

# HUME MORELAND COMMUNITY HEALTH PLAN 2002-03

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# HUME MORELAND COMMUNITY HEALTH PLAN 2002-03

## 1. INTRODUCTION

Hume Moreland Primary Care Partnership (PCP) was formally set up in 2000, built on the earlier Primary Health and Community Services (PHACS) structures and long established networks in Hume and Moreland. The PCP currently has an official membership of 34 health and community service agencies and consumer, carer and community organisations from the Cities of Hume and Moreland. There are also a large number of individual consumers, carers and members of small community organisations who are actively involved in PCP work.

Hume Moreland PCP cannot address every issue or concern raised by its members. Its role is one of coordinating and integrating structural change in the relationships within the primary care service system and between that system and the acute / subacute hospital sector. The PCP acts as a facilitator, and even mediator, for its members to work together. It is particularly effective on issues that no other agency has the responsibility or the time to coordinate.

This primary role, plus the limited resources available, has informed the selection of issues and strategies outlined in this Hume Moreland Community Health Plan 2002-03.

As far as possible, the Community Health Plan 2002-03 is consistent with and complementary to Hume and Moreland Council's planning documents such as the Municipal Public Health Plans, Health Action Plans, youth strategies etc. It draws on data from the Community Profile completed in June 2001 and more up to date data provided by local government, Australian Bureau of Statistics, Department of Immigration and Multicultural Affairs and PCP member agencies.

The Community Health Plan 2002-03 is a work plan for the PCP and its staff and members.

### **Community Profile**

In 2001, the Hume Moreland PCP collated a Community Profile of data about its residents and their health and wellbeing. This Community Profile is still the main source of the data used in the 2002-2003 Community Health Plan, although it has been supplemented by more recent information from Hume<sup>1</sup> and Moreland<sup>2</sup> Councils, the Department of Immigration and Multicultural Affairs<sup>3</sup> and the 2001 Australian Bureau of Statistics Census data. Some key characteristics of the two municipalities include:

- People over 65 represent a larger proportion of the population in Moreland and there are fewer young people under 25 years when compared with metropolitan

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<sup>1</sup> Hume Health Action Plan 2001-02 and Community Safety Plan 2001

<sup>2</sup> Moreland Health Profile 2002 and Burden of Disease in Moreland

<sup>3</sup> Needs of Adolescent Humanitarian Entrants – DATA PROFILE PROJECT, August 2001

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Melbourne. The total population in Moreland is expected to remain fairly stable over the next twenty years increasing to 146,900 people by 2021.

- Hume has a higher proportion of 0-14 year olds and significantly lower proportion of over 65 year olds compared to metropolitan Melbourne. The total population in Hume is expected to increase substantially over the next twenty years to 174,200 people in 2021.
- According to the ABS Index of Relative Socio-Economic Disadvantage (1996), both Moreland (with the fifth lowest score in the Melbourne metropolitan area) and Hume (with the sixth lowest score) have relatively high levels of disadvantage, with many residents on low incomes and unemployed.

People from many different backgrounds live in Hume and Moreland. Data indicates that:

- More than 60 separate language and cultural groups live in Moreland & Hume; the most common languages, other than English spoken at home being Italian, Turkish, Greek, Arabic, Vietnamese and Maltese.<sup>4</sup>
- Moreland has the highest number of Italian and Arabic speaking people in Victoria (followed by Hume); and Hume has the highest number of people from a Turkish background (followed by Moreland.)<sup>5</sup>
- Growing numbers of older ethnic people have more health problems, exacerbated by little or no English language skills:
- Many new migrants settle here each year, especially humanitarian entrants and asylum seekers.

## **2. COMMUNITY HEALTH PLAN 2001-02 IMPLEMENTATION**

### **2.1 Guiding principles for Hume Moreland PCP**

As outlined in its Community Health Plan 2001-02, the focus of work for Hume Moreland PCP continues to be:

- Development of strong, lasting partnerships between its member agencies and their staff and consumers, carers and community members;
- Participation by consumers, carers and community members as respected and equal partners in service planning and development;
- Genuine and productive engagement with general practitioners;
- Catchment wide development of sustainable policies and practices which will improve and support service coordination, including communication between service providers and with their communities, availability of up to date and accurate information, a readily accessible service directory and language services;
- Agreed understanding and definitions of consent, privacy and confidentiality;

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<sup>4</sup> DIMA settlement data-base July 1998 to June 2000

<sup>5</sup> ABS Census of Population & Housing 2001, Census Basics cat. no.2045.2

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- ▶ Development of the capacity to plan services to meet changing needs, taking account of the role of local government in planning, the cultural and linguistic diversity of the catchment, the adequacy and interpretation of available data, and related infrastructure issues such as transport, housing, disability and family support services; and
- ▶ Professional support, training and infrastructure for service providers and consumers, carers and community members to make the reforms work successfully.

### 2.2 Regional Approach

Over the last 12 months, the three PCPs in the Northern Metropolitan Regional PCP Network and their project staff have cooperated extensively to develop a common approach to many areas of work. The Regional Network advocates strongly for consistency in areas such as service coordination and the Community Mental Health Plans, which affect many member agencies whose responsibilities cross PCP boundaries. Some issues have been addressed as joint projects, such as the Service Directory, the ICT funding and the PCP Acute Interface Project. Other collaboration has involved sharing of information and agreeing to a common format, such as implementing the Service Coordination tools and the audit of IT capacity.

- **Service Coordination:** Staff meet regularly to share information and ideas to ensure policies, practices, protocols and systems are consistent across the region. This was particularly helpful during the Service Coordination pilot.
- **Service directory:** the three PCPs have agreed on a plan for developing a regional service directory and are each meeting with service providers regarding its use and content and with representatives of Community Information Centres who may assist with content management.
- **Service planning:** the Regional Network has discussed ways of working together to address planning issues, such as difficulties experienced with accessing data for the PCP Acute Interface project, the different ways the seven Councils collect and analyse data and the lack of consistent service usage data from DHS. The Hume Moreland Statement of Cooperation for Service Planning may be a useful starting point for regional work in 2002-03.
- **Health promotion:** Staff have shared information and ideas, especially relating to consumer focused, self management models of health promotion. Hume Moreland PCP members and staff assisted North Central PCP to prepare a joint project proposal for funding under VicHealth's *Children (13 to 18 years) Of Parents with a Mental Illness* program.

## 3. STRATEGIC OBJECTIVES

Hume Moreland PCP can confidently report on the successful implementation of most aspects of its Community Health Plan 2001-02.

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The primary care reform strategy is a developmental process and inevitably there are refinements of policy resulting in changes to performance requirements. Due to delays in confirmation of these changes, the PCP's progress was affected throughout the year. There were delays in confirmation of funding to recruit new service coordination staff, delays in DHS negotiations relating to the service directory, an absence of conclusive data to inform specific projects, and no DHS guidelines relating to evaluation and quality improvement. In addition key Hume Moreland PCP staff departed.

In the Funding and Service Agreement with the Department of Human Services for every PCP, there are six key deliverables, five of which relate to Hume Moreland.

### 3.1 Summary of key achievements

#### 3.1.1. Partnerships:

**Increase the participation of General Practitioners** in the coordination of care for patients with chronic or complex conditions:

- North West Melbourne Division of General Practice (DGP) is a key member of the Alliance and Project Management Group. DGP staff are active members of the Partnerships, Health Promotion and Service Coordination Working Groups and helped develop the successful Local Diabetes Service Development submission;
- One workshop on new item numbers in the Medical Benefits Scheme for care planning and case conferences was held for general practitioners and primary care staff – approximately 15 GPs and 20 staff from member agencies attended;
- One GP is an active member of the Service Coordination Working Group; he reports to DGP and its members;
- DGP staff and GPs attended PCP forums and the planning day in April 2002;
- Two GPs in private practice and GPs in a community health service clinic participated in the pilot of the service coordination tools and its evaluation;
- DGP staff ensure that articles about the PCP are regularly included in their monthly newsletter and weekly "FridayFax" sheet;
- The Division has taken the lead on behalf of the PCP in setting up and providing administrative support to the North West Primary Mental Health Team Management Group. The DGP also employs a project officer to prepare the Community Mental Health Plan.

