

Shared Vision for the Growing North

*A collaboration platform between local providers
and planners of health and community services in
the Northern Growth Corridor*

Final Report

December 2018

Acknowledgements

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Contact Information

For further information regarding this paper please contact either

Wendy Malkiewicz

Principal

INCITE information

0409 851 025

Paul Robertson

Principal

INCITE information

0432 685 204

enquiries@inciteinformation.com.au

www.inciteinformation.com.au

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Contents

Contents	2
Executive Summary	3
Background	7
Project drivers & objectives	7
Project approach	7
Value of Shared Vision for the North	8
Responding to significant demand growth	8
Benefits of broad participation	8
Benefits of networking	9
Ongoing need for planning across LGA and administrative boundaries	9
Issues with current arrangements	12
Distinguishing SVN from Northern Health	12
Duplicating other, existing planning platforms	13
Significant, regular time commitment to meetings	14
Uncertainty about outputs and achievements	14
Charter: Shared Vision for the Growing North	16
Success factors	16
Charter: Shared Vision for the Growing North	17
Mission	17
Objectives	17
Functions	18
Guiding Principles	19
Governance	20
Implementation and Review	22
Appendix 1: SVN Participating Organisations	23
Appendix 2: Project Participants	24

Executive Summary

This paper is intended for decision-makers of member organisations in the Shared Vision for the North collaboration (SVN). The paper proposes a new collaborative arrangement which addresses current problems and opportunities facing SVN. Organisational representatives are requested to advise in-principle commitment to (or withdrawal from) the proposed new arrangements in January 2019.

SVN has provided a platform for collaborative planning and shared action & advocacy for organisations involved in the delivery and/or planning of health and community services across the Hume, Mitchell and Whittlesea local government areas since 2015. It was considered timely to review SVN arrangements (ie the SVN Refresh project) given several years of operations and in response to changes to government programs and DHHS administrative arrangements.

Participating organisations previously identified the following focus areas for action:

- Prevention:
 - Healthy Eating & Nutrition
 - Sexual & Reproductive Health
 - Prevention of Violence against Women
- Mental Health
- Chronic Disease & Ageing
- Healthy Children & Families
 - Perinatal

Project participants had mixed views on SVN's tangible achievements in these focus areas ranging from identifying a number of important & successful projects while questioning the contribution of SVN to conducting / completing these projects. An initial priority for the refreshed SVN collaboration will be confirming agreed focus areas.

Representatives from participating organisations confirmed the value of SVN as a collaborative platform and their on-going interest in a refreshed arrangement. Identified benefits of the SVN collaboration include:

- providing a mechanism to respond to growing service demand: providing a platform for collaborative planning and service delivery across the Northern Growth Corridor
- supporting collaboration at scale: providing a platform to consider and develop efficient & effective responses across the full health & community services spectrum including health promotion, primary & tertiary health services and community support services
- facilitating networking: providing a platform to support reciprocal assistance to achieve individual & shared goals; and building trust & strengthening relationships to support further collaboration

However, project participants also identified a number of issues which need to be addressed in the refreshed SVN arrangements, these include:

- establishing an independent identity for the SVN

- having a clear purpose that differentiates SVN from other collaborative/networking arrangements
- limiting time commitments for participating organisation participants

The proposed new arrangements for the SVN collaborative have an explicit focus on addressing issues in relation to health & well-being for Melbourne's Northern Growth Corridor, while maintaining continuity and building on a history of collaboration & trust between participating organisations. Hence a refreshed identity as "Shared Vision for the Growing North" (SVGN).

Importantly, SVGN broadly defines health and well-being consistent with the World Health Organisation's definition of health: *"...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."* (Constitution of the World Health Organization: Principles).

It is proposed that SVGN will have a specific focus on:

- responding to the challenges of significant population growth – ie managing demand growth through health promotion activities, service planning and effective utilisation of available resources to ensure services are integrated and available at the right time and place¹
- identifying opportunities for better practice, innovation and collaboration across the service continuum
- promoting efficiencies and avoiding duplication through sharing information and considering the activities of other organisations responsible for cross agency integration & collaboration

Effective operation of a refreshed SVN should contribute to:

- benefits for clients & communities, including:
 - improved health and wellbeing outcomes
 - improved access to services
 - lower rates of preventable illness
 - improved health literacy
- benefits for participating organisations, including:
 - opportunities to leverage shared priorities
 - opportunities for shared utilisation of resources
 - collaboratively responding to / initiating funding opportunities
- service system improvements, including
 - increased integration between organisations and between sectors
 - longer term impact on demand through improved / targeted health promotion & illness prevention activities
 - enhanced service capacity
 - innovative service responses
 - informing national and state policy and program development

The proposed new arrangements are summarised below.

