

Inner South East Partnership in Community and Health



## **Community Health Plan**

### **A Snapshot**

“The major causes of preventable illness, disability, and premature death are as much social discrimination, inequality and injustices as viruses and parasites”

*Prof. Jonathon Mann, UN World Conference on Human Rights, 1993*

**June 2001**

**The development of the ISEPICH Community Health Plan would not have been possible without the cooperation and active participation of many individuals and organisations. Thank you all for a job well done!**

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# INNER SOUTH EAST PARTNERSHIP IN COMMUNITY AND HEALTH

## CONTENTS

INTRODUCTION .....	1
COMMUNITY PROFILE .....	2
PARTNERSHIPS .....	4
Consumer, Carer and Community Participation Strategy .....	4
General Practitioner Engagement Strategy .....	5
Quality Improvement .....	6
Evaluation.....	7
SERVICE COORDINATION .....	7
Improving Client Access to Services .....	7
Client Privacy and Confidentiality Issues.....	8
Service Information .....	8
Training .....	8
Initial Needs Identification and Care Planning Tools .....	8
INTEGRATED SERVICE PLAN.....	9
Key Priority Action Area : Injuries Prevention, Falls, Service Sustainability	10
Physical Activity.....	11
Settings-based Approach to Health Promotion.....	11
Depression .....	11
ATTACHMENT A: ISEPICH Primary Care Partnership - A Quick Guide	
ATTACHMENT B: List of Member Agencies	

## INTRODUCTION

This document summarises the key elements of the ISEPICH Community Health Plan. The full Plan, including all attachments, is available on the City of Port Phillip web-site at [www.portphillip.vic.gov.au](http://www.portphillip.vic.gov.au) (click on Services and scroll down to Health and click on ISEPICH). If you do not have access to the Internet contact Barry Hahn on (03) 9209 6455 [bhahn@portphillip.vic.gov.au](mailto:bhahn@portphillip.vic.gov.au).

The Inner South East Partnership in Community and Health (ISEPICH) is an alliance of 39 primary care organisations with a common vision to improve the health and the well-being of residents of the cities of Glen Eira, Port Philip and Stonnington. The Community Health Plan aims to enhance the planning, coordination and delivery of primary care services in the catchment. The plan is founded on the social model of health<sup>1</sup> and aims to improve health outcomes for individuals through collaborative health promotion and early intervention strategies.

ISEPICH's Vision is:

To create and maintain an accessible, responsive and integrated local primary health and community support service system that takes a planned approach to identifying and addressing community need.

## Key Challenges

This Community Health Plan begins a process of responding to the key challenges of the Primary Care Partnership (PCP) Strategy, which include:

- developing and evaluating an integrated service model that will ensure better access and care outcomes for primary care service users
- strengthening cooperation within the primary care sector to identify and achieve better health outcomes for consumers
- developing health promotion and early intervention strategies to reduce preventable hospital admissions
- enhancing the links between General Practitioners and other primary care providers
- ensuring that services identify and work together to address the needs of vulnerable groups and individual members of the community, and
- improving the interface and communication between the acute and primary care sectors.

## ISEPICH's Structure and Processes

The ISEPICH Community Health Plan has embarked on a process of building on the strengths and collaborative relationships which exist in the primary care system. The *Managed Care Alliance*<sup>2</sup> initiative provided a strong foundation for the development of the Partnership by giving member agencies experience in developing and delivering services collaboratively.

ISEPICH provides a forum for members to understand the service system as a whole and work together to develop mechanisms for delivering seamless services. Strategic planning by the Executive Committee<sup>3</sup> and the development of sound structures and processes has assisted ISEPICH in its first 12 months of operation. Rather than engaging consultants the emphasis has been on employing project staff and establishing working groups to foster participation in decision making and ongoing ownership of outcomes. Working groups of member agencies and interested individuals progress specific elements of the PCP strategy.<sup>4</sup>

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<sup>1</sup> The social model of health recognises that political, environmental, economic and social factors affect an individual's health.

<sup>2</sup> The Managed Care Alliance was established in 1995 and was an innovative, locally driven initiative designed to enhance continuity of care for older residents in the sub-region. ISEPICH has assumed the role previously undertaken by the alliance.

<sup>3</sup> The Executive Committee of 10 people is drawn from member agencies and is responsible for the governance and accountability of ISEPICH.

<sup>4</sup> ISEPICH's working groups are: Service Coordination, Health Promotion and Planning, Quality and Service Improvement, Consumer, Carer and Community Participation and Special Projects.

The Executive developed a *Good Governance Guide*<sup>5</sup> which outlines the vision, values and key policy and procedural matters for the operation of ISEPICH. Individual agencies are kept informed of developments through regular editions of the Newsletter and become involved in those activities they consider to be a priority. Most have participated in the development of the Community Health Plan.

