Frankston/Mornington Peninsula Primary Care Partnership

2003 – 2004 COMMUNITY HEALTH PLAN

June 2003

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2003–2004 Community Health Plan

The Frankston Mornington Peninsula Primary Care Partnership (FMPPCP) was established as a partnership of local Primary Care providers and has 28 members with a number of other agencies that link in as appropriate. The FMPPCP is managed by an Implementation Committee with representation from Local Government, Community Health, Disability sector, Home Nursing, General Practice and other community providers. The FMPCP is not exclusive of membership or participation and recognises the value of collaboration among planners and service providers in order to maximise the best possible outcomes for our community. A secretariat including a manager and specialist support staff is responsible for the day to day operation of the PCP.

The FMPPCP has worked in collaboration with the Frankston City Council and Mornington Peninsula Shire Council to develop a common planning framework and data set for Public Health and Well Being. This has ensured its own Community Health Plan is consistent and supportive of local goals and needs. A major focus for the PCP is to work towards an electronic information and referral system that will also allow sharing of client information subject to privacy issues and informed consent. Special projects around Health promotion, Consumer participation and service advocacy based on local needs have also been undertaken.

The FMP PCP has been funded by the DHS to develop and implement a Community Health Plan (CHP). This Community Health Plan builds on the previous years' community health plan, titled, FMP PCP Strategic Development Plan, 2002/2003 (SDP 02/03).

In March 2002 Dimitriadis & Fitch were commissioned to assist the FMP PCP with its Integrated Service Planning, including the preparation of the operational plan section of the Community Health Plan, as per the requirements of DHS.

In preparing the plan, Dimitriadis Fitch completed a Community Profile, which combined available statistical data and information about the population of the sub region and already identified health and well-being issues; and reported service initiatives. Dimitriadis Fitch also consulted key services for further information on service gaps and strategies for addressing these. A discussion paper based on the Community profile was prepared for the Implementation Committee to assist it to identify health and well-being priorities for the sub region. For the 2002-2003 Strategic Development Plan, the Implementation Committee determined the four priorities of:

- **Cardiovascular Health**
- **Alcohol and Drug Safety**
- **Mental Health**
- **Diabetes**

These remain the priorities of the FMP PCP Community Health Plan 2003 – 2004.

1. The Context

Community Profile

The FMP PCP comprises two local government municipalities, Frankston City and Mornington Peninsula Shire referred to as the 'sub-region'. The sub-region comprises the City of Frankston, with a population of 113,967 residents in 2001, and the Mornington Peninsula Shire with a population of 138,088 residents in 2001. The sub-region is broadly characterised by a younger population in Frankston City and an older population in the Mornington Peninsula Shire with a number of socio-economic issues impacting on the health and well-being of residents, including, early school leavers, low incomes, and smaller numbers of people with formal qualifications.

Social disadvantage resulting from socio-economic factors has been identified by the study *Unequal In Life*, which provides a postcode map of social disadvantage by using ten indicators of disadvantage. The Frankston and Mornington Peninsula areas have four out of thirty postcodes with the highest disadvantage

factors' scores. They are, Hastings, Frankston North, Rosebud West, and Rye. It is suggested that these communities are more likely to have a reduced quality of life, particularly in relation to mental health and social connectedness.
Topography of the Mornington Peninsula is such that some communities are relatively isolated and there are significantly lower proportions of its population who do not speak English well or not at all compared with Melbourne. An indigenous community is also present and local government, and agencies continue their efforts in meeting the community's needs.

A large number of issues impacting on the health and well-being of residents have been identified including physical health, mental health, social and environmental issues. Risk factors include characteristics that increase the probability of death or disease.

The major risk factors in the sub-region in descending order are:

1. Tobacco
2. Physical inactivity
3. High blood pressure
4. Alcohol harm
5. Obesity
6. Low fruit and vegetable intake
7. High blood cholesterol
8. Illicit drugs
9. Occupation
10. Unsafe sex

According to Burden of Disease and Injury 1996 data the highest number of premature deaths and disability for both men and women in the sub-region are associated with cardiovascular disease and cancer respectively. Mental disorders, chronic respiratory diseases, and neurological and sense disorders respectively, also feature highly compared with the Victorian average. Non-communicable diseases are the main causes of deaths and disability followed by a much lower percentage of injuries and communicable, maternal, neonatal, and nutritional causes respectively.

Broad issues impacting on service access have also been identified and include transport, location of services and facilities and (cultural) responsiveness of services to particular target groups. Specific issues affecting target groups such as women, people with disabilities, indigenous residents and people from culturally and linguistically diverse backgrounds, have also been emphasised by individual agencies. Burden of Disease data indicates that for many health issues a number of target groups are affected, e.g. cardiovascular disease affects older people as well as younger adults. This makes it difficult to determine how to present information, i.e. discussing target group needs separate to issues or integrating target group needs within issues discussion; particularly since many agencies are funded to provide services to particular target groups and therefore seek presentations that reflect this.

Structural issues in health and community services impact significantly on the health and well-being of the residents and both local councils, as well as individual agencies have individually and collectively identified problems and strategies for addressing these which are reported in documents such as municipal health plans. Of significant importance in the development of approaches to health and well-being issues has been the application of the Social Model of Health framework, which is increasingly underpinning how health and well-being issues are conceptualised and responded to.

Local councils and individual agencies have implemented many community consultation activities gauging residents' understandings, attitudes, aspirations and expectations on both specific and broad health and well-being issues, which have been meaningfully used to address community needs. On going work is required, however, to ensure that residents are informed of services and programs, and of care pathways. The development and delivery of information in appropriate formats is a resource intensive task that must be recognised as a necessary component of service delivery.

Strategic Objectives 2002 - 2005

The long-term strategic objectives for the FMP PCP are to:

1. Enhance relationships and improve communication between service providers including the acute and community care sector
2. Implement a readily accessible and coordinated access and information system for members and the community
3. Enhance health promotion and early intervention strategies
4. Implement an effective health planning process
5. Develop a coordinated response to funding opportunities
6. Implement a marketing strategy for the partnership and member agencies
7. Establish an evaluation process for all PCP initiatives.

