



**Victorian Aboriginal Health Service**

# **Summary of Strategic Plan**

*Caring for the Community*

**2017- 2022**





### **Acknowledgements**

*VAHS would like to acknowledge the traditional owners of the land, the Wurrundjeri People of the Kulin Nation, their Elders past and present. We would like to acknowledge all of the contributions made to the development of this plan by VAHS Board members, VAHS staff and community members. VAHS would also like to thank Deb Blaber EMS Consultants, in the development of the plan.*

### **Terminology**

In this report the terms Koorie and Koori, Aboriginal and Torres Strait Islander and Indigenous are used in relation to specific policy and program names. The terms Koorie and Koori in general refer to Aboriginal people from the South-Eastern part of Australia. The term Aboriginal is used more broadly. In this report the term Aboriginal is used to embrace all Aboriginal and Torres Strait Islander peoples living in Australia.

### **Community Control and VAHS**

*“Community Control means that each independent and autonomous health service is controlled by the Community it serves, in order to provide that Community with health care delivery to meet its health needs, as defined by that community. The solution to each Community's health needs is in the hands of that Community”*

**Bruce McGuinness**

## HISTORY



The Victorian Aboriginal Health Service was established in the early 1970s by a group of Aboriginal leaders in Fitzroy, Melbourne to address the poverty, injustices, high mortality rates, burden of disease and ill health of Aboriginal people as a direct result of government policies which restricted the access of Aboriginal people to essential health services.

The VAHS became the first Victorian incorporated Aboriginal Community Controlled Health Organisation in 1973 and commenced operation in a shop front at 229 Gertrude Street Fitzroy. The VAHS is known as the mother service and respected for the support provided in the establishment of other Aboriginal Community Controlled Organisations throughout Victoria.

Forty plus years on, the VAHS has an established strong foundation of cultural knowledge and cultural capability in the delivery of comprehensive primary health care to Aboriginal and Torres Strait Islanders.

# VAHS – Strategic Plan 2017-2022

**VISION: Creating and inspiring healthy Aboriginal people and families through quality, effective community health services, education and training. VAHS will achieve this with a flexible approach that is innovative, embraced by community and sets a standard as a Centre for Excellence for Aboriginal Health internationally**

**PURPOSE: To achieve the best possible health and social and emotional wellbeing outcomes for our people**

## WHERE WE ARE TODAY

The Aboriginal population in Melbourne is young and growing. There are approximately 55,000 Aboriginal and Torres Strait Islander people living in Victoria. It is estimated this will grow to over 70,000 by the year 2026 - a 25% increase from where it is today. The population is young and growing rapidly. Almost half of the Victorian Aboriginal population lives in greater metropolitan Melbourne. At the same time Aboriginal people are living longer, but often living with complex health care issues.

Access to VAHS services is not easy. VAHS provides the majority of its services from its Fitzroy and Preston sites. VAHS has over 6,500 clients, servicing about 25% of the Aboriginal population of greater Melbourne. Some clients in the outer suburbs of Melbourne travel long distances to visit VAHS while a large number of Aboriginal people in the VAHS catchment area are not currently accessing our services and programs.

VAHS is under increasing financial pressure from our major funding sources. VAHS annual revenue has not increased for over 10 years despite the growth in client numbers, programs and services. Client-directed care models of health service provision are becoming the norm. Funding is shifting away from block funding to "payment on delivery". The funding formula for core health funding will also change in 2018 resulting in less funding for all urban based Aboriginal Health Services across Australia including VAHS. Changes in health policy and funding models are demanding significant changes to the way VAHS does business.

We still need to Close the Gap. A significant proportion of VAHS clients have diagnosed chronic illnesses including:

- Asthma & other chronic lung diseases
- Depression / Anxiety
- High blood pressure and heart disease
- Diabetes

Many of VAHS clients are dying too young. Managing chronic illness well, especially as clients/patients age is a key priority for VAHS. The incidence of poor mental health and social and emotional well-being amongst community members is also unacceptably high and requires increased effort.