¹ Including an opportunity to opportunity is to implement and access resources through with Victorian Government policy commitments eg Fairer Victoria, Gender Equal Victoria, Victorian Public Health and Wellbeing Plan

Mission

To improve the health and wellbeing of current and future populations in the Northern Growth Corridor.²

Objectives

To respond to the challenges of the growing demand for health and community services in the Northern Growth Corridor by:

- i. supporting information sharing and networking between organisations which provide, plan or support health & community services and prevention activities
- ii. identifying & supporting the development and implementation of opportunities for collaborative service responses and prevention activities to respond to and reduce the future demand on the service system
- iii. informing & influencing governments and other organisations with a responsibility for policy development and program funding

Functions

- Information Sharing & Networking: two flagship events per year (eg. search conferences³) and developing other platforms to support networking (eg SVGN website, communities of practice)
- Partnership Projects: identifying, developing and conducting 1-3 priority projects per year. Projects to be developed & conducted by interested organisations; projects do not need authorisation by the SVGN collectively, nor is there a formal accountability to SVGN to acquit project implementation
- Communications: promoting community & government understanding about shared priorities and achievements (eg. papers from bi-annual conferences, project status reports)
- Advocacy: conducting research and agreeing & preparing joint submissions to inform Commonwealth / State policy development and funding allocations

Governance

- Membership: limited to current SVN organisations⁴
- Steering Committee: open to a senior representative (eg. CEO or Director) from each participating organisation, committee's role is to (i) provide input to inform and agree SVGN priorities; (ii) inform and agree the focus for bi-annual conferences / forums; (iii) inform SVGN communication strategy and materials; (iv) endorse joint advocacy positions & communications; resource commitment: approximately half day workshop twice per year

² Health and well-being is defined as "...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (Constitution of the World Health Organization: Principles)

³ A search conference is a large-group 'conversation' around a particular focus area. Search conferences emphasise face-to-face interaction among participants the process of meeting and discussion is intended to engender new ideas and build and support networks among stakeholders.

⁴ Expanded membership to be considered following review of SVGN after an appropriate period of operations (initially expected to be after two full years of operation to coincide with the initial funding envelope for the SVGN Executive Officer contract)

- Reference Group: voluntary participation of three to four members of the SVGN Steering Committee (includes the CEO HWPCP), participation through nomination, to provide operational support & oversight to the SVGN Executive Officer; resource commitment: approximately one hour, monthly meetings
- Executive: Executive Officer (1 EFT) and Project Officer (0.8 EFT), preparation for Steering Committee meetings, conference organisation, SVN communications, research and advice on issues & priorities, support to participating organisations for collaborative projects

IMPLEMENTATION

All current SVN member organisations are requested to circulate advice on their in-principle commitment to (or withdrawal from) the proposed new SVGN arrangements by January 2019. Circulation of this advice to be coordinated through the Hume Whittlesea PCP.

The first Steering Committee to be arranged by the SVGN Executive Officer (expected to be appointed in January 2019) and conducted in May 2019. The Steering Committee meeting is expected to confirm SVGN focus areas / priorities.

The first flagship event (ie search conference) expected to be conducted in June 2019.

The second Steering Committee meeting expected to be conducted in August 2019 and second conference in November 2019.

Review of SVGN, including future commitment, membership criteria, priority areas, annual workplan and resourcing, to be conducted in December 2019.

Background

Shared Vision for the North (SVN) is a collaboration of organisations involved in the delivery and/or planning of health and community services across northern metropolitan Melbourne and extending into neighbouring regional areas. SVN provides a platform for collaborative planning, shared action and advocacy against agreed priorities. Appendix 1 provides a list of organisations participating in SVN.

Shared challenges for member organisations that drive the need for collaborative responses include:

- significant demand growth due to population growth in Melbourne’s outer north and metro fringe
- varying client need and the requirement for flexible responses due to growing socio-economic and demographic diversity
- increasing incidence of age-related and chronic diseases

Project drivers & objectives

A number of factors contributed to conducting the SVN Refresh project including:

- changes to government policies, priorities and funding programs
- changes to DHHS (Vic) administrative boundaries
- timely to review following several years of operation

Project objectives were to:

- confirm a shared commitment to the SVN
- develop a sustainable and effective governance model
- identify priorities and action areas

Project approach

The project involved a number of elements including:

1. reviewing existing documentation in relation to the SVN and documentation in relation similar collaborative arrangements
2. conducting workshops /and consultation meetings with senior officers of participating organisations to identify perceived benefits and potential issues in relation to the SVN collaboration
3. conducting a workshop with senior officers of participating organisations to develop a new governance model for SVN to respond to the issues and opportunities identified during the consultation round

Appendix 2 lists organisational representatives who participated during the course of the project.

Value of Shared Vision for the North

Responding to significant demand growth

Melbourne's population is growing by approximately 125,000 people a year (ie the equivalent of Ballarat's current population). LGAs in the SVN catchment are absorbing, and are forecast to continue absorbing, a significant proportion of this population growth:

- Hume's population forecast for 2018 is 223,329, and is forecast to grow by 67% to 372,627 by 2041
- Whittlesea's population forecast for 2018 is 223,566, and is forecast to grow by 71% to 382,896 by 2041
- Mitchell's population forecast for 2018 is 44,341 and is forecast to grow by 190% to 198,727 by 2041⁵

Expanding population growth and relatively high levels of socio-economic disadvantage contribute to escalating demand for health and community services. Additionally, given the breadth and complexity of environmental, economic, social, cultural and behavioural factors impacting health and well-being, it is clear that no single organisation or sector can effectively meet the needs and support people to optimise their health and well-being

Government policies and research findings over a number of years have consistently indicated the benefits of sustained, planned and collaborative action by agencies in responding to demand growth⁶. In particular, collaborative planning and service responses are expected to support increased effectiveness & efficiency of collective resources and promote upstream demand management (for example, health promotion and illness prevention activities).