#### 3.1.2 Service Coordination:

Hume Moreland PCP was asked by DHS to design a service coordination model that describes how primary care services would reflect local need. Through consultation with service providers including GPs and the community, a three tier model comprised of a service coordination vision, better access to services elements and information management protocols was developed. The model aims to enhance consumer outcomes and experiences in interacting with the primary care sector by streamlining service

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delivery and enhancing staff skill. Consumers will have a uniform approach from the primary care service sector to assist them connect to services and supports that reflect their identified needs. The model forms the basis for how the service coordination work is approached.

### **Pilot and implement an initial needs identification (INI) tool and a care planning tool**

- The PCP has built on existing Hume Moreland networks to achieve a strong service network. Nine member agencies plus some GPs participated in the pilot of the service coordination tools in November 2001;
- The Service Coordination Working Group which meets monthly, developed business rules to support participants in the pilot; organised training for key staff and attended DHS workshops;
- The development of policies, practices, protocols and systems to support service coordination is progressing. This was delayed until DHS confirmed Service Coordination funding and new Project Officers commenced in January 2002.

### **Develop service directories**

- Hume Moreland PCP website, including a Service Seeker facility, was set up through InfoXchange. It is regularly updated and has a high number of 'hits' or visits to the site;
- Hume Moreland, Banyule Nillumbik, and North Central Metropolitan PCPs agreed that a regional service directory would meet local needs most effectively. Its development has been delayed awaiting DHS direction;
- Service providers have been surveyed about their current and anticipated use of service directories;
- Staff from the 3 PCPs have discussed options for on-going local content management and dissemination of information with Community Information Victoria and local Community Information Centres;
- PCP member agencies and project staff have participated in DHS forums and workshops to identify the option and requirements for successful service directories.

### **3.1.3. Integrated Service Planning:**

#### **Implement integrated health promotion programs**

- The priority issue – Women and mental health, led to the project *Support for recent mothers*, focusing on recent mothers at risk of mental health problems. The project involves over 40 women in four locations around the catchment. They are working with a community artist assisted by 12 workers from eight member agencies. They plan to produce a travelling exhibition of work and a booklet for new mothers, drawn from their own experiences. The Health Promotion Plan 2002-03 will build on this project;

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- The Health Promotion Working Group, comprising staff from 10 member agencies, two consumer representatives and an academic from University of Melbourne meets monthly and oversees the *Support for recent mothers* project;
- The Working Group is preparing on a Statement of Cooperation for Health Promotion in Hume and Moreland which sets out:
  - a sustainable model for health promotion across Hume and Moreland that recognises the expertise of PCP members and contributes to their ongoing capacity building.
  - a collaborative approach in the development and implementation of integrated health promotion programs.
  - the development, implementation and evaluation of health promotion programs and activities that have population health outcomes and are responsive to consumer / client needs.
- The capacity of PCP member agencies to take a collaborative and integrated approach to health promotion has been enhanced, especially through their participation in the working group, and through staff attending the DHS short training course on health promotion.

### **An increased focus on the reduction of avoidable hospital admissions**

- PCP Acute Interface Project started as a regional project. It established a reference group of primary care and acute service providers to canvas issues of concern, to identify current work in the acute sector to address these issues and to determine areas of work for this project. The project originated from data indicating higher admission rates and longer hospital stays for many groups in Northern Metropolitan Region. In Phase 1. of the project, the consultant had considerable difficulty accessing more recent useable and consistent data that would enable her to draw sound conclusions. Her analysis of data from the acute sector did not identify any specific issues relating to admission rates or length of stay for residents across the Region. The Regional PCP Network therefore recommended to DHS that for Phase 2 of the project the remaining funds be divided up, and each PCP address its own issues with the acute sector.
- PCP member agencies and project staff participated with Northern and Melbourne Health Services and Dianella Community Health Service in developing a large number of project proposals for the current round of Hospital Admission Risk Program (HARP) funding.
- Hume Moreland PCP project manager represents the Regional PCP Network on the Primary Care & Population Health Advisory Committees of Northern Health and Women & Children's Health Services. The PCP is also represented on Melbourne Health's Community Provider Coordination Forum;
- The PCP recently coordinated preparation of the proposal, '*One Step Ahead*', for Local Diabetes Service Development funding, with Northern Health's

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Broadmeadows Health Service as lead agency. We have been advised that the proposal was successful.

Each of these key deliverables is underpinned by:

**Consumers, carers and community participation:** Hume Moreland has exceeded expectations in this outcome area. For example:

- The Project Management Group (PMG) has agreed in principle to a policy that all of its working groups and committees include 3 to 5 consumer, carer or community members. At present the PMG has one consumer or community representative and will recruit up to two more;
- There are currently two consumer, carer or community members on each of the Health Promotion and Service Coordination Working Groups, and on the *'Support for recent mothers'* project committee;
- The Partnership Working Group has 10 community members and many others interested in becoming members. They have received informal training and support from a dedicated Partnerships project officer, however funding does not allow this position to continue in 2002-03. The PMG aims to provide formal training and administrative support for the working group over the next 12 months;
- The executive summary of Hume Moreland Community Health Plan 2001-02 was translated into 11 community languages as well as English. This pamphlet has been distributed widely throughout Hume and Moreland and beyond;
- The launch of the Community Health Plan 2001-02 was attended by many different cultural groups and the translated executive summary was presented to community leaders of the relevant cultural groups;
- Communication strategies to promote community participation include the monthly PCP News distributed to all member agencies and interested individuals and groups (400 – 500 copies each month) and Hume Moreland PCP website updated regularly;
- Approximately 25 community representatives and 50 service providers attended the Planning Day in April 2002;
- Policies relating to consumer participation approved by the Project Management Group are:
  - **Reimbursement for consumers, carers and small community agency representatives policy** - implemented
  - **Consumer, Carer and Community Member Participation policy** – implemented. The policy sets out their role in such participation, the support and resources to be provided by PCP, such as reimbursement, training, and desirable numbers of consumer representatives.
  - **Consumer Charter of Rights & Responsibilities** – postal ballot of Alliance membership to endorse the Charter being conducted.

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### **Focused and comprehensive analysis of the health and wellbeing needs and priorities for action**

- A Statement of Cooperation for Service Planning has been negotiated between Hume and Moreland Councils and Hume Moreland PCP. This is an agreement that both Councils will collect and analyse minimum sets of data in a consistent format and make it available to service planners throughout the catchment. See Appendix 2.
- The Community Profile from Community Health Plan 2001-02 is still applicable since more up to date information is not available in most cases;
- Analysis of recent Victorian Admitted Episodes Data (VAED) for the PCP Acute Interface Project has proved inconclusive and difficult to analyse. This project highlighted the difficulty in accessing up to date acute service usage data in a readily accessible format;
- Consultations with individual member agencies have been conducted in relation to population groups and health issues;
- Hume Moreland Planning Day on 19 April 2002, focused on the health and wellbeing of residents in the catchment;
- The PCP has utilised Hume and Moreland Municipal Public Health Plans and other local government plans in its planning activities.

### **Evaluation of the impacts and outcomes of PCP strategies**

- Evaluation of impact and outcomes is a key component of the Health Promotion project – Women & Mental Health: *Support for recent mothers*. A full evaluation report will be completed at the conclusion of the project;
- Nine PCP member agencies participated in the Service Coordination pilot and contributed to its evaluation;
- All working groups, the Project Management Group and members of the PCP Alliance participated in the Evaluation of PCP Strategy conducted by Australian Institute of Primary Care, including membership of its project reference group;
- PCP project staff reported on PCP work in 2001-02 at the Hume Moreland Planning Day on 19 April 2002.