Shifting investment from crisis care to prevention. We know we need to increase efforts in the areas of health promotion, prevention and early intervention to help reduce the onset of illness later in life and the need for a system of care based on crisis intervention. Promoting the benefits of health lifestyles and helping patients/clients reduce or stop risky behaviours such as smoking and poor eating are important. Activities that are inclusive of connection to culture and country (which help build SEWB and contribute to better health outcomes) need to be embedded in all programs and services in

## PRINCIPLES

Our service and program design and delivery are guided by the principles of:  
**Aboriginal Community Control: Holistic Health: Wellbeing and Healing: Self-Determined Health: Cultural Integrity**

## VALUES

**Respectful and Caring: Collaborative and Inclusive: Accountable and Responsible: Learning and Sharing: Honest and Trustworthy: Strength in Diversity**

## STRATEGIC GOALS

EXTEND OUR REACH AND IMPROVE ACCESS

BUILD PROGRAM AND SERVICE EXCELLENCE

INVEST IN OUR WORKFORCE – MAKING SURE OUR STAFF ARE SKILLED AND SUPPORTED

ENSURE THE FUTURE OF VAHS IS SUPPORTED BY FIRST CLASS SYSTEMS

## KEY FOCUS AREAS

**Engaging our People** so they continue to constructively contribute to service and program improvement and VAHS growth:

- Community Accountability
- Community Inclusion
- Communication Strategy

**Service Growth** – ensuring our programs and services meet the existing and emerging needs of our community and are delivered in locations and ways that optimise patient/ client access:

- Establish new sites and improve service/ program access
- Expand, enhance and develop new programs

Culturally informed and evidenced based **Programs and Services** are designed to deliver positive health and wellbeing outcomes and high quality clinical performance:

- Cultural Framework to inform program and service development and delivery
- Embed VAHS System of Care across the service
- Strengthen the VAHS Evidence Base
- Benchmarking, planning and continuous improvement

**VAHS Systems** support superior management of patient data, and improve the efficiency and effectiveness of programs and services:

- Improve patient/ client information management across VAHS
- Develop and enhance back of house systems
- Develop and enhance systems and processes to support specific program and service management

Our **Workforce** needs to grow, develop new skills and ways of working and be valued for what they do:

- Redesign and grow the VAHS workforce
- Support the VAHS workforce to develop new skills

## BUILDING BLOCKS

### Governance and Leadership

- Develop and support VAHS leaders and emerging leaders
- Redesign organisational and leadership structure
- Engage experts/ advisors to support the VAHS Board drive the strategic plan
- Establish governance arrangements for satellite clinics
- Develop VAHS Governance Charter

### Sustainability

- Increase quality and timeliness of performance reporting
- Leadership accountability for achievement of nKPIs
- Increase non-government revenue

### Partnerships

- Review and strengthen partnerships with other service providers across health and related sectors
- Increase advocacy impact through strong relationships with key stakeholders

## KEY OUTCOMES

### Sustainability

- Number of clients doubled
- Revenue base increased to \$25m
- Medicare revenue optimised
- Revenue base broadened
- Compliance with legislation, standards, & service agreements
- Strategic partnerships in place

### Access/ Reach

- At least 2 new VAHS sites in Metro Melbourne
- After hours clinics operating
- Outreach in majority of programs/ services
- Clients accessing aged care packages and assisted to access NDIS support

### Client Outcomes

- 80% of clients have a current health check
- Clients in need, have a chronic disease management plan
- Reduction in incidence of smoking in clients across all age groups
- Increase in clients involved in health lifestyle activities
- Reduction in incidence of poor mental health, suicide, and chronic disease
- Health and well being of Elders improved
- Increased capacity of relevant clients to deal with grief, trauma and loss

### Services and Programs

- Cultural framework informing service design and delivery
- Increase in medical, dental, mental health and AOD services
- Youth programs in place
- Healing programs for all age groups
- Flexible Care Provider in Aged Care
- AGPAL accreditation maintained

### Workforce

- Multi-disciplinary teams established
- Staffing profile in key positions reflects best practice
- Wage parity achieved
- Leadership and learning programs in place

## **STRATEGIC GOALS**

*In the next five years we will:*

- 1. Build program and service excellence*
- 2. Extend our reach and improve access*
- 3. Invest in our workforce, making sure our staff are skilled and supported*
- 4. Ensure the future of VAHS is supported by first class systems*

*To do this we know we need to:*

- 5. Shape VAHS as a professional, sustainable, well-led and governed organisation*
- 6. Develop and foster partnerships that add value to our service capacity*

## IN THE FIRST 12 MONTHS

In the first twelve months of this Strategic Plan we will have:

- Developed a Cultural Framework to guide VAHS business
- Implemented an integrated Client Management System across all VAHS programs to ensure all client activity is captured, billed as appropriate and reportable
- Increased Client Activity reporting to drive service planning, inform continuous improvement processes and increase Medicare revenue
- Implemented the VAHS System of Care
- Identified and secured new sources of funding to support program and service expansion/ enhancement e.g. Complex Care, AOD
- Opened the VAHS Whittlesea satellite clinic
- Commenced operating an After Hours Clinic
- Redesigned Medical reception, intake and patient recall systems and processes
- Recovered all unclaimed / outstanding Medicare revenue
- Implemented an Internal and External Communications Strategy
- Offered a Health Check to every client engaged in VAHS services and programs with a 75% uptake
- Strengthened compliance processes and systems strengthened including QCC, OHS, Risk
- Achieved all VAHS Accreditations
- Expanded the dental service into selected school/s
- Developed the Family Counselling Services Clinical Governance Framework
- Achieved the number of episodes of care needed to maintain or increase current levels of funding from DoH (92,000 as a minimum) to support the achievement of the nKPIs (see attached)
- Met all current Service Agreement requirements

## **EXPECTED OUTCOMES 2022**

### **Client Outcomes**

Examples of outcomes we are working towards:

- 80% of clients across VAHS have a current health check
- Clients in need, have a chronic disease management plan
- Improvement in client outcomes – e.g. reduction in incidence of chronic disease (diabetes etc.), severe mental health issues
- Increase in clients engaged in healthy lifestyle activities including nutrition, gym programs
- Reduction in incidence of smoking across all age groups in the community
- Reduction in suicide, especially in young people
- Health and wellbeing of Elders improved
- Improved capacity to deal with grief, trauma and loss
- Increase in clients/ community members making positive life choices

### **Sustainability**

- VAHS meeting all negotiated nKPIs
- Number of clients and active clients doubled from 2017 baseline
- Number of episodes of care around 300,000 per annum
- Increase in revenue base from \$14m to \$25m
- Medicare revenue optimised
- Revenue base broadened

### **Governance and Leadership**

- Changes to constitution/ company structure to support VAHS directions / business
- VAHS Leadership programs implemented
- VAHS seen as a strong advocate and leader in health policy/ strategy development



### Access/ Reach

- Metropolitan Service Strategy implemented - at least 3 satellite clinics established
- Consolidation of programs and services of Fitzroy and Preston in one central metropolitan location
- After Hours clinics operating in key locations
- Outreach an integral component of all service and program design
- Patient transport cost-effective and efficient
- Clients with relevant needs can access support through the NDIS
- Key services are delivered in external settings e.g. schools, children's services and sporting clubs

### Services and Programs

- All service/ program models combine community and cultural values, practice and knowledge/ sovereignty with clinical skills and knowledge
- Services and programs in priority areas expanded/ increased – medical, dental, mental health, AOD
- VAHS System of Care implemented to support holistic, integrated care
- Elders and Youth Programs in place
- Increase in capacity to provide residential support and care for clients in need – AOD, moderate to severe mental health issues, homelessness
- VAHS operating as a Flexible Care Provider in Aged Care
- Healing Centre/spaces offering programs across the life course
- Full management of residential care for young people – AOD (Bunjilwarra)

### Workforce

- Multi-disciplinary teams established – FCS, Women's and Children's, Aged Care/Community Support Programs
- A staffing profile where the number of health professionals is commensurate with the growing Aboriginal population, appropriate for patient/ client numbers and needs and reflective of best practice
- Wage parity achieved
- Improvement in staff wellbeing measures

### Community

- Community engaged in service improvement
- Community satisfied / happy with VAHS services and direction
- Consumer groups established

### **Best Practice/ Excellence**

- A cultural framework to inform service and program development
- VAHS acknowledged as leader in health and wellbeing in community / excellence in community controlled Aboriginal health care
- A model of health care that other services look to for inspiration and guidelines
- High quality VAHS research program
- VAHS approved as NDIS and My Aged Care Provider
- Cultural safety embedded in Accreditation/ Quality programs
- Relevant accreditation standards and regulations met first time
- VAHS fully compliant with organisational/ business legislation and regulations
- Client centred, integrated data management system implemented to assist planning, monitoring and reporting of client activity and outcomes
- Business systems and processes upgraded to support operational excellence
- Increased credibility and profile with stakeholders

### **Partnerships**

- Community and mainstream partnerships in place to support clients around the social determinants of health – housing, employment, training
- Strong partnerships in place with providers at all levels of the health sector – primary, secondary and tertiary providers
- Strategic partnerships in place with key stakeholders e.g. Primary Health Networks
- Strengthened partnerships with universities and research centres





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