and dispute resolution arrangements; and

– formal committee and project management structures

All partnerships will operate under a joint decision making model, whereby all members are collaboratively involved in:

– identifying and prioritising initiatives by the partnership outlined in the Partnership Work Plan

– allocation of partnership funding (which is managed by the regional or outer regional lead agency).

5.2 Service partners

Health services have strong relationships and partnerships across the broader health sector to collaboratively meet the needs of their local communities. Health Partnerships will need to collaborate with other stakeholders in order to meet their objective of improved safety, access and sustainability of services. This includes, but not limited to, strong relationships with Primary Care Partnerships, Primary Health Networks, Community Health Networks, tertiary and specialist health services, Private Hospitals and Ambulance Victoria.

These significant stakeholders are important as partners in the delivery of improved health outcomes in rural communities. Although levels of alignment between Health Partnerships and service partners will differ, every partnership will be required to engage effectively with other health providers and services in order to best meet the needs of their community. This could mean formal inclusion of other providers in the partnership or involving them in activities or initiatives of the partnership where relevant.

Potential service partners for Health Partnerships may include those identified in Table 6.

Table 6: Potential Service Partners

Regional Area Health Partnerships	Local Area Health Partnerships
• ICT Alliance • Tertiary/Specialist Service providers • Education, Training and Research institutions • Primary Health Networks • Ambulance Victoria • Representatives from the Department of Health and Human Services	• Regional Health Services (if not a member) • Bush Nursing Centres or Bush Nursing Hospitals • Private Hospitals • Primary Health Networks • Primary Care Partnerships • Community Health • Aboriginal Community Controlled Health Organisation • Family, children and community services organisations • Education, Training and Research institutions • Local Government • Ambulance Victoria • Health providers operating across state borders • Representatives from the Department of Health and Human Services

These lists are not exhaustive and all partnerships should consider the most appropriate way to collaborate with these and any other service partners.

6. Partnership Functions

The Statewide Plan outlines an extensive vision for the role of Health Partnerships in supporting safe, accessible and sustainable health services for rural Victorians. This is a long term vision for extensive and systemic collaboration that the partnerships will work towards over time and in a way that meets local needs and priorities and builds a sustainable partnership platform.

Five function areas have been identified that all Health Partnerships will work across. Within each, partnerships will work to deliver:

– Statewide policies or initiatives (led and/or funded by the department)

– Locally led projects initiated by each partnership.

The specific actions for each partnership under each function area will be agreed by the partnership, in consultation with the department.

6.1 Planning & networks

Planning and networking between health services and service partners is vital in ensuring a connected and responsive health system. Health Partnerships are a platform to facilitate more joined-up, locally responsive planning. Some planning and design work will be led by the department - such as Locality Planning or the regional maternity operating model - while other forms will be led by partnerships, with the department a stakeholder throughout the process.

Role delineation frameworks and Clinical Service Stream planning are key pillars of future system change. The development of these frameworks will occur over a number of years. Partnerships will be a platform for the implementation of these frameworks.

Table 7: Examples of planning & network functions

Planning & networks
Further **developing linkages with other complementary services** and supports outside of an acute setting, such as community health, primary health and social services.
Shared utilisation of existing resources to better meet the needs of communities in local area or region.
Locality Planning, led by DHHS, and involving all facets of health care delivery for the community, linking in with broader Government initiatives and priorities.
Role delineation and **capability framework** implementation (when available)

Table 8: Example of partnership led state wide initiative

Regional maternity operating model
The maternity and newborn regional operating model project was established in March 2018. The project, overseen by Monash Health, will build stronger networks and formal linkages between rural and regional maternity services, as well as deliver improved outcomes and experiences of care for women and families living in rural and regional Victoria One-off project funding has been provided to each of the six Regional Health Partnerships, with regional Level 5 maternity services to lead development of an operating model in their regions. The Regional Area Health Partnerships will be a vehicle for driving regional collaboration and to test a regional operating model for maternity and newborn care and will strengthen opportunities for integration across clinical streams and increase collaboration with the broader service system, including maternal and child health services. The regional model will include a focus on regional clinical governance arrangements, escalation, risk management, and information sharing within a regional context.