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## 4. OPERATIONAL PLAN

### 4.1 Introduction

The key issues for Hume Moreland PCP remain much the same as last year:

- Hume Moreland has a diverse community made up of many different cultural and language groups, recent arrivals including humanitarian entrants and asylum seekers, and new and emerging communities. Service planning and delivery must take account of the particular needs of these groups;
- The impact of socio-economic disadvantage of some areas of the catchment;
- The service provision implication of an ageing population, particularly in Moreland;
- The service provision implication of the growth areas of Hume, especially the many new families with children;
- The need for improved public transport to reduce problems of isolation.
- The need to understand issues from a gender and / or culturally specific perspective.

The principles informing all aspects of Hume Moreland PCP also guide our approach to this operational plan:

- commitment to participation of consumers, carers and community members;
- a coordinated service system able to respond to the needs of this culturally and linguistically diverse community;
- a workforce which has the skills and resources, and is supported by the policies, practices, protocols and systems required to provide an integrated and coordinated service system.

The identification of issues, priorities and strategies outlined in this plan are the result of consultations with consumers, carers and community members, service networks and members of PCP working groups. PCP members have been invited to contribute to and comment on drafts of this Plan. It is also underpinned by data about the local community drawn from the Community Profile completed in June 2001 as well as some more recent but limited reports by Moreland and Hume Councils.

### 4.2 Regional Approach

Hume Moreland PCP will continue to support a strong regional approach to those areas of work in common, especially:

- Consistent policies, practices, protocols and systems to support service coordination;
- Service directory;
- Access to and collection and analysis of data for service planning;
- Planning for population based health promotion;
- Workforce development.

The Regional PCP Network will also work with Women's Health in the North (WHIN) to develop a regional protocol for implementing the Women's Health Services Protocol

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Framework for Engagement and Planning with Primary Care Partnerships. North Central Metropolitan PCP will take the lead in this work.

### **4.3 Future Directions**

In early 2002 the Minister for Health set the key directions for PCP in the next 2 years, which focus on:

- Service Coordination;
- Integrated Health Promotion programs;
- Links with Acute and Sub-Acute services to help reduce hospital demand; and
- Engagement with consumers, carers and the community.

Simultaneously DHS emphasised that the core elements of Service Coordination should be development and implementation of Practices, Processes, Protocols and Systems and the service directory to support and integrate service delivery and workforce development.

As previously mentioned, the Service Coordination work in Hume Moreland was delayed by the absence of project staff, delays in the development of the service coordination tools and in decisions by DHS about the service directory and directions for Information Management & Information Technology across the State.

In response to these directions and in the light of major staffing changes, Hume Moreland PCP has identified the following key priorities:

#### **4.3.1 Service Coordination**

The major focus of service coordination work will be on progressing the Practices, Processes, Policies and Systems work, the service directory, workforce development and four projects related to:

- i. Respite care for children and young adults;
- ii. Local Diabetes Service Development Project, 'One Step Ahead';
- iii. 'Going home with a baby: Improving the coordination of services' between primary care services, Women's and Children's Health Service and Northern Health Service;
- iv. Promoting youth friendliness in Initial Contact practices in member agencies.

#### **Practices, Processes, Protocols and Systems work will include:**

- Facilitating a forum on implementation of the Health Records Act and Information Privacy Act for PCP member agencies;
- Continuing the Practices, Processes, Protocols, and Systems work which supports

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- the implementation of service coordination tools;

### Service Directory

The local service directory will be developed and implemented as a regional strategy. The northern metropolitan PCP's are collaborating to develop a directory that will provide up to date information to service providers, consumers, carers and the general community in both electronic and paper formats. It will be designed to support the coordination between primary care and acute health service providers and have facility for electronic referrals.

### Workforce Development will include:

Establishing a Steering Committee and Reference Group to oversee the implementation, monitoring and review of a workforce development program to support service providers through the change management process. This would include:

- Identification of skills and knowledge required for an integrated coordinated service system;
- Coordinating development and implementation of training packages, best practice manuals, and other relevant resources for staff in relation to all aspects of Practice, Processes, Protocols and Systems and Service Directory work;
- Strengthening links with existing intra and inter-agency networks to provide forums for shared learning and peer support to enhance sustainability;
- Ensuring that the workforce development program addresses currently identified training needs in relation to:
  - Consumers, carers and community representatives as advocates for themselves and others;
  - Implementation of the Charter of Rights and Consumer Carer and Community Participation Policies;
  - Health Promotion;
  - Cultural and Linguistic Diversity;
  - Gender.

The workforce development programs have been identified in conjunction with member agencies and consumers through consultations, working group discussions and at the Planning Day.

### 4.3.2 Integrated Health Promotion

Health promotion in Hume and Moreland is informed by the PCP's commitment to:

- › A shared approach to health promotion, exemplified by the draft Statement of Cooperation for Health Promotion;
- › Working with consumers, carers and community members as equal partners in health promotion;

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- ▶ Developing PCP members' capacity to plan effective health promotion programs which address population health needs, and take account of the cultural and linguistic diversity of the catchment and the adequacy and interpretation of available data. The PCP will encourage member agencies to adopt and implement the Statement of Cooperation for Service Planning as one means of promoting a sustainable approach to planning.
- ▶ Support and training for service providers and consumers, carers and community members to assist them identify and implement successful health promotion in the catchment;
- ▶ Developing policies and practices across the catchment, which will support and enhance health promotion after the PCP ceases to exist.

Priority issues for health promotion action have been identified after consultation with consumers, carers, community members and service providers in the catchment. A long list of health and wellbeing issues have been raised during the year and at the Planning Day in April 2002. Many of these issues were outlined in the Community Profile June 2001 and remain relevant still.

The PCP has taken the realistic decision that, in view of its limited resources, the Health Promotion Plan should focus on the projects and activities that the PCP can directly undertake. For example, a range of workforce development issues have been raised but the Health Promotion Plan is limited to specific areas of training and development related to those issues which are common across the catchment, namely:

- Planning for health promotion;
- Working with our culturally diverse communities.

The PCP will liaise with the relevant service provider networks in Hume and Moreland to identify staff training needs and to promote existing training opportunities. PCP members will be canvassed regarding any existing in-house training and their capacity to offer places to staff of other agencies. For example, the two Councils regularly offer cross cultural awareness training to their staff and may be willing to open these programs to others.

The contribution of the members of the Partnerships Working Group has been invaluable in identifying the training and support needs of consumers and carers to ensure they can participate as equal partners in health promotion. In 2002-03, the PCP aims to:

- Provide training for consumers to become better advocates in the health service system for themselves and others;
- Increase number of consumers involved in PCP working groups and project committees to ensure consumers' perspective informs service planning and delivery;
- Encourage service providers to adopt and implement the PCP consumer and carer participation policy.

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### **4.3.3 Links with Acute and Sub-acute Services**

Hume Moreland PCP has been involved in the first round of HARP submissions for the Northern and Melbourne Health Services. There is likely to be a role for the PCP in facilitating communication between the acute and primary care sectors as the successful projects are implemented. The PCP may also coordinate the primary care sector to prepare for the next round of HARP submissions.

In view of the recommendation from Phase 1. of the PCP Acute Interface Project, the PCP has developed a project brief: 'Going home with a baby - improving the coordination of services' to be incorporated into its service coordination work in 2002-03. Northern and Women and Children's Health Services will work with a range of primary care providers such as Maternal & Child Health, family support and community health services.

The PCP is represented through the Regional PCP Network on the Primary Care & Population Health Advisory Committees of Northern Health and Women & Children's Health Services. The PCP and many individual members participate also in Melbourne Health's Community Provider Coordination Forum.

The PCP's successful proposal, '*One Step Ahead*', funded under the Local Diabetes Service Development program will be managed by Northern Health's Broadmeadows Health Service (BHS) as lead agency. BHS intends to integrate this project with its other diabetes programs and may even supplement the funding to support the consumer participation aspect of the project. A reference group which includes consumer, carers and community members and service providers will be convened by the PCP Project Management Group.