Key Achievements

Since inception, the FMP PCP has been successful in establishing a strong and viable partnership amongst member agencies. The PCP has sought to build on and to incorporate existing processes and networks that have developed organically over time. Over the last twelve months the FMP PCP has consolidated and refined its partnership processes and agencies have reaffirmed their commitment.

The nature of the partnership is an evolving one and the strong foundations established in previous years are now beginning to support tangible outcomes and systemic change. As identified in the previous Community Health Plan, the nature of the reform process is extensive and considerable work has occurred behind the scenes that it not necessarily apparently. Change has and continues to occur and the impact of services working closer together is demonstrated through the achievements described below.

The achievements include those that are significant for the FMP PCP as well as the key deliverables identified by DHS.

Key Achievements required under the Community Health Plan Implementation Agreement (CHPIA)

- Participation in the development and testing of FMP PCP's Seamless Access System (SAS), including the testing of an e-referral process and use of Service Coordination Tool Templates.
- Taking the lead role in the development of a local service directory in conjunction with two other PCPs in the sub-region
- Further development of ereferral process utilising PKI certificates – thus enabling participation of general practice, and district nursing services in the Seamless Access System.
- Ten Health Promotion projects that focused on social connectedness as a key determinant of depression
- Active involvement of consumers and smaller agencies in the Health Promotion projects
- Increased commitment of the Frankston Mornington Peninsula Health Promotion Alliance to actively work together on health promotion projects.
- Enhanced and formalised relationships with planning groups within the sub-region

Innovations and Achievements beyond the CHPIA

- Trialling Seamless Access System using electronic versions of the Service Coordination Tool Templates
- Trailing of use of the SCOT tools to facilitate secure and encrypted transmission of referrals by e-mail to assess efficacy of information practices.
- Planning for further development of the e-referral process using PKI certificates.
- Successful marketing of the e-referral system to Kingston Bayside PCP who will implement it in the 2003/4 financial year.
- Successful negotiation with DHS Central Office to metatag the data on the Statewide Services Directory, thus allowing enhanced access to information for consumers and service providers across the State of Victoria.

- Working towards a consistent, integrated approach to service coordination with other PCPs in the region.
- A small trial of the Seamless Access System between the acute sector, general practice and primary health agencies.
- A longer trial of the SAS system involving a wider range of primary health care agencies as well as the acute sector and general practice
- Active involvement of the acute sector in all PCP activities and initiatives.
- Successful submission for a small grant to develop service coordination between general practice and primary health care services.

Partnerships: Consumer, Carer, and Community Participation Project

The consumer, carer and community participation project had a number of aims the principle of which was to make recommendations for meaningful participation processes and structures within the PCP. To achieve this aim required a review of the best practice literature in consumer participation, an analysis of the strategies used to engage consumers by each of the member agencies and consultation with consumers and member agencies on how best to engage consumers, carers, and community members within the PCP.

- The process of consulting with consumer, carer and community groups on service coordination began during 2001/2002 and continued throughout 2002/2003
- The integrated service plan for 2002/2003 as presented in the Community Health Plan has incorporated community needs analyses and reports
- Health Promotion projects were sponsored that directly responded to needs identified by consumers and carers. These included carer's social activity functions and social groups for older people.
- This plan provided direction for consumer, carer, and community participation for 2002/2003.

Partnerships: Hospital Admission Risk Program

In 2001/2 the Alcohol and Drug/Self Harm, Diabetes and Chronic Cardiac Failure HARP projects were funded and established through Peninsula Health. Towards the end of 2002/3 the FMPPCP submitted two proposals to the current HARP funding round. These were an extension of the Alcohol and Drug/ Self Harm project and the FMP PCP Care Management Project.

If funded, the Care Management Project will reduce hospital admissions/re-admissions through provision of integrated care management for clients, with chronic conditions, who are waiting for access to primary health care services. It will also provide direct linkage primary health care services through its Seamless Access System – using SCOT tools and e-referral. Services will include:

- Assertive care management working directly with general practitioners
  - to prevent admissions to hospital, and
  - to prevent re-admissions to hospital to clients waiting for access to primary health services which are not yet available
- Care management for transition to primary care services
- Flexible funding to re-direct to private sector or provide means for primary care services to provide services to this specific target group.

The project provides a strategic and integrated approach to prevention through:

- Utilisation of existing primary care services
- Identification of the target group through the Peninsula Health RAD team, discharge planning and sub acute access unit.

Engagement of Small, Specialist and Multi-catchment Agencies

One of the foundation values of the FMP PCP has been a commitment to ensuring service coordination linkages with multi-catchment, specialist and other relevant providers. The PCP has an open membership policy and does not differentiate or discriminate between service providers on the grounds of size or whether the agency is located solely in the sub-region or is multi-catchment. The inclusive nature of the partnership has ensured that agencies that are not formally members are welcome to participate in partnership activities, consultations and planning forums and work groups.

Since inception the FMP PCP has actively sought to involve all primary health and related service providers within the PCP. The PCP seeks direct engagement of services and is mindful that some agencies, particularly smaller services and multi-catchment services are not necessarily in the position to participate as actively as the larger agencies. The PCP has maintained its commitment to the engagement and representation of smaller, specialist and multi-catchment agencies which is evidenced by:

- Representation on the Implementation Committee that includes the Royal District Nursing Service, Women's Health in the South East, the Brotherhood of St. Laurence and Peninsula Support Service. During 2003 Wongabeena Inc, a disability services organisation, and South Central Region Migrant Resource Centre joined the Implementation Committee.
- Forums for small, specialist and multi-catchment Agencies
- Excellent attendance by these groups at the PCP Forums
- Inclusion of these services in surveys and focus groups
- Regular communication via newsletter and gazette

Engagement of General Practice

Engagement of general practitioners and the Divisions of General Practice in the FMP PCP is crucial for effective population health planning and for integrated primary health care service delivery. General practitioners and the Divisions of General Practice play a critical role in the successful development of Primary Care Partnerships (PCPs). The cultural and structural separateness of general practitioners from other primary care providers can hinder effective communication and restrict GP involvement in the wider service system.