Benefits of broad participation

SVN provides a platform to consider and develop efficient & effective responses across the full service spectrum including health promotion, disease prevention and primary & tertiary health services and community support services.

Participating SVN organisations provide service & planning coverage across multiple LGAs and administrative catchments (ie DHHS regions and Primary Care Partnerships (PCP) & Primary Health Networks (PHN) catchments). Participating organisations include:

- health services

⁵ All population statistics from forecast id

⁶ For example compare Victorian Health Priorities Framework 2012-22 Metropolitan Health Plan with National Health Policy 1994:

"Connections between publicly-funded, private, and not-for-profit health services are limited. As a consequence we do not use these expensive resources as efficiently as possible. Better connections between all parts of the system, whether public, private or not for profit would help to maximise the benefits to be gained from available resources." (Victorian Health Priorities Framework 2012-22)

"The integration of primary and community care will ensure that services focus on the needs of the customer by enhancing continuity of care... Improving primary care delivery systems requires partnerships with local communities and cooperation, collaboration and coordination between different levels of government, different government agencies and the public, private and non-government sectors." National Health Policy 1994

- community health organisations
- mental health NGOs
- planning & advocacy NGOs
- local governments
- Department of Health and Human Services (Vic)
- PCPs
- PHNs

As a platform for collaborative planning, shared action and advocacy, SVN can improve the health and wellbeing of the current & future populations of the Northern Growth Corridor by:

- supporting place based planning across the Northern Growth Corridor to leverage the opportunities for working collectively
- managing demand through more effective prevention
- promoting more effective resource utilisation through a focus on prioritised actions
- identifying opportunities to implement better practice models
- developing innovative responses
- identifying and promoting opportunities for system reform along the prevention intervention continuum

Benefits of networking

Networking provides an opportunity to build trust and long-term relationships over time. Regular contact between representatives of participating SVN organisations provides opportunities for reciprocal assistance to achieve individual & shared goals. Importantly, ongoing contact and assistance promotes a positive cycle: building trust, strengthening relationships and greater collaboration.

Additionally, networking provides an opportunity to exchange best practice knowledge, learn about the operational practices of peers and stay abreast of the policy changes and sector developments. A wide network of informed, interconnected contacts results in broader access to new and valuable information.

SVN provides an opportunity to be a source of new perspectives and ideas. Exchanging information on challenges, experiences and goals is a key benefit of networking because it promotes new insights that may not have been thought of otherwise and supports the development of new innovative service responses.

Ongoing need for planning across LGA and administrative boundaries

There is a significant risk that if the SVN collaboration ceases to operate there will be no mechanism for planning and collaboration across the Northern Growth Corridor: there will be either no collaborative platform at all or planning will be limited to within local government or administrative boundaries.

There are a number of possible negative impacts resulting from an absence of a platform for planning and collaboration across the Northern Growth Corridor including:

- difficulty identifying and responding to population health issues and priorities

- loss of an avenue to develop a seamless client journey (ie greater service integration and improved linkages between services)
- reduced opportunity to share resources and create scale economies to progress initiatives
- reduced opportunity to develop innovative service models
- reduced opportunity to share information and build communities of practice
- reduced influence when advocating to funding bodies and policy makers
- reduced capacity to support organisational sustainability in an increasingly competitive funding environment (ie through partnerships and alliances)

Effective collaboration through the SVN should provide a range of benefits to service users & local communities, participating organisations, and funding bodies, for example:

Benefits to service users & local communities include:

- improved health and wellbeing outcomes
- improved access to services
- lower rates of preventable illness
- improved health literacy
- increased social participation/inclusion
- services that are more responsive to diverse needs
- an expanded range of services
- reduced fragmentation between services contributing to more seamless care

Benefits to participating organisations include:

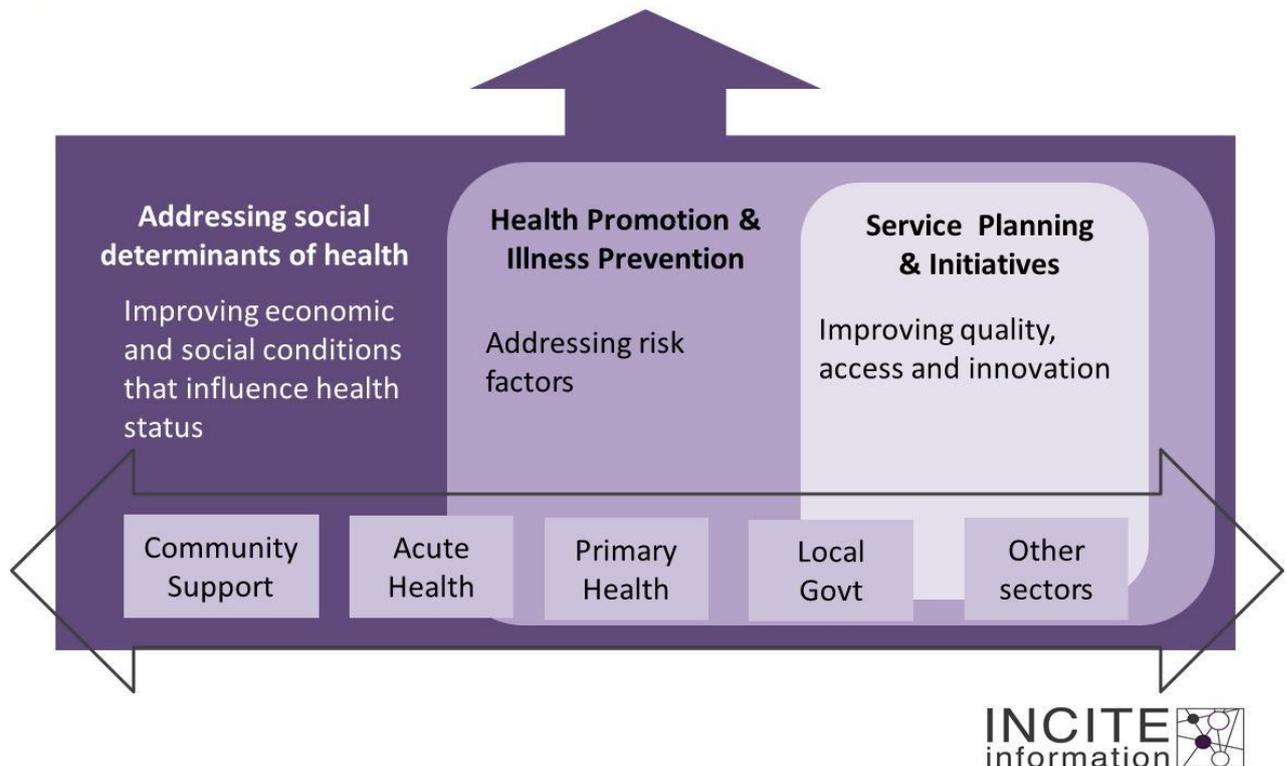
- increased contact and networking with other organisations
- ability to share information between organisations to identify shared priorities
- opportunity to leverage the strategic priorities of other organisations
- opportunities for shared utilisation of resources and workforce capacity
- opportunity to collaboratively respond to funding opportunities (and potentially attract greater overall levels of funding)
- more efficient utilisation of organisational resources through recognising different comparative strengths and agreeing individual & collective responsibilities
- increased access to population, wellbeing and service data
- increased capacity and use of evidence based planning
- developing, implementing and embedding successful pilot projects

Service system improvements include:

- expansive consideration of the needs and well-being of residents across sectors and functional boundaries (for example, transport, land use, leisure, economic development etc)
- greater collaboration between organisations in different sectors responsible for planning, service delivery, funding and policy development & implementation eg:
 - improved collaboration between organisations within the community support sector
 - improved collaboration between organisations within the health sector
 - increased service integration between the health and community support sector

- longer term impact on demand through improved / targeted health promotion & illness prevention activities
- improved efficiency and effectiveness through:
 - identifying shared priorities and shared strategic objectives
 - minimising duplication (for example not replicating services unnecessarily)
 - service streamlining/consolidation
 - appropriate allocation of resources
- enhanced service capacity, including:
 - providing a wider range of service options
 - targeting and tailoring responses to diverse needs
 - addressing workforce capacity and capability issues
 - attracting greater resource capacity through joint funding bids
- developing innovative service responses
- informing national and state policy through co-ordinated advocacy / submission to policy development

Communities in the Northern Growth Corridor have the opportunity to optimise their health, independence, and well-being