### **4.3.4 Engagement with consumers, carers and the community**

Hume Moreland PCP is committed to consumer, carer or community participation in all aspects of PCP work. In 2002-03, the Project Management Group will recruit up to two more consumer, carer or community members and ensure that all working groups and project committees include up to 5 consumer, carer or community representatives. The PMG aims to provide administrative support for the Partnerships Working Group, which has 10 community members, over the next 12 months, as well as formal training consumer, carer or community members in being successful advocates for themselves and others. The PCP will continue to produce the monthly PCP News distributed to all member agencies and interested individuals and groups (400 – 500 copies each month) and to maintain the Hume Moreland PCP website.

Policies relating to consumer participation, namely the Consumer Charter of Rights & Responsibilities, and Reimbursement for consumers, carers and small community agency representatives and Consumer, Carer and Community Member Participation policies have been approved by the Project Management Group. In 2002-03, the PCP will seek a commitment from its members that they will adopt and implement these or similar policies within their own agencies.

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### **4.3.5 Community Mental Health Plan**

Mental health continues to be a major issue for all population groups in Hume and Moreland. Mental health was the PCP's priority issue in 2001-02 with the *Support for recent mothers* project. The Hume Moreland Community Health Plan 2002-03 does not include specific reference to strategies to address mental health, except as a key component of the Health Promotion Plan 2002-03, being further work based on the outcomes of that project.

The Community Mental Health Plan for the North West Area Mental Health catchment (which covers most of Hume and Moreland) is being prepared under the management of the North West Division of General Practice on behalf of the PCP. The DGP has employed a project worker to prepare the CMH Plan. It also convenes the Steering Group and Advisory Committee of the Primary Mental Health Team.



## Operational Plan for Key Population Groups

	<b>Young People 15 - 24 yrs</b>
<b>Community Profile<sup>6</sup></b>	<ul style="list-style-type: none"> <li>• In 2001, 15% of Hume and 14% of Moreland residents were in 15-24 age group</li> <li>• Department of Infrastructure (DOI) population forecasts indicates a growth of 18% in Hume and decrease of 3.1% in Moreland over the next 20 years for this age group</li> <li>• Both regions are disadvantaged in terms of education and employment</li> <li>• Unemployment rate of 17.8% for 15-24 year olds in Hume &amp; Moreland - the highest rate in metropolitan Melbourne (ABS Labour Force cat 6202.2, Nov. 2001)</li> <li>• The Northern Region (covering Hume &amp; Moreland) has considerably below average year 12 retention rates which have declined from 86.7% in 1993 to 78% in 2001 (DEET <i>Summary Statistics Victorian Schools</i>, Feb 2001)</li> <li>• 46% of young people speak a language other than English at home (1996 Census)</li> <li>• DHS Burden of Disease data indicate relatively high levels of mental disorders, including alcohol abuse/dependency, depression and bipolar disorder, suicide, road deaths and injury and diabetes amongst young people in Hume &amp; Moreland</li> <li>• Pregnancy and childbirth, and digestive system diseases are significant contributors to hospital admissions for young people (Healthwiz Hospital admissions data 1997-98)</li> <li>• According to Dept of Immigration Multicultural Affairs (DIMA) figures between January 1991 and June 2001, just over 1,100 refugee young people initially settled in Hume and Moreland<sup>7</sup></li> </ul>
<b>Gaps &amp; emerging issues</b>	<p>Shortage of GPs of both genders.            Access to GP's for young people without Medicare card.            Inadequate services to meet the needs of young people, especially relating to:</p> <ul style="list-style-type: none"> <li>• Mental health issues particularly depression and anxiety</li> <li>• Drugs and Alcohol</li> <li>• Asthma</li> <li>• Diabetes</li> <li>• Homelessness</li> <li>• Social isolation</li> <li>• Leisure and respite for young people with disabilities</li> <li>• Culturally and linguistically diverse and gender appropriate leisure activities.</li> </ul>

<sup>6</sup> Unless otherwise stated, all data is drawn from Hume Moreland Community Profile June 2001

<sup>7</sup> Needs of Adolescent Humanitarian Entrants – DATA PROFILE PROJECT, August 2001

<p><b>Proposed PCP Strategies</b></p> <p><b>1. Service Coordination</b></p> <p><b>2. Integrated Health Promotion</b></p>	<p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• To assist member agencies to review and assess their Initial Contact practices for youth friendliness.</li> </ul> <p><b>Outcome:</b></p> <ul style="list-style-type: none"> <li>• Implementation of Initial Contact practice that incorporates the findings of the review and forms part of the agreed PPPS work between the participating agencies.</li> </ul> <p>Refer to Health Promotion Plan 2002-2003</p>
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## Families and Children

### Community Profile

Factors that impact on health and wellbeing of families in Hume Moreland:

- Low socioeconomic status (according to ABS Socio Economic Index for Areas (SEIFA))
- High levels of unemployment (9.1% Hume & 9.6% Moreland compared to 6.3% for metropolitan Melbourne (DEWR Small Area Labour Markets, Dec 2001))
- According to 2001 Census data Hume & Moreland have a higher proportion of lone parent families (approximately 16%) and Hume has a higher proportion of couple families with dependent children when compared to metropolitan Melbourne.
- Homelessness: 262 homeless persons in Hume & 504 homeless persons in Moreland (ABS Census data 1996)
- Disability: approximately 38,800 people in Hume & Moreland have a disability to some degree (Disability Synthetic Estimates 1998 based on ABS survey of Disability, Ageing & Carers 1998).
- Indigenous health issues such as diabetes, substance abuse, infant mortality according to Statewide research (1,162 Indigenous people living in Hume & Moreland according to 2001 Census)
- DHS Burden of disease data highlights cardiovascular disease, cancer, mental health, injuries, respiratory disease, infectious & parasitic disease, diabetes and asthma as health issues in Moreland & Hume.
- Above average hospital admissions for ear infections, respiratory disease, digestive disorders, genito-urinary problems and dental disorders (Healthwiz Hospitalisation data 1997-98).
- Hume and Moreland has above average rate of hospitalisation for pregnancy related conditions (Healthwiz Hospitalisation data 1997-98)
- By 2021, the number of children is forecast to grow in Hume, and decrease in Moreland in proportion to the overall population

### Gaps & emerging issues

- Lack of support for new mothers following early discharge from hospital
- Socio economic disadvantage
- Family violence
- Drugs and alcohol, including misuse of pharmaceuticals
- Gambling
- Isolation
- The needs of families from CALD communities
- Assistance to families with a disabled member(s)
- Lack of access to Mental Health services for Sunbury and Fawkner
- Scarcity of public dental services



## Older people

### Community Profile

- 16.4% of Moreland’s population are aged over 65 and 6.9% of Hume’s population are aged over 65 compared to 12.1% in Metropolitan Melbourne (ABS Census of Population & Housing 2001, Census Basics cat. no. 2045.2).
- By 2021, the number of persons aged 65 and above is expected to be 25,200 in Moreland, an increase of 10%, and in Hume to 19,900, an increase of 133% (DOI population forecasts).
- Moreland & Hume’s frail aged (persons over 85 years) and disabled population is forecast to grow substantially between 2001 and 2021. A growth of nearly 90% in Moreland’s and 200% in Hume’s frail aged persons is expected. A growth of 10% in Moreland’s disabled population aged less than 85 years and a growth of 66% in Hume’s disabled population is expected over the next twenty years
- Large culturally and linguistically diverse population, many with poor / decreasing proficiency in English
- Many people over 65 years in Hume & Moreland are on low incomes or receive the Age Pension. Approximately 90.5% of population over 65 years receive the pension in Moreland and approximately 93.5% of population over 65 years receive the pension in Hume.
- The main causes of the burden of disease, amongst persons aged 65 or over in Hume and Moreland are:
  - Cardiovascular disease including ischaemic heart disease, and stroke
  - Cancer, including lung cancer, colorectal cancer, prostate cancer, breast cancer
  - Neurological and sense disorders, including dementia and hearing loss
  - Chronic respiratory diseases, including chronic obstructive pulmonary disease
  - Diabetes
  - Musculoskeletal disorders, including osteoarthritis
  - Digestive disorders such as liver cirrhosis
  - Genitourinary disorders, such as kidney disease

### Gaps & emerging issues

- Difficulties with diagnosing mental health and dementia problems in older people from CALD backgrounds who have little or no English language skills.
- Fragmented service system and consumer confusion on demarcations of the multiple service providers.
- Lack of basic services, e.g. current demand and waiting lists for home based care is anticipated to increase as the population ages; hospital admissions and discharge also adversely affected.
- Shortage of bilingual / culturally aware workers across the service system.
- Lack of respite and shortage of residential services, especially for CALD communities.
- Lack of comprehensive flexible care packages.
- Shortage of doctors doing home visits and shortage of bulk billing.