The Practice Incentives Program, the Enhanced Primary Care Package, and a range of collaborative projects and programs are promoting greater integration between GPs and other providers of primary care, and promoting greater integration between the acute and primary care sectors.

The Mornington Peninsula Division of General Practice and individual General Practitioners have maintained active involvement within all levels of the PCP.
Specific examples of successful GP engagement include:

- Representation of MPDGP on the FMP PCP Implementation Committee
- Participation of MPDGP in FMP PCP Working Groups, including service coordination and health promotion.
- Participation of general practitioners in the Seamless Access System trial.
- Participation of GPs in focus groups for the development of the local service directory.
- Discussion with the MPDGP in relation to the utilisation of EPC items as a platform for broader engagement of GPs.
- Successful submission by MPDGP and FMP PCP together, for a small grant to enhance service coordination between general practice and primary health care services
- Participation of the MPDGP in the development of HARP submissions.
- The MPDGP identifies participation in the FMP PCP within the division's strategic plan.
- The sharing of information between the MPDGP and the PCP.

Service Coordination

The FMP PCP developed the Seamless Access System (SAS) as its change management response to the Better Access to Services component of PCP development.

This SAS model was developed following extensive agency consultation through a variety of forums including agency workshops, individual agency interviews and focus groups, consumer consultation and survey and consultation with GPs. The SAS model is essentially one of multiple entry to a single system. The SAS provides a consumer focused and integrated primary care system that ensures people have ease of access to quality services and information.

The model is underpinned by a Services Directory, which has a Services Gateway component. The primary goal of the Services Gateway is to facilitate the Seamless Access System, in the following ways:

- Service Coordination Tool Templates: The Gateway will contain an electronic version of the SCOT tool templates, which can be encrypted and attached to e-mails, directed to another SAS agency/organisation.

- Electronic Referral & Feedback: The gateway has a built in business logic, which maps and facilitates the referral and feedback loop initiated by the Needs Identification process.
- Information Packs: The proposed gateway has the ability to conduct intensive information searches around specific diseases/conditions. This includes: information about the disease/condition itself, information about self-management, information about related health promotion activities and projects, and services/programs designed to address the particular disease or condition.

The Services Gateway is a shared initiative across three PCPs in the Southern Metropolitan Region. It will operate in conjunction with the Statewide Service Directory. Another major achievement of this last financial year has seen the consolidation of the service coordination working groups. These working groups are the SAS Reference Group, a group of team leader/ managers of agencies and organisations participating in the testing of the SAS model. The other group is the INI Refnet (Initial Needs Identification Referral Network), a group for intake/access workers involved in the Primary Care Partnership. This is a support and development group to facilitate the development, implementation and operation of the Seamless Access System.
During 2001/2 a short initial, three week trial, was run involving a mixture of the acute sector, general practice and primary health. Agencies participating were:

- Frankston Hospital RAD (Rapid Assessment & Discharge) Team
- Lang Park Medical Centre
- MEACAS, and
- RDNS – (Frankston and Rosebud)

During 2002/3 a longer, three month trial was run, involving the same mixture of sectors but with a larger range of primary health services involved.

- Frankston City Council,
- Frankston Hospital RAD (Rapid Assessment & Discharge) Team,
- Frankston Hospital Social Work Team,
- Frankston Integrated Health Centre,
- Lang Park Medical Centre,
- MEACAS,
- Peninsula Community Health Service,
- Mornington Peninsula Shire, and
- RDNS – Frankston and Rosebud.

At the completion of this second trial the Service Coordination Working Groups met to evaluate whether or not the trial had met the objectives set down for it in the 2001/2 Community Health Plan. The finding of the evaluation was that the objectives had been partially met. Factors beyond the SAS system itself had hindered the full achievement of the objectives. These factors included the fact the trial was being conducted outside the existing business practices of participating agencies, and further that these agencies had not yet 'made room' for the electronic referral process within their IT strategies. Another factor was that participating agencies were located within different program areas of DHS and inconsistent reporting practices were required by these different areas.

The Service Coordination Working Groups made a strong recommendation to the Implementation Committee to implement the Seamless Access System across the Frankston Mornington Primary Care Partnership in order facilitate the changes in business practices in participating organisations that would enable the SAS system to become part of their core business. This recommendation was adopted and forms a major objective of the current community health plan.

Integrated Service Planning:

The Health and Well-Being in the Frankston/Mornington Peninsula Sub-region, Primary Care Partnership Community Health Plan 2002-2003, was developed through a process of consultation, agency surveys, questionnaires and data analysis. The FMP PCP has reviewed and refined the Community Profile into a user-friendly document. The Community Profile incorporates a broad range of demographic, social and health data that influence health and well being on the sub-region.

The FMP PCP has strengthened its formal linkages with local planning groups, including the Peninsula Care Planning Group.

Health Promotion

The Health Promotion Network was formed during 2001 with two well-attended Health Promotion Network Meetings. The intention of the network was to share information and increase the capacity of agencies in the area to undertake health promotion work. The information shared at these meetings covered social connectedness and health promoting work environments.

The Frankston Mornington Peninsula Health Promotion Alliance continues to meet on a monthly basis during the year. One of the strategic directions for 2001/2002 was to strengthen the health promotion alliance and during the year the membership of the health promotion alliance was increased. During 2002/3 this strengthening developed into a commitment by members to:

- fund one or two major projects rather than a variety of small projects which are difficult to evaluate, and to
- actively take on the health promotion work of the Alliance, rather than delegating it to a health promotion officer.

This second decision has led to a re-definition of the health promotion officer role within the PCP – which is to *assist* the Alliance in its planning and project activities and to report on these activities to DHS. It is now a part time position (.02EFT), with the bulk of the health promotion funds being made available to fund one or two major projects.