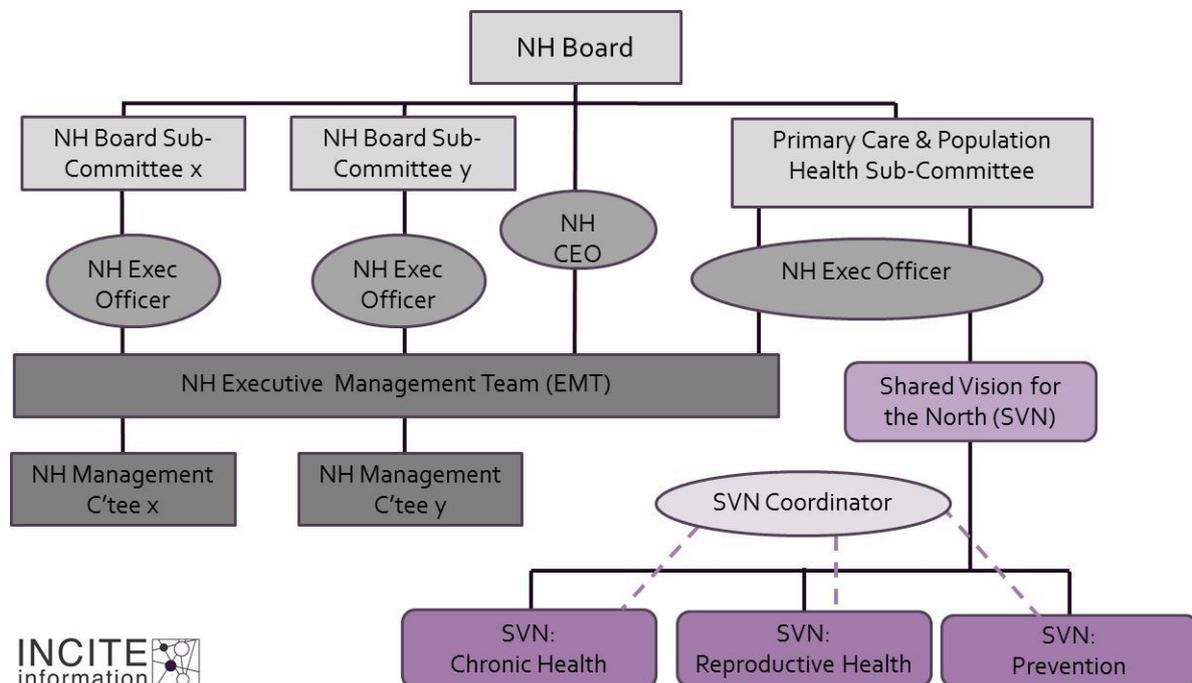
Issues with current arrangements

Distinguishing SVN from Northern Health

The SVN has been auspiced by Northern Health’s Primary Care and Population Health Committee (NH PCPHC), a sub-committee of the Northern Health Board. Northern Health’s Executive Director, Ambulatory & Consulting has provided leadership to the SVN in her role as executive officer to the NH PCPHC. Working groups were established to coordinate delivery of agreed priorities, reporting to the NH PCPHC.

Current formal governance arrangements for the SVN are shown in the figure below.

Figure 1: Current SVN governance arrangements



Problems with the existing arrangement include:

- no independent identity for the SVN: the SVN is formally subject to the NH Board raising a number of potential issues including:
 - being formally accountable to the NH Board who are appointed by the Minister rather than selected / elected by participating SVN organisations
 - formally requiring approval by the NH Board for Priorities and to conduct projects
 - formally requiring reporting the NH Board
- a potential requirement to align SVN Priorities and Action Areas to NH’s strategic objectives
- being subject to any changes to the Terms of Reference for NH’s Primary Care and Population Health Sub-Committee
- potentially limiting the capacity of the SVN to seek funding or to advocate (ie SVN may be seen as a sub-committee of a NH Board sub-committee)
- no clear & formal line of accountability to participating SVN organisations
- no clear & formal arrangement to agree resource commitments for SVN activities

- no staff formally responsible for /dedicated to leading and supporting SVN

The problems identified above are in relation to formal governance arrangements rather than actual practice and are not a criticism of NH's intentions or practice. It is important to recognise the contribution of the NH Board and executives (particularly, Board members, the CEO and the Executive Director, Ambulatory & Consulting) to the success of SVN to date. Specifically the initial 2015 SVN establishment work undertaken by NH highlighted the following sustainability elements around successful catchment based planning and delivery:

- the importance of being systemic about upstream and downstream efforts
- different leaders can activate a system to improved wellbeing and health outcomes
- complex needs in high growth and low infrastructure growth corridors are better addressed where local effort is supported or 'amplified' by catchment level action

Creating a separate identity for SVN will assist in addressing issues related to auspicing under the NH PCPHC.

Duplicating other, existing planning platforms

Collaboration between service providers has been promoted as a key policy objective of governments for a number of years⁷. A number of different bodies have been established to promote information sharing, networking and the identification of shared priorities and projects, including the Northern Assembly, the Northern Metropolitan Partnership, Interface Councils etc

In addition, SVN organisations have been involved in a range of collaborative activities (eg regular meetings between CEOs, executives and managers, PCP activities etc) that reflect:

- a history and ethos of shared identity in Melbourne's northern fringe
- strong informal networks and relationships beyond work settings
- limited competition between organisations

SVN requires a clear purpose that differentiates itself from other collaboration platforms. It is expected that SVN will consider the activities of other organisations responsible for cross agency integration & collaboration to avoid a duplication of activities. It is proposed that SVN will have a specific focus on:

- responding to the challenges of significant population growth – ie managing demand growth through health promotion activities, service planning and effective utilisation of available resources to ensure services are integrated and available at the right time and place etc.
- identifying opportunities for collaboration across the service continuum, including health promotion – ie other organisations focus on specific sectors (for example, PHN's focus on primary care and Northern Health's Primary Care & Population Health Advisory Committee focuses on acute health)

⁷ For example: Victorian Health Priorities Framework 2012-2022: Rural and Regional Health Plan: " ... goals by 2022 are to ensure the following... Health service providers work collectively to deliver the services that people need at the local, regional and statewide levels." (p. 53)

See also Travis Review, Increasing the capacity of the Victorian public hospital system for better patient outcomes (2015): "...extensive consultations threw up one consistent theme: the new innovation program should focus its efforts on a few areas... it was decided to focus on four areas that have large potential gains (including) care outside the walls of the hospital performed by hospital staff or by partnering with other providers." (p. 9)

Significant, regular time commitment to meetings

Project participants expressed a range of concerns about the expected resource commitment to attend SVN meetings including:

- expected representation by senior managers who face high competing demands on their available time
- the length and frequency of SVN meetings
- uncertainty regarding meeting objectives resulting in dissatisfaction with meeting outputs (ie a sense of clear, demonstrable return on time invested)
- lack of continuity in meeting participants (ie delegation to other organisational representatives) resulting in inefficiencies (eg repeating previous discussion, deferring decision-making etc)
- inequitable distribution of work-load (eg 1-2 participants progressing work)

The refresh of the SVN needs to accommodate the limited resource capacity of organisational representatives, particularly recognising the competing priorities for senior managers.