	<ul style="list-style-type: none"> <li>• Insufficient male carers / nurses and social supports for older men.</li> <li>• Chronic disease management in an ageing population.</li> <li>• Shortage of Community Allied Health Services</li> <li>• Shortage of flexible community respite</li> <li>• Lack of Health Promotion programs aimed at older people</li> </ul>
<p><b>Proposed PCP Strategies</b></p> <p><b>1. Service Coordination</b></p> <p><b>2. Integrated Health Promotion</b></p>	<p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Assist in the implementation of the Local Diabetes Service Development Project “One Step Ahead” as per proposal approved by DHS.</li> </ul> <p><b>Outcome:</b></p> <ul style="list-style-type: none"> <li>• HMPCP policies are implemented and the Year 1 outcomes are achieved as per proposal.</li> </ul> <p>Refer to the Health Promotion Plan 2002-03.</p>

	<b>Carers</b>
<b>Community Profile</b>	<ul style="list-style-type: none"> <li>● Carers Association of Australia conducted research<sup>8</sup> across Australia in 2000 which is endorsed by local carers' groups. It identified that: <ul style="list-style-type: none"> <li>➤ over half of all carers have suffered a decline in physical health.</li> <li>➤ one third of all carers have been physically injured; virtually none have received any financial compensation.</li> <li>➤ over seventy percent of all carers feel they have low energy levels.</li> <li>➤ over half believe they have worse mental and emotional health.</li> <li>➤ nearly sixty percent have experienced major negative effects on their life opportunities, especially leisure, travel or paid work.</li> </ul> </li> <li>● 5.3% of households include a primary carer, supported by an average of two other family members or friends.</li> <li>● Overall 3 in 4 carers are women</li> <li>● Over two thirds (68%) of carers look after a person aged 60 years or over. Most care for an elderly person over 74 years. 12% care for children less than 15 years.</li> <li>● 70% of carers are between 35-64 years of age. Half of all spouse carers are 65 years or over.</li> <li>● 4 in 10 carers of workforce age (39%) are in paid employment.</li> </ul> <p>61% of care-recipients live with their carer. 19% live alone. 8% of care-recipients live in a separate household to the carer and 12% in some form of residential care (Schofield et al., 1997)</p>
<b>Gaps &amp; emerging issues</b>	<ul style="list-style-type: none"> <li>● Carers' personal opportunities in life are often reduced</li> <li>● Lack of respite for carers</li> <li>● Carers often dependent on government income support</li> <li>● High costs and reduced services preclude supports to carers and care recipients outside the complex needs end</li> <li>● Difficulty in accessing information regarding service availability.</li> <li>● Difficult funding regulations/guidelines in complex cases needing more than one assessment</li> <li>● Gender issues affect the delivery of culturally and gender appropriate services, i.e. care responsibilities left to women; HACC programs employ mainly women, few male workers.</li> </ul>

<sup>8</sup> 'Caring is a Health Hazard' Health and Wellbeing Survey 2000

<p><b>Proposed PCP Strategies</b></p> <p><b>1. Service Coordination</b></p> <p><b>2. Integrated Health Promotion</b></p>	<p><b>Objective:</b></p> <ul style="list-style-type: none"> <li>• Assist Service Providers to develop coordination of respite services for young people across the Northern metropolitan region.</li> </ul> <p><b>Outcome:</b></p> <ul style="list-style-type: none"> <li>• Service Providers agree to implement strategies that coordinate respite services for young people across the Northern metropolitan region.</li> </ul> <p>Refer to Health Promotion Plan 2002-03</p>
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## **HUME MORELAND HEALTH PROMOTION PLAN 2002-03**

The Hume Moreland Health Promotion Plan 2002-03 must be read as part of the Hume Moreland Community Health Plan 2002-03. Priority areas for health promotion for Hume Moreland PCP relate to the PCP's role in coordination and integration of members' health promotion activities. Rather than addressing specific health issues, this Plan focuses on how the PCP and its individual members will work together on any issues raised. In this context, workforce development for health promotion will be undertaken as part of this systems approach.

The Health promotion Working Group has prepared a Statement of Cooperation for Health Promotion, currently in draft form, which articulates a model of cooperation extending well beyond the life of the PCP. In 2002-03, the Statement will be finalised and offered to PCP members to adopt and implement in their agencies.

PCP member agencies and consumers, carers and community members have been invited to comment on the Health Promotion Plan 2002-03 and to put forward their agencies' concerns and ideas. This Plan focuses on those actions and strategies that the PCP can reasonably hope to achieve within its limited resources.

## HUME MORELAND HEALTH PROMOTION PLAN 2002-03

Step 1: Final Program Plan

Health Promotion Strategy: Program Plan

### Program Goal:

### Target group/s: Young People

Program Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Impacts* (Qualitative &/or Quantitative)
<b>Objective 1:</b>  Extend and strengthen health promotion for young people	<b>INTERVENTIONS:</b>		
	<b>Screening, individual risk assessment and immunisation</b>		
	<b>Health information</b> Audit health information of participating agencies to assess that it is relevant and appropriate for young people, including young people from diverse cultures	HPWG, PCP members by Dec. 02	Audit completed 50% of PCP member agencies review health information to be culturally relevant for young people
	<b>Health education counselling and skill development</b> Promote awareness of new MBS item no.s available to GPs, eg. for asthma management	PCP staff in monthly newsletter PCP & DGP staff Nov. 02 PCP staff	Information in PCPNews and other forums Joint training session with DGP for GPs and other primary care service providers  3 articles in local media on young people's health in 2002-03
	Use local media to promote health issues of young people		
	<b>Community action</b> Encourage young people to participate in existing forums	PCP members	Young people linked to youth forums of the two Councils Youth health is promoted at youth forums.
	<b>Social marketing</b>		
	<b>Organisational Development</b> Strengthen links with schools and youth services to provide better integration of youth sensitive and gender and culturally relevant programs	PCP members ongoing	Qualities of youth friendly services identified.
	Participate in regional approach to mental health programs for young people	Regional PCP Network, members & staff	Collaborative approach to young people and mental health including consumers, carers and communities in planning and development of programs
<b>Economic and regulatory activities</b>			
<b>CAPACITY BUILDING:</b>			

## HUME MORELAND HEALTH PROMOTION PLAN 2002-03

Step 1: Final Program Plan

Health Promotion Strategy: Program Plan

### Program Goal:

### Target group/s: Young People

	<p><b>Organisational Development</b>            PCP members to adopt policies and internal procedures to provide better integration of health promotion programs relevant to young people in this culturally and linguistically diverse catchment            Liaise with PCP members on their youth strategies, including advocating for affordable and relevant leisure and recreational opportunities for young men and women, including CALD</p>	<p>PCP members, PCP staff by Dec. 02</p> <p>PCP members, PCP staff ongoing</p>	<p>Statement of Cooperation for Health Promotion completed, endorsed by PMG; adopted and implemented by PCP members</p> <p>Participation by PCP members in youth focused forums and projects</p>											
	<p><b>Workforce Development</b>            Liaise with youth service providers networks re training needs especially related to:</p> <ul style="list-style-type: none"> <li>• capacity of PCP members to develop and implement evidence based interventions for young people</li> <li>• gender and cultural analysis</li> <li>• Cross cultural training</li> </ul> <p>Investigate opportunities for Regional approach to training and evaluation</p>	<p>PCP Members, PCP staff ongoing            Network            PCP staff            PCP &amp; WHIN</p> <p>Regional PCP</p>	<p>Level of attendance at Health Promotion short courses            Contribute to review of course content to meet local workforce needs            Training opportunities identified and promoted</p> <p>Regional approach to training and evaluation adopted</p>											
	<p><b>Resource Allocation</b></p> <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Project Officer</td> <td style="text-align: right;">\$ 7,500</td> </tr> <tr> <td>Administration</td> <td style="text-align: right;">500</td> </tr> <tr> <td>Reimbursement to consumers</td> <td style="text-align: right;">2,500</td> </tr> <tr> <td>Catering</td> <td style="text-align: right;">500</td> </tr> <tr> <td>Transport</td> <td style="text-align: right;"><u>500</u></td> </tr> <tr> <td><b>TOTAL</b></td> <td style="text-align: right;"><b>\$11,500</b></td> </tr> </tbody> </table>	Project Officer	\$ 7,500	Administration	500	Reimbursement to consumers	2,500	Catering	500	Transport	<u>500</u>	<b>TOTAL</b>	<b>\$11,500</b>	
Project Officer	\$ 7,500													
Administration	500													
Reimbursement to consumers	2,500													
Catering	500													
Transport	<u>500</u>													
<b>TOTAL</b>	<b>\$11,500</b>													