Table 9: Locality Planning

What is Locality Planning?
Locality Planning will articulate the optimal configuration of health, mental health and aged care services which best meets the needs of the community over the next 5, 10 and 15 year periods, consistent with the system design principles and priority areas of the Statewide Plan. This includes identifying opportunities for better prevention at all levels and more integrated, contemporary service delivery, which is responsive to demographic changes and differences in need and access across the catchment. The plan will provide the basis for 1. health services to alter, develop and align their clinical service and facility planning, 2. coordination of prevention activities to strengthen and integrate approaches to improve the health of their communities, and 3. coordination of investment in non-hospital care (eg investment in primary, aged care etc.) including with Commonwealth agencies. The development and implementation of locality plans will need to consider how to build on and link to broader government planning, including the work of Regional Development Victoria's Regional and Metropolitan Partnerships, as well as the Commonwealth government's Primary Health Networks. Local Area Health Partnerships will provide the platform to support the development of and implementation of the locality plans. The Department of Health and Human Services will lead the development of each locality plan in partnership with the Local Area Health Partnership; with four planning exercises to be undertaken in 2018-19. These are for the localities of Barwon, Central Hume, Mallee and Murray. Health service providers will have an opportunity to engage in the development of the locality plan through either direct involvement in project governance or by being invited to participate in consultations.

6.2   Workforce planning, recruitment and development

Recruiting and retaining a skilled healthcare workforce is particularly challenging in rural areas. Health Partnerships are a platform for closer collaboration in workforce development. This could include collaborative workforce models, joint appointments or deployment arrangements, peer supports or shared training or regional workforce planning and recruitment efforts.

Table 10: Examples of workforce planning, recruitment and development functions

Workforce planning, recruitment and development
Workforce planning, recruitment and development; including education and innovative approaches to supporting remote practice. Including more localised training and development to build skill and expertise within the region
Building stronger relationships with universities, Registered Training Organisations (RTOs) and other educational institutions.
Developing models to support improved attraction and retention of a **sustainable health workforce**

6.3   Quality and Safety

Health services deliver a wide variety of services to patients, residents and clients. These services are inherently complex, involving risk, and requiring commitment from all health services to strengthen mechanisms to support the provision of clinically safe and appropriate care. Health Partnerships will help optimise arrangements for clinical governance and support, particularly supporting and building regional and area based initiatives to support smaller health services within a region.

In many clinical areas, regional health services have the highest capability/specialisation in the region and, as such, they will play an important role in providing leadership and support to other services.

Table 11: Examples of quality and safety functions

Quality and safety
Improving and supporting the provision of high **quality and safe** care across all health services
Developing regional wide approaches to **improved clinical governance**, including developing governance frameworks and formal supports for smaller health services or regional case review arrangements.
Identify and develop the necessary skills, composition, training requirements and workforce supports to promote sustainable safe and high quality patient care

Table 12: Example of statewide quality and safety initiative

Regional maternity morbidity and mortality committees
All rural public hospitals providing birthing services have been participating in one of six regional maternal and perinatal mortality and morbidity review committees since 2015. The regional committees provide an additional layer of case review for cases of serious harm or death, and specifically support smaller rural services to ensure all maternal and perinatal deaths have a comprehensive and multidisciplinary case review. The committees have also been reviewing selected morbidity cases and time-critical transfers since 2017. The Royal Women's Hospital will continue to support and facilitate the six regional perinatal mortality and morbidity committees in 2018–19.

6.4 Access and Care

People living in rural and regional Victoria should be able to access high quality care as close to home as is safe and practical. Through closer collaboration, Health Partnerships will develop stronger referral and two-way transfer pathways that support access to higher specialty care where necessary, and allow patients to return to their local health service as soon as practical to support their ongoing recovery. This work will be further supported by the release of role delineation frameworks and service stream planning.