Additionally, project participants frequently commented on the value (potentially the necessity) of staff allocated to support SVN operations. Participants noted that SVN activities significantly tapered down following the exit of a dedicated SVN Project Officer. The support required to execute SVN activities involves both leadership and administrative activities, including:

- conducting research and drafting papers
- identifying potential projects & activities
- facilitating partnerships and discussion
- meeting logistics (eg invitations, booking venues, catering etc)
- finalising agenda and minutes

Uncertainty about outputs and achievements

SVN has previously identified and agreed a number of focus areas:

- Prevention:
 - Healthy Eating & Nutrition
 - Sexual & Reproductive Health
 - Prevention of Violence against Women
- Mental Health
- Chronic Disease & Ageing
- Healthy Children & Families
 - Perinatal

These focus areas are to be reviewed as an initial activity of the Steering Committee for the refreshed SVN.

Project participants had mixed views on SVN’s tangible achievements in these focus areas, views ranged from:

- i. identifying a number of important and successful projects

- ii. acknowledging that effective projects had been conducted but questioning the contribution of SVN to conducting / completing these projects
- iii. uncertainty regarding SVN outputs

There was consistent view that the refreshed SVN should NOT focus on too many projects and initiatives: ie. it is more effective to limit focus to 1-3 priorities and do them well.

Charter: Shared Vision for the Growing North (proposed new arrangement)

Representatives from participating organisations confirmed the value of SVN as a collaborative platform and their on-going interest in a refreshed arrangement.

Success factors

A number of factors are likely to contribute to the success of any collaborative arrangement⁸, these include:

- clear purpose: relevant to current needs and provides value to participating organisations
- culture of cooperation: appropriate level of trust between member organisations and participants; in particular, collaboration needs to recognise and respond to) the countervailing push towards competition
- transparent governance & operating arrangements: a shared and agreed understanding, which includes:
 - a commitment to participate and providing leadership and sponsorship/championing when required
 - processes are not overly bureaucratic, or require excessive administration / documentation, or result in decision bottlenecks
 - an agreed and understood planning framework
 - periodic review of fitness of purpose, value to members, ongoing commitment and effectiveness of arrangements
- effective & sustainable resourcing: some dedicated resources (eg executive and project officer(s) are required to effectively establish and maintain collaborative arrangements; additionally participating organisations would be expected to commit resources in other forms, including staff participation, in-kind support, project dollars, etc
- responsiveness & agility: being able to respond to changes in a dynamic & evolving operating environment; and supporting & maintaining informal networks & relationships

These factors have informed the refresh of the SVN which is presented in the following Charter.

⁸ These factors have been consistently identified in academic literature and in the experience of *INCITE information*. They were also endorsed by participants during stakeholder consultation.

Charter: Shared Vision for the Growing North

The proposed new arrangements for the SVN collaborative have an explicit focus on addressing issues in relation to health & well-being for Melbourne’s Northern Growth Corridor, hence a refreshed identity as “Shared Vision for the Growing North,” (SVGN). This re-branding reflects a number of key points:

- maintaining continuity and building on a history of collaboration & trust between participating organisations and acknowledging the significant contribution of participating organisations to date
- recognising a ‘soft’ geographic boundary that corresponds with significant population growth, rather than ‘hard’ boundaries defined by LGA or administrative catchments (ie DHHS regions or PCP and PHN catchments)
- recognising varying demand pressures within LGA’s
- distinguishing between the different issues faced by inner northern areas compared with outer north and metro fringe areas

Mission

To improve the health and wellbeing of current and future populations in the Northern Growth Corridor.

SVGN broadly defines health and well-being consistent with the World Health Organisation’s definition of health:

"...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (Constitution of the World Health Organization: Principles).

Objectives

To respond to the challenges of the growing demand for health and community services in the Northern Growth Corridor by:

- i. supporting information sharing and networking between organisations which provide, plan or support health & community services and prevention activities
- ii. identifying & supporting the development and implementation of opportunities for collaborative service responses and prevention activities to respond to and reduce the future demand on the service system
- iii. informing & influencing governments and other organisations with a responsibility for policy development and program funding

SVGN has the potential to provide a range of benefits to the community including:

- improved health and wellbeing outcomes including lower rates of preventable illness
- services that are more responsive to diverse needs, and potentially an expanded range of services
- reduced fragmentation between services contributing to more seamless care
- increased community involvement in the development of appropriate responses
- longer term impact on demand via improved / targeted health promotion & illness prevention activities.