Health Promotion - Mission Statement

Health promotion activities and planning will be enhanced by collaboration, with coordinated health promotion initiatives being complemented and strengthened through the sharing of knowledge, skills and resources (FMP PCP, 2000/2001).

Health Promotion Vision

To promote the health of the community of Frankston and Mornington Peninsula by collectively responding to the health promotion priority issues and increasing the capacity of member agencies of the FMP PCP to undertake health promotion.

Shared Values Underpinning Health Promotion Strategy

The health promotion strategy for 2003/2004 continues the framework of operating within a social model of health. This was demonstrated in 2002/2003 by addressing one of the social determinants of health in social support (Stansfeld, 1999). Again the emphasis will be on the environmental determinants of health (Marmot & Wilkinson, 1999) with special consideration of community participation and adopting a range of health promotion strategies (Public Health Division, 2000).

The framework acknowledges and incorporates both the Ottawa Charter (WHO, 1986) and Jakarta Declaration (WHO, 1997) on health promotion. The framework incorporates the principles from the Ottawa Charter and Jarkarta Declaration by addressing causes of ill health at different levels and in different ways such as working towards healthy working and living environments and policies that protect health. A gendered approach is taken towards ensuring that priorities of reorienting the health service and securing an infrastructure for health promotion are acted upon in this work of coordinated planning for health promotion. The strategies employed are aimed at initiating and consolidating partnerships for the purposes of promoting the health of the community. It is the goal of this PCP that any people or groups that are supposed to benefit from any project/intervention are properly consulted and involved at all stages of the project/initiative.

Health Promotion Priority Issue

The integrated service plan identified the important health concerns of the area. In Frankston, the three top disease categories according to the DALY measure were cardiovascular disease, cancer and mental disorders. In Mornington Peninsula the three top disease categories according to the DALY measure were cardiovascular disease, cancer, and neurological and sense disorders. Mental disorders was fourth accounting for 10% of the total disease burden.

The most common mental disorders in both Frankston and Mornington Peninsula were depression and drug and alcohol abuse. The different pattern for the Mornington Peninsula relative to State averages reflects the higher number of older people living in this region. As identified in the community health plan (CHP) there is a significantly higher percentage of older people living in the Mornington Peninsula area relative to the

Melbourne metropolitan area and Southern Metropolitan Region. The CHP also included diabetes as a priority issue given its link with cardiovascular disease and the high admission rate for diabetes complications in the Frankston area.

Cardiovascular disease, diabetes, depression, and drug and alcohol problems all share common risk and protective factors. Increased social activity has been related to a decrease in risk of all cause mortality (Berkman & Syme, 1979; Glass, de Leon, Marotolli, & Berkman, 1999; House, Robbins, & Metzner, 1982; Kaplan, Salonen, Cohen, Brand, Syme, & Puska, 1988). Higher levels of social support have been related to decreased incidence of depression (Hays et al., 1998; Hraba, Lorenz, & Pechacova, 1997), and decreased risk of cardiovascular disease (Hemingway & Marmot, 1999).

A review of 81 studies found strong evidence linking social support with cardiovascular, endocrine and immune function. It was concluded that social support has a very important role in preventing some of the leading causes of death in cardiovascular disease, cancer and respiratory illnesses (Uchino, Cacioppo, & Kiecolt-Glaser, 1996). The review also examined studies that concentrated on older populations with a meta-analysis of seven studies finding a significant relationship between decreased social support and poorer immune function. Research has also shown that social support can predict age related differences in blood pressure with individuals higher in social support having lower and more comparable blood pressure across the lifespan. It was argued that social support may influence the aging process with higher levels of social support slowing the biological aging process.

Large scale adolescent studies have found that family connectedness and school connectedness were powerful protective factors against problem behaviours such as drug use and emotional problems (Resnick, Harris, & Blum, 1993; Resnick et al., 1997). A project conducted in Victoria consulted with teenagers on what they thought were important aspects for their health and well-being. Feeling loved and supported by family was rated as the most important protective factor with communication the key to good family relationships (Fuller, McGraw, & Goodyear, 1998). The importance of connection with family and school is evident from a number of reports. Summary documents of risk and protective factors for depression, and for other teenage health problems such as drug use and crime, all list family and community connection as protective factors (Commonwealth Department of Health and Aged Care, 1998; Public Health Division, 2000).

As social connectedness has been identified as protecting against a range of health conditions it was selected as the health promotion priority issue. Increased social and physical activity participation has the potential to reduce the impact of the most prevalent health problems in the region.

Health Promotion Project Goal

To provide social and physical activity opportunities for those at risk of social exclusion in the Frankston and Mornington Peninsula area. In doing so promote quality of life and reduce the risk of cardiovascular disease, diabetes, mental health problems, and alcohol and drug problems.

Health Promotion Alliance Memorandum of Understanding

The memorandum of understanding and objectives of the Alliance are currently being re-defined to reflect the changes in direction described above.

The aim of the Alliance is to increase the capacity of organisations across the FMPPCP to conduct integrated Health Promotion over the years 2003 - 2007. Below are points currently under consideration as objectives for the Alliance:

1. To develop and implement a strategic framework to facilitate integrated health promotion.
2. Member organisations of the alliance agree to work together to identify the health promotion needs of the Frankston and Mornington Peninsula community and respond with the development and implementation of joint health promotion activities.
3. To promote education and training in relation to health promotion amongst health care providers.