Closer integration of services at a local level will also allow rural and regional health services to be responsive to the changing needs of their local communities and optimise the use of resources and improve access for consumers (e.g. regional waitlists and bed management). Stronger collaboration with other service providers will create opportunities to improve health prevention initiatives and access to care outside of a hospital setting.

Table 13: Examples of access and care functions

Access and care
Building **defined referral pathways and supports** to improve regional service delivery
Models for improved **patient engagement and person-centred care** that promote health prevention and care outside of a hospital setting
Service models to respond to local needs, in line with role delineation and service stream plans.

6.5 Key enablers

Many rural and regional health services face similar operational needs, challenges and risks. Health Partnerships will identify and develop efficient approaches to managing these. This could include removal of process duplication across services, joint appointments of staff, technology infrastructure, joint tender applications or shared corporate functions.

Table 14: Examples of key enabler functions

Key enablers
Technology including telehealth and IT infrastructure (in collaboration with the relevant IT Alliance)
Innovative approaches to improve connectedness and information sharing across the spectrum of services
Joint approaches to leverage off the collective strengths and infrastructure of partnering health services, such as back office/admin supports and process efficiencies (e.g. procurement, contract and inventory management).

7. Planning and Reporting

7.1 Work Planning

The department recognises that each partnership has different circumstances and priorities. While the Statewide Plan outlines a common long term vision for the partnerships' purpose and roles, different approaches to achieving these goals (and different paths to getting there) are likely to work best in different areas. Agreeing a clear vision for the partnership and identifying those areas of greatest priority in a collaborative way is part of building shared ownership and accountability amongst partner health services.

In consultation with the department, each partnership is required to develop **an annual rolling work plan**.

The work plan will detail:

- the strategies and actions the partnership will undertake, against each of the function areas in these guidelines;
- the responsible health service or partnership sub-committee responsible for leading each action; and
- an indicative budget allocation.

Health Partnerships will be a platform for system development and reform. The department may utilise partnerships to trial, develop or implement initiatives across the function areas. In these instances, specific requirements for associated work will be communicated to you and included in the annual work plan. Therefore, some items in the partnerships' work plan will be required by the department (potentially with additional funding). For example in 2018-19 this includes:

- the regional maternity operating model
- Locality based service planning (for those areas identified for 2018-19); and
- establishing and supporting morbidity and mortality committees.

Table 15: Tips in developing your work plan

Tips in developing your work plan….
• Consider how your work priorities contribute to the purpose of Health Partnerships outlined here • Health Partnerships are required to operate on a joint-decision making model; Work Plan priorities are to be developed and agreed by all member health services • Responsibility should be shared across partnership members • Include priority areas that may not be possible to address in the first year; these can form the basis for work in future years • Collaboration with the department is important in developing the Work Plan. Seek advice and discuss your Work Plan with your ***Regional Manager, Performance, Quality and Governance***.

7.2 Partnership Funding

From 2018-19, Health Partnerships will receive the funding as shown in Table 16. This funding has been included in the annual budget of the lead health service of each partnership. The higher level of funding received by Regional Health Services is to be shared across both the Regional and Local Area Health Partnerships they lead.

Table 16: Partnership funding from 2018-19

Lead Health Service	Partnership	$'000
Regional Health Service	Regional Area Health Partnership Local Area Health Partnership	$450
Sub-Regional/Local Health Service	Local Area Health Partnership	$300

This funding is to support the establishment and ongoing operation of the partnership. It will also fund initiatives jointly agreed by partnership members.

Further funding may also be made available to partnerships for leading or contributing to department identified initiatives. For example, in 2018 Regional Area Health Partnerships received additional funding to develop the Regional Maternity Operating Model for their region.

7.3 Reporting

The rolling annual work plan will form the basis of reporting to the department.

Reporting will involve submission of the partnership endorsed work plan and six monthly reporting against the identified actions. Updates on specific initiatives will also form discussions with health services as part of performance meetings with the department. A Work Plan Reporting template is included at Attachment 3. This report is a high level summary of the priorities the partnership has identified.