- consistent consideration of the needs and well-being of people across sectors and functional boundaries (for example, transport, land use, leisure economic development etc)

SVGN will improve efficiency, effectiveness and enhance capacity for member organisations through:

- the identification of shared priorities and strategic objectives
- more efficient utilisation of resources by recognising different comparative strengths and agreeing responsibilities between individual organisations and collectively
- promoting increased levels of funding to the catchment through collaborative responses to funding opportunities (including attracting pilot funding for innovative approaches)
- improved collaboration between organisations within the community support sector and greater integration between the community support sector and other sectors

SVGN will inform service system improvements through:

- greater collaboration between organisations in different sectors responsible for planning, service delivery, funding and policy development & implementation
- longer term impact on demand through improved / targeted health promotion & illness prevention activities
- improved efficiency and effectiveness through:
 - identifying shared priorities and shared strategic objectives
 - minimising duplication (for example not replicating services unnecessarily)
 - service streamlining/consolidation
 - appropriate allocation of resources
- enhanced service capacity, including:
 - providing a wider range of service options
 - targeting and tailoring responses to diverse needs
 - addressing workforce capacity and capability issues
 - attracting greater resource capacity through joint funding bids
- developing innovative service responses
- informing national and state policy through co-ordinated advocacy / submission to policy development

Functions

SVGN will undertake the following functions to support the achievement of SVGN's objectives

1. Information sharing & networking, in particular:

- conducting two significant 'flagship' events per year, eg. a search conference⁹ / forum that:
 - addresses a strategic / significant focus area that has been agreed by member organisations
 - encourages group discussion through presenting and considering stimulating information (eg key-note speakers, reports or proposals on innovative projects)

⁹ A search conference is a large-group 'conversation' around a particular focus area. Search conferences emphasise face-to-face interaction among participants the process of meeting and discussion is intended to engender new ideas and build and support networks among stakeholders.

- promotes active participation rather than just listening to presentations
 - encourages & supports participating organisation representatives to conduct follow-up activities including partnership projects, sharing additional information / resources, implementing better practices etc
 - includes wide invitation (ie beyond member organisations) depending upon the conference focus
 - developing other platforms to support networking eg:
 - developing and maintaining a SVGN website (eg a portal, chat room, notice-board etc)
 - maintaining and circulating contact information
 - supporting communities of practice
2. Partnership Projects: identifying, developing and conducting 1-3 priority projects per year, noting that:
- it is assumed the SVGN is particularly interested in projects that require collaboration between several organisations (ie individual organisations would progress projects that they can conduct by themselves)
 - it is likely / hoped that projects will emerge from discussion at the bi-annual conference discussed above
 - organisations do not require any authorisation from SVGN *per se* to develop and implement projects
 - organisations are not accountable to SVGN for the conduct of projects
 - organisations would be requested to advise other SVGN organisations on proposed and active projects to support:
 - shared understanding of SVGN activities
 - opportunity for additional organisations to participate
 - promote & maintain interest, excitement and commitment to collaborative activities
 - opportunity for wider application / dissemination of better practice
 - further development / innovation opportunities
3. Communications: promoting community & government understanding about shared priorities and achievements, for example:
- findings / papers from bi-annual conferences
 - status reports on partnership projects
 - summary information on shared organisational objectives and priorities
 - demographic and population health data & analysis
 - distribution through media releases, social media, newsletters, etc
4. Advocacy: conducting research and agreeing & preparing joint submissions to inform Commonwealth / State policy development and funding allocations

Guiding Principles

Participating organisations recognise the following principles to guide their involvement and ongoing activities in SVGN and their interaction with other organisations:

1. Commitment to collaboration: recognising the value of scale with better outcomes achievable from cohesive planning & practice
2. Avoiding duplication: recognising existing structures & priorities and supporting alignment with existing regional & organisational plans
3. Strategic and action-orientated: promoting & supporting action for longer-term benefit; not solely planning; encouraging enthusiasm and excitement
4. Considering the full service spectrum: including health promotion, disease prevention and primary & tertiary health services and community support services
5. Being accountable & transparent: supporting sound governance arrangements, including a shared commitment to sustainable operations; promoting information sharing between member organisations and with stakeholders and the community

Governance

SVG N is deliberately structured to minimise bureaucratic structures and promote effective utilisation of participants' time.

- Membership: is limited to current SVN organisations (see Appendix 1).

Consideration was given to open membership to any organisation responsible for the planning and/or delivery of health and community services in the Northern Growth Corridor, however the very large number of potential member organisations was considered to be impractical for effective discussion & consideration.

Non-member organisations would be encouraged to participate in appropriate SVG N activities (eg invitation to bi-annual conferences, membership in communities of practice, partner in flagship projects etc).