FMP PCP: Strategic Objectives 2003/4

The Strategic Objectives of the FMP PCP 2003/4 Community Health Plan are to:

1. Establish and implement the FMP PCP Seamless Access System (SAS) for clients into all 'service delivery' member agencies/organisations of FMP PCP. The SAS model provides multiple points of entry into a single electronic referral system
2. To improve dialogue between general practice and primary health care services
3. To improve service coordination delivery through better integration of service coordination processes with information needed to perform those services
    - Capture local service information not included within statewide services information database
    - Integrate service information with service process in order to improve service delivery
    - Provide current information available when it is need at point of care
4. Model a PKI enabled electronic referral system to improve service coordination
    - Evaluate electronic versions of the SCOTT forms
    - Develop IM practices to support electronic PKI enabled e-mail referrals
    - Identify best practices for inclusion in the PCP's Protocol Agreement
    - Test the viability of using e-mail for transmission and receipt of client referrals
    - Assess electronic referral system as an alternative to fax referrals
5. To work in collaboration with Frankston City Council and Mornington Peninsula Shire Council to develop a common planning framework and data set for Public Health and Well Being.
6. Enhancement of the capacity of member agencies to work in partnership on the priority issue of social connectedness.
    - Increasing the capacity of agencies in the Alliance to work together on 1 or 2 major projects involving social connectedness.
7. Establishment of a coordinated approach for addressing cardiovascular health in the sub-region, utilising existing sector expertise and knowledge.
    - Support the funded cardiac failure HARP project being run by Peninsula Health.
    - Inform DHS policy and program funding priorities to address identified service issues specific to the sub-region and identified target groups.
    - Contribute to the initiatives for minimising hospital admissions and readmissions for alcohol and other drug related harm.
8. Contribute to the initiatives for minimising hospital admissions and readmissions for alcohol and other drug related harm.
    - Support the funded alcohol and drug/self harm HARP project by Peninsula Health.
9. Contribute to the initiatives for minimising hospital admissions and readmissions for alcohol and other drug related harm.
    - Support the funded diabetes HARP project being run by Peninsula Health.

2. Operational Plan

Service Coordination - All Priority Areas			
Problem Definition	**Solution Generation**	**Support & Resources**	**Indicators**
1. Goal • To provide better access to primary health care services for consumers on the Frankston/Mornington Peninsula **1.1. Objective** • Establishment and implementation of the FMP PCP Seamless Access System (SAS) for clients into all 'service delivery' member agencies/ organisations of FMP PCP. The SAS model provides multiple points of entry into a single electronic referral system **1.2. Population/ target group** Primary care agencies, including GPs, and their clients	**2003:** Implement SAS system (including e-referral functionality) into core business of agencies/organisations represented on the FMP PCP Implementation Committee. These include: • Brotherhood of St Laurence • Frankston City Council • Mornington Peninsula Division of General Practice • Mornington Peninsula Shire Council • Peninsula Community Health Service • Peninsula Health: APATS; FCHS; SW Dept & RAD Team, MEACAS • RDNS: Frankston & Rosebud • South Central Region Migrant Resource Centre • Women's Health in the South East • Wongabeena Inc. **2003/4**: Implement SAS system (including e-referral functionality) into core business of remaining relevant FMP PCP member agencies/organisations. These include: • Bunarong Health Service • Caulfield General Medical Centre (Carer Respite) • Do Care Southern • Family Mediation Centre • Foster Grandparent Scheme • Frankston Community Support & Information Centre • Good Shepherd Youth & Family Services • Impact Inc • Mental Illness Fellowship of Victoria • Menzies Inc. • MS Victoria • Mt Eliza Community Contact • Peninsula Support Services • SECASA • Seniors Pty Ltd • Southern Peninsula Community Care Inc. • Vision Australia Foundation • Woorinyan Inc.	**Roles & Responsibilities** The FMP PCP Implementation Committee accepted recommendations from the Service Coordination Working groups to: implement the Seamless Access System in the Committee's own agencies organisations, to take the lead in encouraging the remaining partnership member agencies to implement the system as well, and to employ HDG Consulting to facilitate the implementation process **Stakeholders** All members of the Frankston Mornington Peninsula PCP represented by the FMP PCP Implementation Committee **Resources** The Implementation Committee accepted stage one and two of HDG's quote for $3,828, with an option to negotiate for stage three - $2,508. It is thought that member agencies may be willing to make payments of approx $140 each which would raise this amount. Two forums will be run by HDG to assist the partnership to implement the system. The PCP will meet the costs of hosting the forum – approx $600: costing not yet ascertained. Other resources consist of project staff time to: assist in the implementation process, and provide training in the practices and procedures associated with the Seamless Access System member agency time in the implementation/training of the system. **Capacity Building** training in service coordination practices and processes for service providers operating the SAS system (project staff) ongoing support and development of the INI Refnet for service providers using SAS system **Timeline**	**Process** Implementation of SAS System across FMP PCP **Impact Indicators** Participation of relevant FMP PCP member agencies in its Seamless Access System. Service provider competence in participation in SAS system **Outcome Indicators** Improved outcomes for service users through increased access to services.

		August 2003 – June 2003	

Service Coordination - All Priority Areas			
Problem Definition	**Solution Generation**	**Support & Resources**	**Indicators**
2.1 Goal • To enhance service coordination between general practice and primary health care services on the Frankston/ Mornington Peninsula **2.2 Objective** ▪ To improve dialogue between general practice and primary health care services ▪ To agree on and document the standards and practices with a view to sustainability with other primary health services participating in the FMP PCP Seamless Access System **2.3 Target Group:** Primary care	• Agree on and document: ▪ common agreed service coordination practices (using the Service Coordination Tool Templates) in the referral/feedback loop between general practitioners and Peninsula Health R.A.P.S. Access Unit: ▪ up to 5 best practice scenarios identifying quality referral and feedback pathways ▪ common agreed referral/feedback practices ▪ common referral/feedback best practice standards • Build the common standards and practices into the FMP PCP Seamless Access System Protocol, for use in service coordination with general practitioners. • Implement and test the agreed protocol between general practitioners participating in the project and the Peninsula Health R.A.P.S Access Unit. • Test an electronic referral process using Medical Director and Auto Report to facilitate service coordination • Increase quality use of E.P.C. items in service coordination between general practice and primary health care services.	**Roles & Responsibilities** • The project will be managed by MPDGP and FMP PCP together, through the Executive Director of the MPDGP and the FMP PCP Project Manager. • The Executive Director of the MPDGP will Chair the Project Working Group which oversees all the project activities. • It has been 'signed off' by the Executive Committee of Mornington Peninsula Division of General Practice. MPDGP participated in the development of the proposal at all stages. • It has similar sign of from the R.A.P.S. management structure at Peninsula Health, and • Endorsement from the Seamless Access System Reference Group - (the service coordination working group within Frankston Mornington Peninsula Primary Care Partnership). • It also has commitment and agreement from the FMP PCP Implementation Committee the governing body of the Partnership. **Stakeholders** • Mornington Peninsula Division of General Practice and Frankston/Mornington Peninsula Primary Care Partnership (including Peninsula Health's RAPS program access unit) **Resources** • $9,728 DHS grant, plus 'in kind support' estimated at the following value from participating organisations: $4,650 FMP PCP, $4,030 RAPS program; $2,500 MPDGP **Timeline** July 2003 – December 2003	**Process:** Dialogue between general practitioners and the RAPS programs access unit **Impact:** • Changed business practices in general practice and primary health based on common agreed referral/feedback practices • Up to 5 best practice scenarios identifying quality referral and feedback pathways. • An agreed protocol within the Seamless Access System facilitating referral between general practice and primary health services **Outcome:** • Better access to services for clients referred from general practice to primary health and vice versa • Generalisability of agreed pathways and best practice scenarios to service coordination across the State of Victoria.