For 2018-19 a partnership establishment report will also be required. This one page report will be an interim report identifying the work undertaken in establishing the partnership. The template report is included at Attachment 4.

Table 17: Reporting Schedule

Reporting Schedule	Due Date
Establishment Report A short form report highlighting work undertaken to establish the partnership as per guidelines	30 November 2018
Regional Area Health Partnerships: Annual Work Plan Partnership endorsed work plan provided to the department	30 November
Local Area Health Partnerships: Annual Work Plan Partnership endorsed work plan provided to the department	Before 31 December 2018
Half Year Report Progress report to DHHS Work Plan	28 February 2019
Annual Report Annual Report to DHHS	31 July 2019

Completed reports are to be submitted to the Regional Manager, Performance, Quality and Governance by the dates indicated.

7.4   Sharing learnings

Completed work plans will form the basis of a Statewide Health Partnership Worklist. This will be shared with all partnerships to allow identification of common projects. As the list of initiatives develops, it will also allow Health Partnerships to consider initiatives implemented in one region or locality that could provide similar benefits for their own region.

Each partnership will be asked to nominate a Partnership Contact. This is likely someone below CEO level, not necessarily from the lead health service, who can comment on the work of your partnership. The department will form a network meeting of these contacts to allow sharing of ideas and problem solving across all regions.

Frequency and content of these meetings will be determined in collaboration with members.

Opportunities to maximise shared learning across Health Partnerships, such as annual workshops or symposiums, are also being considered. Health Partnerships will also be asked to present updates and share learnings at Statewide CEO forums throughout 2018-19.

7.5   Measuring Effectiveness

Measuring the strength and development of a partnership is important to ensure the development of a systematic and sustainable platform for collaboration for the long term.

All partnerships are required to complete a 'partnership assessment' tool, by which each partnership will measure their overall strength and effectiveness.

Example assessment tools are included over page;

Partnership Assessment Tools	
The Partnership analysis tool A tool developed by VicHealth for organisations entering into or working in a partnership to assess, monitor and maximise its ongoing effectiveness	https://www.vichealth.vic.gov.au/media-and-resources/publications/the-partnerships-analysis-tool
Assessing Strategic Partnership: The Partnership Assessment Tool – Office of the Deputy Prime Minister (UK) 2003 A tool developed in the UK to support local government improvements in public service delivery by working in partnership.	http://webarchive.nationalarchives.gov.uk/20120920053705/http:/www.communities.gov.uk/documents/localgovernment/pdf/135112.pdf