## HUME MORELAND HEALTH PROMOTION PLAN 2002-03

### Program Goal:

### Target group/s: Families and Children

Program Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Impacts* (Qualitative &/or Quantitative)
<b>Objective 2:</b>	<b>INTERVENTIONS:</b>		
<b>Extend and strengthen health promotion for families and children</b>	<b>Screening, individual risk assessment and immunisation</b>		
	<b>Health information</b> From <i>Support for recent mothers</i> project, identify health information required by families, and the barriers to sharing that information experienced by women and service providers who work with them	PCP members, PCP staff Dec 02.  HPWG Aug-Dec 02	Health information developed from the project; forums conducted for project participants and service providers and other consumers  Travelling display of work produced by the project exhibited
	<b>Health education counselling and skill development</b> Use local media to promote health issues of children and families	PCP staff ongoing	3 articles in media about child and families health issues
	<b>Community action</b> Provide opportunities for project participants to share their experiences with service providers Link women from the Support for Recent Mothers project with on-going groups and activities Skills development for consumers, carers and community members to be effective advocates for themselves and others	HPWG, PCP staff, PCP members Aug – Dec. 02  PCP staff Dec. 02	Forums conducted Media releases, including DGP newsletter Other supports identified and women take them up  Training and support provided
	<b>Social marketing</b> Use local media and venues to share the participants' experiences	HPWG & PCP staff ongoing	Articles in media, displays of work in community venues
	<b>Organisational Development</b> Participate in regional approach to mental health programs for families and children  Strengthen links with Hume Child & Family Services Network	Regional PCP Network  PCP staff, PCP Members	Collaborative approach to young people and mental health including consumers, carers and communities in planning and development of programs PCP is part of relevant child and family service provider networks
	<b>Economic and regulatory activities</b>		

## HUME MORELAND HEALTH PROMOTION PLAN 2002-03

### Program Goal:

### Target group/s: Families and Children

<b>CAPACITY BUILDING:</b>			
<b>Organisational Development</b> PCP members to develop policies and internal procedures to provide better integration of health promotion programs relevant to families and children in this culturally and linguistically diverse catchment		HPWG by Sept 02 PCP members,	Statement of Cooperation for Health Promotion completed, PMG endorsement; adopted and implemented by PCP members
Inform members of Best Start model, a whole of government approached to services for children 0 to 8 years and their families		HPWG & PCP staff ongoing	PCP members informed about Best Start
<b>Workforce Development</b> Liaise with Hume Child & Family Services Network re training needs especially related to: <ul style="list-style-type: none"> <li>• capacity of PCP members to develop and implement evidence based interventions for families and children</li> <li>• gender and cultural analysis</li> <li>• Cross cultural training</li> </ul> Investigate opportunities for Regional approach to training and evaluation		HPWG & PCP staff by March 02  PCP & WHIN  By Dec 02 Regional PCP staff	Level of attendance at short courses Contribute to review of course content to meet local workforce needs Training opportunities identified and promoted  Regional approach to training adopted
<b>Resource Allocation</b>			
Project Officer	\$ 10,000		
Administration	500		
Continuation of <i>Recent mothers</i> project	20,000		
Reimbursement to consumers	4,500		
Catering	500		
Transport	<u>500</u>		
<b>TOTAL</b>	<b>\$36,000</b>		

## HUME MORELAND HEALTH PROMOTION PLAN 2002-03

### Program Goal:

### Target group/s: Older People

Program Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Impacts* (Qualitative &/or Quantitative)
<b>Objective 3:</b>	<b>INTERVENTIONS:</b>		
<b>Extend and strengthen health promotion for older people</b>	<b>Screening, individual risk assessment and immunisation</b>		
	<b>Health information</b>		
	<b>Health education counselling and skill development</b> Use local media to promote health issues to older people	HPWG & PCP staff ongoing	3 articles relating to older people's health in local media in 2002-03
	<b>Community action</b> Skills development for consumers, carers and community members to be effective advocates for themselves and others	PCP staff by Dec 02	Training and support provided
	<b>Social marketing</b>		
	<b>Organisational Development</b> Encourage dissemination of information on members' health promotion strategies, especially related to injury prevention, diabetes, medication, mental health Work with PCP members to build on existing health promotion	HPWG, PCP staff, ongoing  HPWG & PCP staff ongoing	PCP acts as central information point Information disseminated throughout PCP, eg through PCPNews, Alliance meetings Health Promotion WG regularly share information Learnings shared; information about Health Promotion projects of other PCPs disseminated
	<b>Economic and regulatory activities</b>		

### HUME MORELAND HEALTH PROMOTION PLAN 2002-03

<b>CAPACITY BUILDING:</b>			
<b>Organisational Development</b> PCP members to develop policies and internal procedures to provide better integration of health promotion programs relevant to older people in this culturally and linguistically diverse catchment			Statement of Cooperation for Health Promotion completed, PMG endorsement; adopted and implemented by PCP members
<b>Workforce Development</b> Liaise with Hume Moreland Aged & Disability Services network re training needs eg.: <ul style="list-style-type: none"> <li>• capacity of PCP members to develop and implement evidence based interventions for older people</li> <li>• gender and cultural analysis</li> <li>• Cross cultural awareness training</li> </ul> Investigate opportunities for Regional approach to training and evaluation		HPWG & PCP staff by March 02  PCP & WHIN  By Dec 02 Regional PCP staff	Training opportunities identified and promoted Level of attendance at short courses Contribute to review of course content to meet local workforce needs Training opportunities identified and promoted  Regional approach to training adopted
<b>Resource Allocation</b>			
Project Officer	\$ 7,500		
Administration	500		
Reimbursement to consumers	2,500		
Catering	500		
Transport	<u>500</u>		
<b>TOTAL</b>	<b>\$11,500</b>		

## HUME MORELAND HEALTH PROMOTION PLAN 2002-03

### Program Goal:

### Target group/s: Older people

Program Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Impacts* (Qualitative &/or Quantitative)
<b>Objective 4:</b>	<b>INTERVENTIONS:</b>		
<b>Participate in the Local Diabetes Service Development project</b>	<b>Screening, individual risk assessment and immunisation</b> Work with Broadmeadows Health Service to develop and implement Local Diabetes Service Development project	PCP staff, BHS, LDSD reference group	Year 1 of LDSD project successfully completed
	<b>Health information</b>		
	<b>Health education counselling and skill development</b> Consumers active in Local Diabetes Service Development project	PCP staff Oct 02	Consumers participate in project
	<b>Community action</b> Skills development for consumers, carers and community members to be effective advocates for themselves and others	PCP staff Dec 02	Training provided
	<b>Social marketing</b> Encourage dissemination of information on members' health promotion strategies, related to diabetes	LDSD project staff, PCP staff & HPWG on-going	PCP acts as central information point  Information disseminated throughout PCP, eg through PCPNews, Alliance meetings
	<b>Organisational Development</b> Oversee Local Diabetes Service Development project	PMG, LDSD reference group, HPWG on-going	Successful completion of Year 1 of Local Diabetes Service Development project Learnings shared; information about Health Promotion projects of other PCPs disseminated
	<b>Economic and regulatory activities</b>		
	<b>CAPACITY BUILDING:</b>		
	<b>Organisational Development</b> PCP members' health promotion activities linked with Diabetes project, esp. in Years 2 and 3 and HARP projects; disseminate learnings from local research by Melbourne University, LGA, CHS and DGP	PCP members, PCP staff & HPWG ongoing	HPWG participates in Diabetes project PCP members adapt health promotion activities in response to outcome of project
	<b>Workforce Development</b> See Objective 3		

