



Central Highlands
Primary Care
Partnership

Community Health Plan

June 2001

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EXECUTIVE SUMMARY

INTRODUCTION

The Central Highlands Primary Care Partnership (CHPCP) takes great pleasure in presenting its first Community Health Plan which will be used to guide the development of the PCP and the delivery of Primary Care Services in the Central Highlands District for the next three years.

The Community Health Plan contains strategies to improve health outcomes for the community in the following key areas:

- ?? Integrated Service Delivery
- ?? Enhanced service access
- ?? Improved targeting of services
- ?? Increased availability and distribution of service information to practitioners, agencies and the community.
- ?? Raised awareness about the factors that contribute to healthy communities and individuals.

OVERVIEW

A Changing Concept of Health

“A concept is stronger than a fact” *Charlotte Perkins Gilman*

Australian society has changed markedly since the establishment of our health systems. It is important in setting out this first Central Highlands Community Health Plan, that we review our beliefs and assumptions in the context of society's changing needs and patterns to respond appropriately for the 21st century. The concept of health which gives context for the plans and proposed activities of the Central Highlands Primary Care partnerships is best represented by the following excerpt from the constitution of the World Health Organisation (WHO):

“Health is the state of complete physical, and social wellbeing and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being *without distinction of race, religion, political belief or economic and social condition*”(WHO Constitution).

This concept of health is often described as a social model for health. It recognises that we are social beings with needs in the spiritual, social, intellectual as well as physical domains and these needs must be met if we are to remain well. The model is based on solid evidence that indicates health status is directly impacted by the complex interplay of

social, cultural, environmental, political, economic and medical determinants of health. In simple terms it means that people who are disadvantaged socially, economically and environmentally are far more likely to lack “health” as defined by WHO. Delivery of “health/illness” services to these people will continue to be important, but they should only be seen as one part of an overall approach to community health and wellbeing.

The major public health concerns of past years have largely been addressed very successfully, however they have been replaced by common causes of disease and death such as cancer, cardiovascular disease and injury, many of which are associated with lifestyle. There is a high correlation of these lifestyle risks among disadvantaged communities. This is certainly the case in the Central Highlands District.

A social model for health implies that we must intervene to change those aspects of the environment which are promoting ill health, rather than only deal with ill health after it appears. We must recognise that educating individuals to change their attitudes and lifestyles will only be effective when the message is accompanied by broad environmental and social change as well. This work is being undertaken by PCP member agencies at present, however the approach needs to be considerably broadened to maximise effectiveness.

Clearly this preventative approach makes strong sense, both in terms of improved health status, but also in the application and deployment of resources. These approaches must be embraced boldly, broadly across the community, and most importantly supported by resources.

The Role and Vision of the Central Highlands Primary Care Partnership

In this complex environment the CHPCP sees that it has three key roles:

- ?? To facilitate the provision of high quality, integrated, well targeted and effective Primary Care Services. The PCP sees this aspect as of immediate importance and will be a major priority for its work in the short to medium term.
- ?? To increasingly become a key informant in service planning and purchasing decisions of Government.
- ?? In partnership with other stakeholders (including Federal, State and local Government, Community Groups and agencies and with the community itself) to facilitate a “whole of community” response to the issues impacting broadly on community health, through awareness, education, involvement, community capacity building and community strengthening. This work is not the province of any one group or body, but is a shared responsibility. The PCP sees this as the key aspect in which major gains will be made in improved health outcomes for the communities in the Central Highlands District, and will increasingly become a high priority in the medium to longer term work of the PCP.
- ?? Increasingly the PCP will seek to maximise linkages between this Community Health Plan, and other strategic planning tools such as Municipal Public Health Plans, Municipal Strategic Planning Statements, Local Government Corporate Plans and Health Agency Strategic Plans.

The Central Highlands Primary Care Partnership's vision is quite clear:

“To achieve improved health and welfare outcomes for the Central Highlands community by targeted health promotion, supported by an integrated service planning, assessment, referral and information systems with built in, ongoing evaluation”.

In broad terms we are aiming for an effective, participative Primary Care system that has “service proprioception” ie. a sense of the whole through knowledge of all the parts and their relationship with each other.

To achieve this vision will involve the active engagement of consumers, community and their general practitioners as change agents.

Central Highlands District Priority Work Areas

The work of the Primary Care Partnership will be influenced in large part by the following major characteristics impacting on Health and Wellbeing and related services in the Central Highlands District:

- ?? The Central Highlands District generally has a lower socio-economic profile than that of Victoria. Of significance are the many pockets of high to extreme disadvantage. These areas will increasingly be targeted for work of the PCP, particularly in the areas of community strengthening, capacity building and enhanced access to services.
- ?? The Burden Of Disease data sets out clearly the priority areas of high incidence of cardio-vascular disease across the whole district and a high incidence rate of cancers of women in the Moorabool, Golden Plains and Hepburn Shires. The data also establishes linkages with high risk factors associated with lifestyle (ie smoking, inactivity and diet). However as indicated previously effective campaigns to address lifestyle issues must be accompanied by a holistic approach to addressing broad societal factors, particularly social isolation and disconnection from the community.
- ?? The need to enhance assessment and referral capacity and processes across a multiplicity of agencies and service types.
- ?? The need to continue to build agency collaborative capacity.
- ?? Enhanced access to service information to build community and agency capacity to facilitate service access.
- ?? Significant geographic and demographic factors (other than socio-economic disadvantage) include an aging population, pockets of high urban concentration, and pockets of rural isolation.
- ?? An increasing understanding of the need to address both “risk and protective” factors as they relate to the health and well-being area.