Attachment 1: Map of Health Partnerships
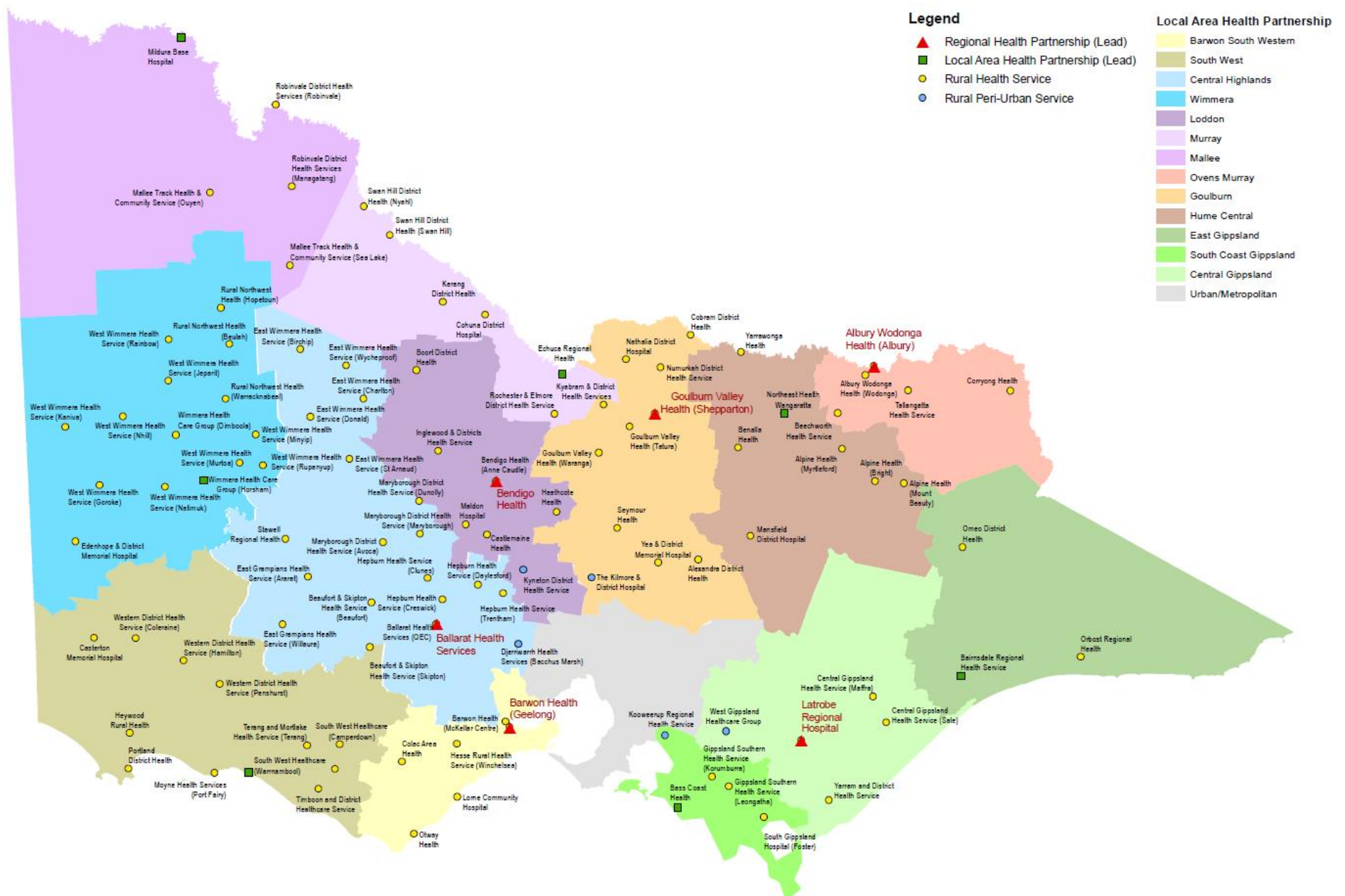
Attachment 2: List of Health Partnerships

Regional Area Health Partnership	Local Area Health Partnership **lead** and proposed core membership			Potential Service Partners
Barwon Health	**Barwon** Barwon Health Hesse Rural Health Service Colac Area Health Lorne Community Hospital Otway Health	**Great South Coast** Southwest Healthcare Western District Health Service Portland District Health Heywood Rural Health Moyne Health Services Terang and Mortlake Health Service Timboon and District Healthcare Service Casterton Memorial Hospital		Tertiary/Specialist Service providers ICT Alliance Education, Training and Research Institutions Primary Health Network Primary Care Partnerships Ambulance Victoria Bush Nursing Centres Bush Nursing Hospitals Community Health
Latrobe Regional Hospital	**Central Gippsland** Latrobe Regional Hospital Central Gippsland Health Service West Gippsland Healthcare Group Yarram and District Health Service	**East Gippsland** Bairnsdale Regional Health Service Omeo District Health Orbost Regional Health	**South East Gippsland** Bass Coast Health Gippsland Southern Health Service South Gippsland Hospital Kooweerup Regional Health Service	Family, children and community services organisations Aboriginal Community Controlled Health Organisations Private Hospitals Not for Profit organisations and incorporations Local Government Health providers operating across state borders Department of Health and Human Services