**HUME MORELAND HEALTH PROMOTION PLAN 2002-03**

**Program Goal:**

**Target group/s: Older people**

	<b>Resource Allocation</b>		
	Project Officer	\$ 7,500	
	Administration	500	
	Reimbursement to consumers	2,500	
	Catering	500	
	Transport	<u>500</u>	
	<b>TOTAL</b>	<b>\$11,500</b>	

## Hume Moreland PCP Alliance

### Membership List

Organisation	Address	Suburb	P/Cod e	Tel	Fax
Moreland City Council	Locked Bag 10	Moreland	3058	9240 2287	9240 1252
Hume City Council	PO Box 119	Broadmeadows	3047	9205 2561	9205 2381
Church Nursing Service – Baptist Com. Care	33 Blyth Street	Brunswick	3056	9387 3179	9387 9236
RDNS	106 Bakers Rd	North Coburg	3058	9354 6011	
Moreland CHS	11 Glenlyon Road	Brunswick	3056	9389 2210	9387 5417
Dianella CHS	35 Johnstone Street	Broadmeadows	3047	8345 5678	9356 5813
Sunbury CHC Inc	PO Box 218	Sunbury	3429	9744 4455	9744 6777
NMMRC	175 Glenroy Road	Glenroy	3046	9306 5611	9306 5644
Broadmeadows Health Service	35 Johnstone St	Broadmeadows		9356 5802	9356 5655
Melbourne Health	10th floor, Connibere Building, The Royal Melbourne Hospital	Parkville	3052	9342-8155 (direct ) 9342-885704 19538219	9342-8813
North West Melb. DGP	35 Johnstone Street	Broadmeadows	3047	9356 5600	9356 5622
Women’s Health in the North	76 Edwardes St	Reservoir	3073	9462 3266	9462 3270
RVIB	PO Box 594	Heidelberg	3084	9457 6611	9457 7841
Melbourne City Mission	123 Albion Street	Brunswick	3056	9385 3200	
Broadmeadows Disability Services	241 Camp Road	Broadmeadows	3047	9309 7448	9309 9274
Carinya Society	PO Box 175	Pascoe Vale Sth	3044	9354 3337	9354 3947
Distinctive Options Ltd	PO Box 1058	St. Albans	3021	9310 9055	9364 5755
Vision Australia Foundation	232 Plenty Road	Preston	3072	9416 7759	9416 7859
Care For Carers	15 Rosebank Ave	Strathmore	3041	9374 2985	9374 3025
NM Multicultural Seniors Clubs Network	12 Freda St	Broadmeadows	3047	9304 2087	
Moreland Hall	26 Jessie Street	Moreland	3058	9386 2876	9383 6705
Richmond Fellowship of Victoria	2 Wellington St	Collingwood	3066	9418 2328	9419 6100
Australian Greek Welfare Society	7 Union St	Brunswick	3056	9388 9998	9388 9992
Northern Care & Share Inc.	587 Gilbert Road	Regent West	3072	9478 5511	9478 5371
Northern Care & Share Inc.	182 Widford St	Broadmeadows	3047	9309 0466	9309 0522
CASA House	270 Cardigan St	Carlton	3053	9347 3066	9347 1505
Brunswick Neighbourhood House	18 Garden Street	Brunswick	3056	9387 9901	9388 0938
Interchange North West	PO Box 535	Pascoe Vale	3044	9350 4600	9350 4132
Orana Family Services	6 Perry Court	Roxburgh Park	3064	9302 2700	9302 1023
Anglicare Victoria	32 Railway Crescent	Broadmeadows	3046	9301 5200	
Brotherhood of St Laurence	8 Anderson Drive	Carrum Downs	3201	9305 5100	
Kurdish Association of Victoria	36 Fawkner Road	Pascoe Vale	3044	9379 5679	9379 5467
CO-AS-IT Italian Assistance Association	189 Faraday Street	Carlton	3053	9349 9000	9349 1063

## **Hume Moreland PCP Alliance**

### **Membership List**

Northern Health	201 Bell Street	Preston	3072	9416 7350	9495 1084
Action on Disability within Ethnic Communities (ADEC)	13 Munro Street	Coburg	3056	9383 5566	9383 5185
Victorian Cooperative on Children's Services for Ethnic Groups (VICSEG)	11 Munro Street	COBURG	3056	9383 2533	9383 2711

# **Statement of Cooperation for Service Planning**

Hume City Council

Moreland City Council

Hume Moreland PCP member agencies

June 2002

# Statement of Cooperation for Service Planning

## Local Government and Primary Care Services Working Together

Health outcomes for consumers and local communities can be improved when Hume City Council and Moreland City Council work cooperatively with primary care services to build a stronger primary care service system. This can be achieved through a partnership between the two Councils and other members of the Hume Moreland Primary Care Partnership. To this end, the Councils and the PCP have a commitment to a partnership approach for the collection and analysis of data to support planning required for the Community Health Plan and the Municipal Public Health Plans of each Council.

The intention of this Statement is to define a clear relationship between the two planning processes and to develop working relationships that avoid duplication of information collection and community / consumer consultation at the local level. The Councils and the PCP have collaborated to develop the Statement which outlines how they can work effectively together to achieve this.

The Statement begins with a brief discussion of the roles of Local Government, the PCP and its members in this context. It identifies the broad elements of the social health planning process – planning concepts, planning processes, community profile and service profile. It indicates what aspects of these the PCP, its members and Local Government have in common and includes PCP members and Councils' commitment to sharing information and establishing common consultation processes where possible and practical.

It is recognised that each Council is at different stages of its own planning process and requires flexibility in how it develops common planning processes with the PCP. At the same time, it is understood that cooperative arrangements are necessary to achieve improved outcomes.

It is also acknowledged that Local Government is in a good position to provide foundation information and data for service planning within the local agencies who are members of the PCP. It is timely to initiate these processes while the PCP is available to assist with their establishment.

## Statement of Cooperation for Service Planning

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### Hume Moreland Primary Care Partnership

The Hume Moreland Primary Care Partnership is a formal alliance of primary care providers in the Cities of Hume and Moreland. It is a limited term initiative with the broad purpose of implementing the Primary Care Partnership Strategy, a Victorian State Government initiative, in the local area.

The Strategy recognises that primary care services play a central role in promoting community health and wellbeing and reducing demand on hospital and medical services. It encourages collaborative planning by partnerships of primary care providers, local government and the community.

It is based on the premise that service planning based on a social model of health will result in more effective use of resources and better health outcomes for the community.

In June 2001 the Hume Moreland Primary Care Partnership produced its first Community Health Plan for the Hume Moreland area, with the next one due on 28 June 2002. Dependent on State Government policy, it is expected subsequent Community Health Plans will be due annually at the end of March. The Department of Human Services has indicated that Community Health Plans will become a key tool for negotiating and implementing change in the primary care sector.

The Community Health Plan includes three key elements:

- ▶ **Partnerships** – defining how the partnership will work together to implement the Community Health Plan.
- ▶ **Service Coordination** – describing how local systems and infrastructure will enable services to be better coordinated.
- ▶ **Integrated Service Planning** – identifying the population health and wellbeing needs of the community and proposing strategies to address these needs.