Future membership criteria to be reviewed and considered by SVG N organisations following an appropriate period of operation (initially expected to be after two full years of operation to coincide with the initial funding envelope for the SVG N Executive Officer contract)

- Steering Committee:
 - *membership*: open to a senior representative from participating organisations (eg CEO or Director to be determined by participating organisation)
 - *role*: (i) to provide input to inform and agree SVG N priorities; (ii) to inform and agree the focus for bi-annual conferences / forums; (iii) to inform SVG N communication strategy and materials; (iv) to endorse joint advocacy positions & communications
 - *resource commitment*: half day workshop twice per year (a less frequent but high intensity commitment was considered to be both manageable and more productive)
- Reference Group:
 - *membership*: voluntary participation of three to four members of the SVG N Steering Committee; participation through nomination. It is expected that one member will be the

CEO of the HWPCP (in recognition of HWPCP's resource commitment to the SVGN executive officer and coordinator positions)

- *role*: to provide operational support & oversight to the SVGN Executive Officer
 - *resource commitment*: initially one hour monthly meeting (to be reviewed and adjusted if required by the Reference Group following an appropriate period of operation as determined by the Reference Group)
- Executive:
 - (i) *Executive Officer* and (ii) *Project Officer*
 - *role*: preparation for Steering Committee meetings (eg research, agenda, papers, invitations etc), conference organisation, SVN communications, research and advice on issues & priorities, support to participating organisations for collaborative projects
 - *resource commitment*: Executive Officer (1 EFT) & Project Officer (0.8 EFT) fully funded by HWPCP for 2 years. HWPCP likely to have some funding available for operating costs (eg conference costs, project costs, etc) for the next 2 years. Participating organisations may be required to contribute a share of the resource commitment from for Executive Officer & Project Officer and operating costs in the future

Implementation and Review

Activity	Responsibility	Indicative Date
Circulation of SVN Refresh report and consider future involvement in SVGN CEO HWPCP to coordinate circulation of report	Current SVN organisations CEO HWPCP	January 2019
Advise all current SVN member organisations regarding in-principle commitment to (or withdrawal from) SVGN CEO HWPCP to coordinate the circulation of advice	Current SVN organisations CEO HWPCP	January 2019
Advise CEO HWPCP of interest in membership of Reference Group	Organisational representatives	January 2019
Appoint SVGN Executive Officer	CEO HWPCP	January 2019
Circulate updated contact list	SVGN Executive Officer	January 2019
Preparation for initial Steering Group workshop	SVGN Executive Officer	February 2019
Initial Reference Group meeting	Reference Group members SVGN Executive Officer	February 2019
Initial Steering Committee workshop – confirm priority areas and annual workplan (including conference themes, partnership projects and focus for communication and advocacy activities)	Steering Committee members SVGN Executive Officer	May 2019
Inaugural SVGN Conference	Current SVN organisations and other invitees SVGN Executive Officer	June 2019
2 nd Steering Committee workshop – review progress against annual workplan	Steering Committee members SVGN Executive Officer	August 2019
2 nd SVGN Conference	Current SVN organisations and other invitees SVGN Executive Officer	November 2019
Review SVGN – including future commitment, membership criteria, priority areas, annual workplan and resourcing	Steering Committee members SVGN Executive Officer	December 2019

Appendix 1: SVN Participating Organisations

- Dianella Plenty Valley Community Health
- Nexus Health
- Sunbury Community Health
- North West Mental Health
- Women's Health in the North
- Northern Health
- Kilmore & District Hospital
- Hume-Whittlesea PCP
- Lower Hume PCP
- North Western Melbourne Primary Health Network
- Eastern Melbourne Primary Health Network
- City of Hume
- City of Whittlesea
- Mitchell Shire Council
- Department of Health and Human Services (Vic)

Appendix 2: Project Participants

Organisation	Name	Position
Eastern Melbourne PHN	David Millard	Manager Digital Health
Eastern Melbourne PHN	Susan Rice	Lead - Sector Capacity & After Hours
Eastern Melbourne PHN	Lisa Paulin	
North Western Melbourne PHN	Bianca Bell	Acting Director, Primary Care Practice
Lower Hume PCP	Rebecca Southhurst	Chief Executive Officer
Hume-Whittlesea PCP	Max Lee	Chief Executive Officer
DPV Community Health	Louise Sharkie	GM -Allied Health And Community Services (Whittlesea)
Women's Health in the North	Helen Riseborough	Chief Executive Officer
Northern Health	Brianna Baas	Executive Director (Chief Allied Health Officer & Partnerships)
Northern Health	Jana Gazarek	Director of Partnerships
Northern Health	Sharryn Beard	Partnerships Manager
Kilmore and District Hospital	Kirrily Gilchrist	Director Development & Improvement
Nexus Health	Suzanne Miller	Chief Executive Officer
North West Mental Health	John Dermanakis	Area Manager NAHMS
North West Mental Health	Gemma Plummer	
Mitchell Shire	Jo Wilson	Manager Health & Community Wellbeing
City of Hume	Hector Gaston	Director Community Services
City of Hume	Brooke Watson	Manager Health & Community Wellbeing
City of Hume	Sam Ferrier	Coordinator Population Health
City of Whittlesea	Neville Kurth	Manager Community Wellbeing
City of Whittlesea	Russell Hopkins	Director Community Services
Department of Health and Human Services	Amanda Allen - Toland	Manager Population Health and Community Wellbeing Hume, Moreland Area North Division
Department of Health and Human Services	Anthony Bernardi	Senior Adviser, Population Health and Community Wellbeing Hume, Moreland Area North Division

Note: some participant details were not available