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Regional Area Health Partnership	Local Area Health Partnership lead and proposed core membership		Potential Service Partners
Ballarat Health Services	**Central Highlands** Ballarat Health Services Hepburn Health Service East Grampians Health Service Beaufort & Skipton Health Service Stawell Regional Health East Wimmera Health Service Maryborough District Health Service Djerriwarrh Health Services	**Wimmera Southern Mallee** Wimmera Health Care Group Edenhope & District Memorial Hospital West Wimmera Health Service Rural Northwest Health	Tertiary/Specialist Service providers ICT Alliance Education, Training and Research Institutions Primary Health Network Primary Care Partnerships Ambulance Victoria Bush Nursing Centres Bush Nursing Hospitals Community Health
Albury Wodonga Health	**Ovens Murray** Albury Wodonga Health Tallangatta Health Service Corryong Health Beechworth Health	**Hume Central** Northeast Health Wangaratta Benalla Health Alpine Health Mansfield District Hospital Yarrawonga Health	Family, children and community services organisations Aboriginal Community Controlled Health Organisations Private Hospitals Not for Profit organisations and incorporations Local Government Health providers operating across state borders Department of Health and Human Services

Regional Area Health Partnership	Local Area Health Partnership lead and proposed core membership			Potential Service Partners
Goulburn Valley Health	**Goulburn** Goulburn Valley Health Nathalia District Hospital Numurkah & District Health Service Seymour Health Alexandra District Health Yea & District Memorial Hospital Cobram District Health Kyabram & District Health Service Kilmore and District Hospital			Tertiary/Specialist Service providers ICT Alliance Education, Training and Research Institutions Primary Health Network Primary Care Partnerships Ambulance Victoria Bush Nursing Centres Bush Nursing Hospitals Community Health
Bendigo Health	**Loddon** Bendigo Health Maldon Hospital Castlemaine Health Heathcote Health Boort District Health Inglewood & Districts Health Service Kyneton District Health Service East Wimmera Health Service Maryborough District Health Service	**Murray** Echuca Regional Health Swan Hill District Health Kerang District Health Kyabram & District Health Service Cohuna District Hospital Rochester & Elmore District Health Service	**Mallee** Mildura Base Hospital Robinvale District Health Services Mallee Track Health & Community Service	Family, children and community services organisations Aboriginal Community Controlled Health Organisations Private Hospitals Not for Profit organisations and incorporations Local Government Health providers operating across state borders Department of Health and Human Services

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Attachment 3: Work Plan and Reporting Template

Health Partnership Work Plan 2018-19

Partnership Name	<Name of partnership>
Membership	<List all partnership members>

Partnership Priorities

- Use the rows below to identify the agreed priorities of the partnership.
- These should link to one or more of the Partnership Functions
- Supporting documentation should be included where relevant; i.e. detailed project plans, implementation reports etc

Priorities [DHHS led initiatives identified in brackets]	Function Identify which functions are relevant to the each priority	Reporting Activities undertaken during reporting period/ Outcomes achieved	Supporting Documentation (Attachments)
1	Planning & Networks Workforce planning, recruitment and development Quality and safety Access and care Key enablers	<To be completed each reporting period>	<Background Info; Project Plans; Budget allocation; Implementation Reports; Other relevant info>
2			
3			
4			
5			

Attachment 4: Health Partnership Establishment Report

Health Partnership Establishment Report

Partnership Name	
Has the partnership formally met?	\<include frequency\>
A formalised agreement (MoU or similar) is in place and meets the requirements of the guidelines?	\<Yes/No\>

If **Yes,** please include it as an attachment to this report
If **No,** please provide comment on work undertaken to date and an indication of when it will be finalised
\<Comment\>

Who is the Partnership Contact? This is likely someone below CEO level, not necessarily from the lead health service, who can comment on the work of your partnership. The department will be forming a network meeting of these contacts to allow sharing of ideas and problem solving across all regions.	\<Name\> \<Title, Organisation\> \<Phone\> \<email\>

Identified priorities List the areas the partnership has identified as a priority to address. Further detail can be identified as part of your agreed Work Plan
1. **2.** **3.** **4.** **5.**