The goal of Integrated Service Planning is to build a population health and wellbeing approach into primary care planning and service delivery. This emphasises a view of the community as a whole. Key determinants of health are identified to provide a common understanding of local needs. The idea is to look at demographic, social, environmental and economic factors as well as factors that directly prevent disease and promote wellness.

The broad range of service providers, local governments and communities involved in the Hume Moreland Primary Care Partnership provides an opportunity to coordinate efforts once priority issues are identified.

### Local Government:

#### Hume City Council and Moreland City Council

The broad role of local governments is leadership within the local community. This involves a range of functions such as integrated planning, community development and the advocacy of local needs. Each local government is required by legislation to develop and implement a Municipal Public Health Plan.

The scope of Municipal Public Health includes four 'environmental dimensions':

- ▶ **Built / Physical** – transport, roads, amenities such as parks and street lighting, recreation facilities.
- ▶ **Social** – age, gender, ethnicity, perception of safety, sense of community, arts and culture, social supports, social capital.
- ▶ **Economic** – globalising economy, industrial development, employment.
- ▶ **Natural** – geography, air quality, water quality, global climate change, native vegetation.

Hume City Council has recently completed the Hume Health Action Plan 2001-2004. The Plan "provides an opportunity for Council to identify and respond to local health needs in a coordinated way and in partnership with other service providers and the local community". The Council engaged in a process of consultation and issue identification over a period of time before producing the Health Action Plan. This included data collection and analysis, community workshops and inviting public comment on a draft document.

Moreland City Council is in the process of developing its second Municipal Public Health Plan which is due to be completed by June 2002. The development framework includes reviewing the 1999-2001 Health Plan, the establishment of an internal working party, looking at strategic linkages with Council, collecting a broad range of information, developing internal and external partnerships, identifying priority issues and developing strategies to address them.

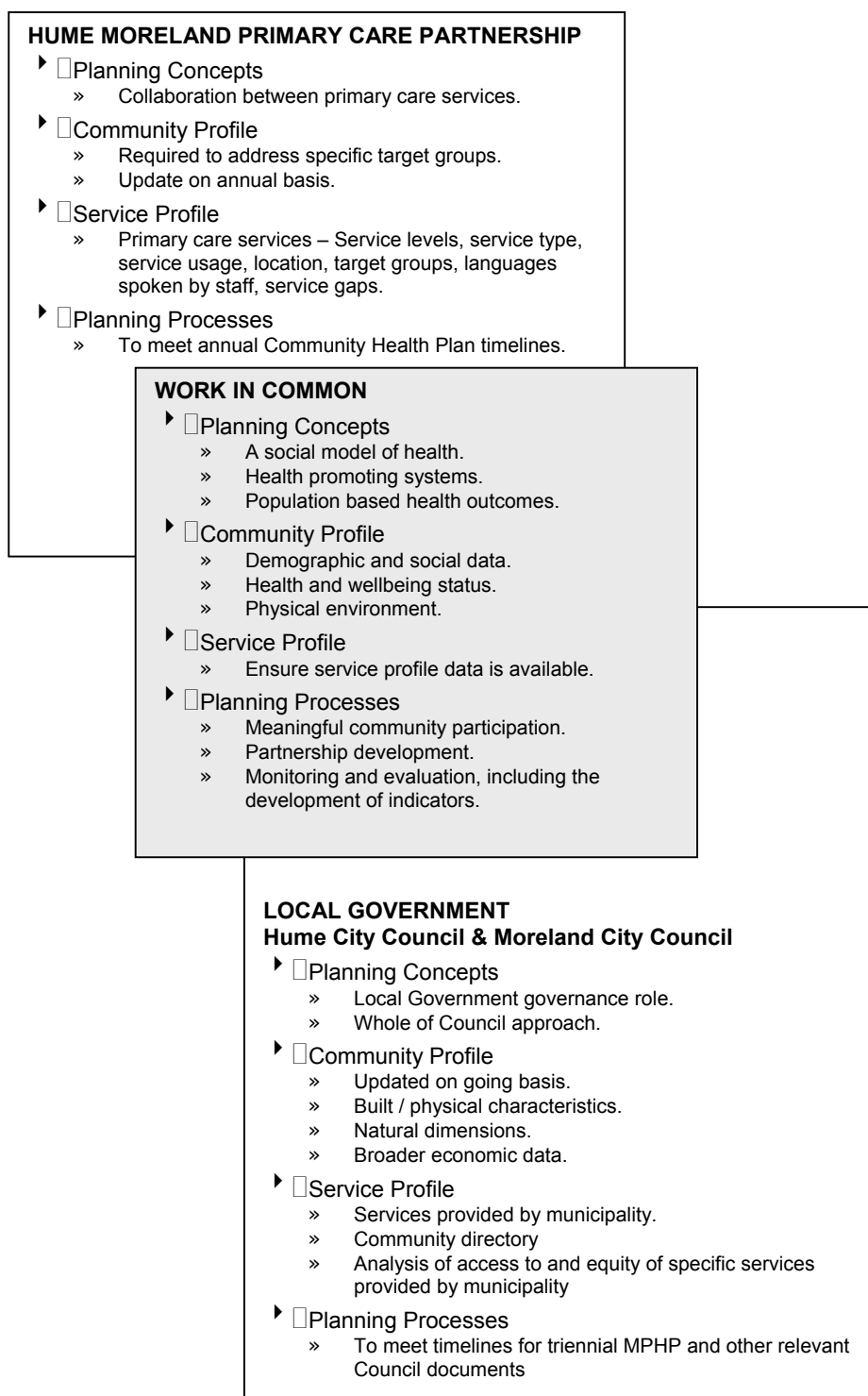
Councils acknowledge that many of the factors influencing health are found in the social, economic and physical environments in which people live. As such, they have adopted the social model of health as their conceptual framework for development of Municipal Public Health Plans.

It is intended that the implementation of Municipal Public Health Plans will engage the community in the development of environments where people can lead healthy and productive lives.

## Statement of Cooperation for Service Planning

The broad elements of the two planning processes and the work they have in common is outlined in **Figure 1**. While the Community Health Plan is concerned primarily with primary care services and the two Municipal Public Health Plans have broader scope, there is obvious overlap in the preparatory work required to produce each of the documents.

**Figure 1: PCP and Local Government Planning Content**



## Statement of Cooperation for Service Planning

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### Work in Common

#### Planning Concepts

The planning concepts shared by Local Government and the PCP include a social model of health and a focus on population based health outcomes. Working within a social model of health effectively allows individuals and communities to define what health means and identify the key factors that influence health. A social model of health seeks to identify and address social inequities that are likely to lead to health inequities.

While the PCP and both Councils are committed to working together, the policy requirements of each Council, the timing of each Council's planning cycle and the cost of obtaining some data are acknowledged as limitations to such cooperation.

#### Community Profile

The collection of demographic information is an essential activity in the development of both Community Health Plans and Municipal Public Health Plans. The information required is identical:

- demographic, social and health data to build a profile of the local community leading to analysis and discussion of the health and wellbeing of the community.

Both Hume and Moreland City Councils develop social and health profiles for their municipalities for their internal planning, in particular the Municipal Public Health Plan. The development of coordinated and standardised processes for data collection and reporting across the two municipalities will provide population based information and data on which they, the PCP and other local agencies can base their service planning.

#### Service Profile

The primary care service system involves many independent service providers offering a wide range of services funded from many different sources. Consequently, profiles of service in any community are difficult to keep up to date. The PCP and both Councils acknowledge that effective service planning requires a comprehensive, up to date service profile and will therefore

- Work with DHS to ensure service profile and usage data is available and accessible to service providers and Councils
- Continue to support the ongoing process of planning, and seek to strengthen availability of useful data through collection of data from available service directories, service usage data from DHS and service providers.
- Commit to service coordination and planning around common communities of interest such as those across common boundaries and common themes such as aged care.

#### Planning Processes

The PCP and Hume and Moreland City Councils are committed to

- Sharing information from the variety of community consultations, as appropriate
- Partnerships of building commitment by all PCP members to share data, including mechanisms for sharing
- Exploring development of indicators of social health and mechanisms for monitoring and evaluation.