Key Deliverables.

In the year 2001/2002 the Central Highlands key deliverables will be:

Outcome 1 – Partnerships

One of the major strengths of this Primary Care Partnership is that it has representation from both health and welfare agencies across the Central Highlands catchment. These agencies are representative of a range of funding sources, across a number of different program areas. This provides an ideal arena for discussion and resolution of any likely issues around funding, service agreements etc.

- ?? The success and sustainability of the CHPCP will be underpinned by the Partnership strategy in ensuring the continued dialogue and 'building' of sustainable relationships between members and potential members. The service linkage strategy will be further developed with clear communication and consultation between agencies.
- ?? The ongoing review of the current Memorandum of Understanding will require further discussion and review particularly in the areas of policy development. The idea that the CHPCP may act as a fund holder and broker for health promotion funding to member and non-member agencies will require lengthy discussions. A planning workshop is scheduled in July 2001 to discuss and inform this process amongst CHPCP members.
- ?? The development of the draft Consumer Charter of Rights with a 'meaningful' consumer consultation process in the key areas of the Community Health Plan. The consumer consultation process will be a staged approach with a Consumer Advisory Group to be convened in October 2001.
- ?? The significant catalyst to the GP engagement strategy will be underpinned by the implementation of the regional IMIT strategy (including electronic service directory) under the auspice of the Ballarat & District Division of General Practice as the IM/IT Project Management. Incorporated into this strategy will be the active participation of the BDDGP on the 3 CHPCP sub committees to ensure there is constant dialogue between GPs in the Central Highlands community.
- ?? Through the engagement of the Centre for Rural and Regional Health, University of Ballarat in the Service Planning strategy, the CHPCP have developed a strong affiliate in an educational organisation.

Outcome 2 – Service Coordination

- ?? The implementation of a regional Service Coordination sub committee will ensure the sustainability and implementation of a regional Service Coordination strategy. This strategy will be robust due to the current regional IMIT sub committee and that this group has already implemented a Charter and business rules to guide it.
- ?? The Ballarat & District Division of General Practice have been successful in securing the auspice of the Regional IMIT Project Management which will incorporate the

implementation of the Regional Service Directory – ConnectingCare. This will hold significant benefits in engaging General Practitioners in the service coordination process.

- ?? The development of a training program in conjunction with/at an existing educational institution. The training will be developed in modules that cater for the different skills required by administration/ reception staff as Initial Contact staff, for Service Providers in Initial Contact and Initial Needs Identification and the use of the regional Service Directory. The training program has potential as a regional training program for PCP's in surrounding areas.
- ?? Care Planning will be further developed through the BDDGP and the CHPCP by engaging GPs in Care Planning more broadly across the health and welfare sector. This will be a collaborative model using the Federal Medical Benefits Scheme, Enhanced Primary Care items, specifically the uptake of the Care Planning template.

Outcome 3 Service Planning

The Central Highlands Primary Care Partnership has combined the Core Data Set (demographic data from a range of sources) with consumer and community consultation to provide a solid database from which to develop our health promotion priorities and strategies. The utilization of the Burden of Disease data in conjunction with community consultation data has provided a broader more comprehensive notion of how the 'community' perceives their health issues and priorities.

The Central Highlands Primary Care Partnership believes that community capacity building forms the foundation on which the community will engage in this strategy. This has been repeated many times by both community members and service providers as the trigger for communities to engage in PCP activity. For example, the ability for the PCP to provide input to writing a submission for a community group to apply for a grant to improve services to their community was seen as an 'on the ground' support to the community.

This PCP has been successful in obtaining extra funds for health promotion, which has broadened the number of health promotion priority areas in the Central Highlands. In collaboration with the Centre for Rural and Regional Health we have undertaken an extensive service mapping, consumer consultation and community profiling project and as a result have outlined three key health priorities for the Central Highlands region.

They are:

- 1. Community capacity building for addressing adolescent health issues (social model of health).**
- 2. CVD in Men and Women in the City of Ballarat and the other shires;**
- 3. Cancers in Women in the Shires of Hepburn, Moorabool and Golden Plains**

Summary

The Central Highlands Primary Care Partnership is committed to improving the health and welfare outcomes to our communities. To achieve this we will need support from consumers, community members and service providers, primary care partnership members and the Department of Human Services. Our focus is an improved service delivery accessible to all, improved service planning, and facilitating a partnership approach to achieving broad community wellbeing through addressing the broad social, environmental and economic factors that impact.

We wish to bring the concept of "Health for All" into a reality in the Central Highlands community!

Signed by Tony Diamond,
Chair of the Central Highlands Primary Care Partnership
On 27th June 2001.