Service Coordination - All Priority Areas			
Problem Definition	**Solution Generation**	**Support & Resources**	**Indicators**
3. Goal To provide improved Internet and Intranet access to and use of service information for clients and service providers **3.1 Objective** ▪ To improve service coordination delivery through better integration of service coordination processes with information needed to perform those services ▪ Capture local service information not included within statewide services information database ▪ Integrate service information with service process in order to improve service delivery ▪ Provide current information available when it is need at point of care **3.2. Population/ target group** Primary health care services users **3.3 Target Group:** Primary care agencies, including GPs, and their clients	Develop and implement web portal customised to requirements of clients and service providers • Identify and match information resource packages to appropriate service coordination activities • Develop local services information database and tag with DHS endorsed metadata approach • Negotiate access to Better Health Channel's database pending access to DHS' statewide services information database • Develop work plan for implementation • Develop appropriate change management and staff development activities • Develop content management procedures for participating agencies • Develop business model for future sustainability of web portal project	**Roles & Responsibilities** ▪ The FMP Implementation Committee endorses involvement of all member agencies in this initiative. ▪ Initially, Frankston Community Health Service is taking the lead role in supporting the project through involvement of its program areas in the design of its web page interface as well as identification and tagging of information resources.. ▪ The PCP will provide some additional support for these activities. **Stakeholders** ▪ .All members of the Frankston Mornington Peninsula PCP represented by the FMP PCP Implementation Committee **Resources** ▪ Resourcing this project into the future has been identified as a key success factor and it is proposed that the PCP as a whole develop a business model to address the issue of sustaining this initial work. ▪ Frankston Mornington Peninsula PCP and iBase Global, the web developers, are already looking at a number of options for submission to the Frankston Mornington Peninsula Implementation Committee to ensure the continued viability of this project. **Timeline** ▪ The completion date of this initial phase will be by the end of June 04. After user acceptance has been completed, staff development activities will be conducted in content management procedures. ▪ Each agency will be involved in a similar way in design and implementing its web page and this is expected to take approximately one month to complete after the lead agency's web page has been completed.	**Process:** • The work to date will be formally evaluated through a formal process of user acceptance. • A dedicated reference group, the Website Interest Group, has been formed to oversee development of the web portal and to provide input on all aspects of this project. • Audits of the web portal will be made to determine degree of usage of information resources as well as the efficiency of the search engine to retrieve information specific to relevant service coordination processes. **Impact:** • Survey of service providers to ascertain degree of improved access to and provision of local service information. • Survey of service providers to determine degree of integration of service information retrieved with the service coordination process - relevancy and precision of searches. • Client survey of usefulness of service information via Internet access and coverage of services within the PCP **Outcome:** • Improved access and availability of service information to support service coordination operations • Integrated services information provision within agencies and across PCP members

			• Client access to information about services available within the PCP

Service Coordination - All Priority Areas

Problem Definition	Solution Generation	Support & Resources	Indicators
4.1 Goal: • To improve sharing client information using PKI enabled e-mail referrals as an alternative to fax and hardcopy referrals **4.2Objectives:** ▪ Model a PKI enabled electronic referral system to improve service coordination ▪ Evaluate electronic versions of the SCTT forms ▪ Develop IM practices to support PKI enabled e-mail referrals ▪ Identify best practices for inclusion in the PCP's Protocol Agreement ▪ Test the viability of using e-mail for transmission and receipt of client referrals ▪ Assess electronic referral system as an alternative to fax referrals **4.3Target Group:** • Frankston Mornington Peninsula PCP members	➢ Identify and document referral pathways for participating agencies as basis for protocol agreement ➢ Identify processes, practices and protocols that will be changed or need to be created to accommodate PKI enabled electronic referrals ➢ Develop a change management approach for this project to take into account parallel manual and electronic processing of referrals ➢ Conduct hands on training in the use of Public Key Infrastructure (PKI) technology, and the electronic versions of the SCTT forms. ➢ Negotiate with agency IT departments to install software ➢ Develop and implement specific measures to monitor and evaluate	**Roles & Responsibilities** • The Project Manager - IM/IT will provide technical advice and support on the installation of PKI and the use of electronic versions of the SCTT tools to develop referrals as well as on issues arising during the course of the project. • Further technical support will be provided by the HIC Technical Support Team as well as through liaison with similar PCP initiatives, in particular with the Westbay PCP. **Resources** • In-take workers from participating agencies were directly involved in developing new or changed work practices to support the operation of the electronic referral system. In many of these agencies key workers were identified as subject matter experts who could train other staff or resolve issues without calling in outside assistance. • This approach had the benefit of building capacity within agencies of supporting this initiative and necessarily adopting approaches and solutions to issues that were specific to that agency. As a result the success of this project was largely due to the willingness of agencies to build in-house expertise in the use of new technology and processes and to make this resource available for staff development. **Timeline** • This project will run from September 2003 to March 2004.	**Process:** • Regular review and evaluation meetings of the SAS Reference Group and the INI Refnet • Formal post-pilot evaluation questionnaire of processes and outcomes • Range of agencies willing to participate in pilot • Review at end of each project phase **Impact:** • Feedback from participating staff and their managers • Level of support required on IT and IM issues of this pilot - log of issues and problems • Meetings of SAS Reference Group and the INI Refnet • Post-pilot evaluation questionnaire **Outcome:** • Audit of number of electronic referrals transmitted • Feedback on ease of use of electronic referral system and SCTT forms • Formal (questionnaire) feedback on merits of e-referrals as an alternative option for fax referrals • Agreement on best practice approaches to PKI referrals for inclusion in FMP PCP's Protocol Agreement • Measure of service coordination workers using PKI enabled e-referrals

	progress of pilot ➢ Facilitate generation of best practice approaches	**Stakeholders:** • Frankston Mornington Peninsula PCP members	• Measure of GPs using PKI enabled e-referrals

Service Coordination - All Priority Areas			
Problem Definition	**Solution Generation**	**Support & Resources**	**Indicators**
5.1 Goal ▪ To ensure that FMP PCP's Community Health Plan is consistent and supportive of local goals and needs. **5.2 Objective** ▪ To work in collaboration with Frankston City Council and Mornington Peninsula Shire Council to develop a common planning framework and data set for Public Health and Well Being. **5.3 Target Group:** • All priority areas	**Solution Generation** ➢ Continue participation in joint health planning with local councils. ➢ Run an FMP PCP forum to provide an opportunity to integrate the planning processes of local government, community health and the primary care partnership ➢ To ensure that FMP PCP's Community Health Plan is consistent and supportive of local goals and needs as articulated in FMP PCP's Community Profile and municipal health plans.	**Roles & Responsibilities** • The Implementation Committee and its project staff will work collaboratively with relevant representatives from local government and community health to develop integrated health and well being plans **Stakeholders** • All members of the Frankston Mornington Peninsula PCP represented by the FMP PCP Implementation Committee **Resources** • Approximately $400 for a planning forum to integrate planning processes, and • Implementation committee and project staff time to participate in planning processes **Timeline**	**Process:** • Work with local government repre-sentatives on the Implementation Committee to develop planning sections of the Community Health Plan • Run a PCP forum to integrate planning processes with local government and community health **Impact:** • Feedback from local government, community health and DHS regional office on consistency of planning **Outcome:** • Integrated planning on the Frankston/Mornington Peninsula.

		• 2003/4 financial year	

Health Promotion *Social Connectedness: Protective factor against, mental health problems*			
Strategic Objective	**Solution Generation**	**Support & Resources**	**Performance Indicators**

6.1 Goal ▪ Improve community health and reduce the burden of disease through social connectedness **6.2 Objective** ▪ Enhance the capacity of member agencies to work in partnership on the priority issue of social connectedness, and ▪ Increase the capacity of agencies in the Peninsula Health Promotion Alliance to work together on 1 or 2 major projects involving social connectedness. **6.3 Target Populations** ▪ People affected by mental health and social connectedness issues on the Frankston/Mornington Peninsula	Employ a project officer one day a week to: ▪ develop, implement and report on the Health Promotion component of the FMP PCP Community Health Plan, ▪ develop methodology for setting health promotion priorities in association with the member organisations of the Frankston Mornington Peninsula Health Promotion Alliance. ▪ improve networking and the sharing of information and resources between member organisations within the Frankston Mornington Peninsula Health Promotion Alliance. Fund one or two projects that address social connectedness, improve mental health status and involve agencies working in partnership.	**Roles & Responsibilities** • The Peninsula Health Promotion Alliance which pre-existed the establishment of FMP PCP, accepted the Partnership's invitation to become the Health Promotion Working Group of FMP PCP. • The Alliance is responsible to the Implementation Committee for the development and implementation of the Health Promotion component of the Community Health Plan • The Alliance will employ a Health Promotion Officer (.02EFT) to assist it in meeting the DHS health promotion deliverables. **Stakeholders** • All members of the Frankston Mornington Peninsula PCP represented by the FMP PCP Implementation Committee **Resources** • $50,000 DHS Health Promotion Grant 2003/4 • Health Promotion Alliance member's time and FMP PCP project staff time to participate in health promotion processes **Timeline** 2003/4 financial year	**Process Indicators** • Fulfil reporting obligations to the Dept of Human Services. • Develop methodology for setting HP priorities. • Monthly Health Promotion Alliance meetings. • Select projects. • Number of people reached by the health promotion projects. • Increase in social connectedness. • Numbers of organisations participating. • Extent of community participation **Impact** • Improved levels of social connection relevant to the specific health promotion projects **Outcome** • Improved quality of life and reduced burden of disease

Cardiovascular Health

Strategic Objective	Solution Generation	Support & Resources	Performance Indicators

<table>
<tr>
<td>7.1 Goal
▪ To develop a coordinated approach to cardio-vascular health

7.2 Objective
▪ Establishment of a coordinated approach for addressing cardiovascular health in the sub-region, utilising existing sector expertise and knowledge.
▪ Inform DHS policy and program funding priorities to address identified service issues specific to the sub-region and identified target groups.
▪ Support the funded cardiac failure HARP project being run by Peninsula Health.
▪ Establish FMP PCP Integrated Care Management Project (FMP ICP) if funded through 2003/4 HARP funding round.

7.3 Target Populations
• Frankston and Morning-ton Peninsula residents who are affected by issues related to cardiovascular health</td>
<td>➢ Initiate a forum to facilitate the establishment of a task group which will:

➢ Mobilise relevant health and other services, including state-wide and regional organisations to address cardiovascular health in the sub-region.

➢ Identify and exchange information about respective services, e.g. how can acute and non-acute services assist each other to address cardiovascular health?

➢ Initiate discussions and/or submissions to DHS about sub-regional program responses to documented services issues, which include the impact on cardiovascular health on residents who are affected by issues of:
▪ poverty
▪ isolation
▪ lack of opportunities
▪ public safety
▪ nutrition
▪ lifestyle
▪ gender
▪ indigenous status
▪ cultural background
▪ private and public service provision

➢ Integrated care management for consumers from HARP CHF project whilst waiting for access to primary care services (if the FMP ICP project is funded)</td>
<td>Roles & Responsibilities
▪ The Implementation Committee will host the forum
▪ CVD worker from Frankston Community Health Service will facilitate the establishment of the task group, with assistance from the Partnership project manager
▪ The task group will address the tasks associated with its objectives and make relevant recommendations to the Implementation Committee as appropriate.

Resources
▪ $300 approx to run forum
▪ PCP project staff time and task group members time
▪ $1,927.000 over four years for FMP ICP project, if funded

Timeline
2003/4 financial year</td>
<td>Process Indicators
• PCP involvement in the establishment of a task group addressing cardiovascular health in the sub-region.
• Discussions held or submissions made to DHS

Impact Indicators
• Participation of relevant agencies in task group initiatives.
• DHS informed about sub-regional issues to be addressed in policy and program planning.

Outcome Indicators
• Improved outcomes for service users through increased knowledge and improved referral mechanisms by agencies.
• Programs developed to address the specific needs of residents in the sub-region.</td>
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Alcohol and Drug Safety			
Strategic Objective	**Solution Generation**	**Support and Resources**	**Performance Indicators**
8.1 Goal • To reduce l admissions associated with alcohol and other drug misuse on the Frankston/ Mornington Peninsula **8.2 Objective** • Contribute to the initiatives for minimising hospital admissions and readmissions for alcohol and other drug related harm. • Support the funded alcohol and drug/self harm HARP project by Peninsula Health. **8.3 Target population** • Frankston and Mornington Peninsula residents who are affected by issues related to alcohol and other drug related harm.	➢ Identify program development opportunities to address alcohol and other drug related harm and co-ordinate funding submissions. ➢ Negotiate entry of the HARP Alcohol and Drug/Self Harm Project into the FMP PCP Seamless Access System	**Roles & Responsibilities** • The Partnership's project manager will participate as a member of the FMP HARP Steering Committee **Resources** • FMP PCP Project Manager's time, one meeting per month and associated tasks, such as submission writing. **Timeline** 2003/4 financial year	**Process Indicators** • PCP involvement in the FMP HARP Steering Committee • Facilitate entry of the A&D/Self Harm project into the FMP PCP Seamless Access System **Impact Indicators** • Increased knowledge and, improved referral mechanisms and service coordination between Alcohol and Drug providers and other organisations. **Outcome Indicators** • Improved access to services by local residents.

Diabetes			
Strategic Objective	**Solution Generation**	**Time Frame**	**Performance Indicators**
9.1 Goal • To reduce hospital admissions related to diabetes on the Frankston/ Mornington Peninsula **9.2 Objective** • Contribute to the establishment of initiatives for minimising hospital admissions and readmissions for diabetes related conditions. • Support the funded diabetes HARP submission by Peninsula Health. • Establish FMP PCP Integrated Care Management Project if funded through 2003/4 HARP funding round. **9.3 Target Population** • Frankston and Mornington Peninsula residents who are affected by issues related to diabetes.	➢ Identify program development opportunities to address diabetes disease management and coordinate funding submissions. ➢ Integrated care management for consumers from HARP diabetes project whilst waiting for access to primary care services (if the project is funded) ➢ Negotiate entry of the HARP Diabetes Project into the FMP PCP Seamless Access System	**Roles & Responsibilities** • The Partnership's project manager will participate as a member of the FMP HARP Steering Committee **Resources** • FMP PCP Project Manager's time, one meeting per month and associated tasks, such as submission writing. • $1,927.000 over four years for FMP ICP project, if funded **Timeline** 2003/4 financial year	**Process Indicators** • PCP involvement in the FMP HARP Steering Committee • Facilitate entry of the project into the FMP PCP Seamless Access System **Impact Indicators** • Increased knowledge and, improved referral mechanisms and service coordination between diabetes providers and other organisations. **Outcome Indicators** Improved access to services by local residents.

Appendix: Integrated Health Promotion Program Summary Grid

Program Goal: Improve community health and reduce the burden of disease through social connectedness

Population Target Group/s: People affected by mental health/social connectedness issues on the Frankston/Mornington Peninsula

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency	Estimated Costs)
Objective: ▪ Enhance the capacity of member agencies to work in partnership on the priority issue of social connectedness, and ▪ increase the capacity of agencies in the Frankston Mornington Peninsula Health Promotion Alliance (FMP HPA) to work together on 1 or 2 major projects involving social connectedness.	**Organisational & Workforce Development** Employ a project officer for 8 hours a week to: ▪ develop, implement and report on the Health Promotion component of the FMP PCP Community Health Plan, ▪ develop methodology for setting health promotion priorities in association with the member organisations of the FMP HPA. ▪ improve networking and the sharing of information and resources between member organisations within the FMP HPA. ▪ contribute health promotion information to quarterly PCP forums ▪ liaise between health promotion providers in relation to health promotion projects ▪ assist FMP HPA to organise health promotion funding for one or two projects ▪ assist FMP HPA to evaluate health promotion projects 2003/4. Fund one or two projects which address social connectedness, improve mental health status, increase community participation and involve agencies working in partnership.	• Number of agencies participating in health promotion projects • Number of agency representatives regularly attending FMP HPA and PCP Forums • Expected impacts for funded projects will be documented once these projects have been planned.	• PCP member agencies • Number of people reached through health promotion projects • The expected reach for funded projects will be documented once these projects have been planned.	• Health Promotion Worker in conjunction with FMP HPA: July 2003 – June 2004	• Health Promotion Worker: $9,000 • Administration costs: $5,000 • Funding for projects $36,000
Total Budget per Objective					**$ 50,000**