One of the greatest challenges is to ensure that the process of change builds upon existing good practice, with shared learnings implemented at all levels within member agencies. The Executive Committee is conscious of the need to attract and maintain membership of small agencies to the partnership.

Key achievements of ISEPICH include:

- a shared vision to achieve better health outcomes for residents in the inner south east
- effective governance and management arrangements
- a skilled and committed team of staff
- consumer focused working groups with broad representation from member agencies
- effective communication and decision-making processes, and
- a culture of trust and cooperation, resulting in enhanced capacity for member agencies to collaborate in achieving better service delivery and health promotion and planning.

### **Community Profile**

The *Community Profile*<sup>6</sup> contains an overview of relevant demographic data and health status indicators, and identifies priority issues for service planning. The demographic analysis is primarily based on the 1996 Census Data. Over the next 12 months further refinement of the planning process, and analysis of sub-area statistics and special population groups, will enable better definition of areas of need and improved targeting of strategies towards the greatest need. The ISEPICH catchment has significant numbers of people who are socially and economically disadvantaged.

ISEPICH has a catchment population that has increased by 5 percent over the last five years. The population was estimated at 300,000 people in 2001 and is growing most rapidly in the newly developed areas such as Beacon Cove. The greatest increase has occurred in the 25 to 34 and 50 to 59 year age groups.

The ISEPICH demographic profile is characterised by diversity:

- population that comprises the very rich, as well as the very poor, with an extreme range of housing types, including significant numbers of people who live in supported residential services (SRSs) public and community housing
- relatively high proportion of people over 75 years of age in some areas
- projected increase in numbers of people aged 50-70 years
- significant smaller populations with co-morbidities and high need, including people who are addicted to drugs, who have mental illness, who have HIV/AIDS and those who are homeless and poor
- pockets of youthful populations as well as the second highest ageing population in Victoria (Glen Eira)
- the highest population over 65 years in the state who live alone
- culturally and linguistically diverse communities with high levels of people born overseas and a large Jewish community, and
- areas that have the highest concentration of gay and lesbian people within Victoria.

The age distribution estimated for 2001 illustrates the trend for the population to be more youthful in the inner metropolitan areas. The population matures outwards towards an ageing-youthful stage of rejuvenation, happening in areas of Glen Eira as younger couples move into houses vacated by the original inhabitants who have died or moved out.

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<sup>5</sup> See Attachment A of the full Community Health Plan

<sup>6</sup> The full Community Profile is contained in Appendix One of the full Community Health Plan.

The total population for the three municipalities will continue to grow and is expected to increase by 10.5% (29,510) over the next decade. Across the catchment there will be increased pressure on services required to support an ageing population.

### **Health Status**

The Victorian Burden of Disease Study published in 1999 provides a comprehensive review of the impact of mortality rates and the disabling effects of ill health on people. Variability in the burden of disease and inequality of health status can be identified at many levels - across local government areas (LGAs), genders, age groups and socio-economic status groups.

Chronic diseases, or conditions, that have been identified as causing the greatest burden to the population are: heart disease, cancer, mental health (especially depression and suicide), injuries (especially falls), and drug and alcohol abuse. Significant issues for some sections of the population are dementia, diabetes and infectious diseases including HIV/AIDS.

The burden of disease for both males and females in Glen Eira tends to be lower (and correspondingly, health status is higher) than the state average, while it is higher in Port Phillip and Stonnington.

Risk factors identified in the community profile as issues for ISEPICH's catchment population include physical inactivity, poor nutrition, alcohol harm, illicit drug use and unsafe sex.

On the basis of a range of detailed population data, the health status information and consultations with service providers, consumers and the community, the community profile identified several key issues for the service planning strategy to address including:

- *Population increase in older middle age groups*  
The major demographic issue is the increase in numbers of people aged 50-70 years. Service developments will require increased focus on people in this age group.
- *Heart disease, cancer, injuries*  
Heart disease, cancer and injuries continue to be top health priorities for the population and together cause approximately 70% of the years of life lost to illness in the Southern Metropolitan region.
- *Mental health*  
Not only is mental illness widespread but the Cities of Port Phillip and Stonnington have historically had a large population of people with mental illness and psychiatric disabilities. Mental disorders have the most impact on young adults.
- *Men's health/injuries, infectious diseases*  
Ischaemic heart disease, unintentional injuries, lung cancer, chronic respiratory disease (COPD) and stroke are major conditions responsible for poor health among Victorian men.
- *Women's health/depression*  
Breast cancer, depression, dementia and stroke are major conditions that have a substantial impact on Victorian women's health status.
- *Social isolation and inclusion*  
Within the ISEPICH catchment there are very vulnerable population groups for whom services need to be specially developed. These include single person households, the drug addicted, mentally ill, homeless, the frail aged, transient people and sex workers.
- *Cultural diversity*  
There is a wide range of people from non-English speaking backgrounds within the catchment, including new immigrants from Russia. There is a significant Jewish population in the south east and a Koori population that requires culturally appropriate services.

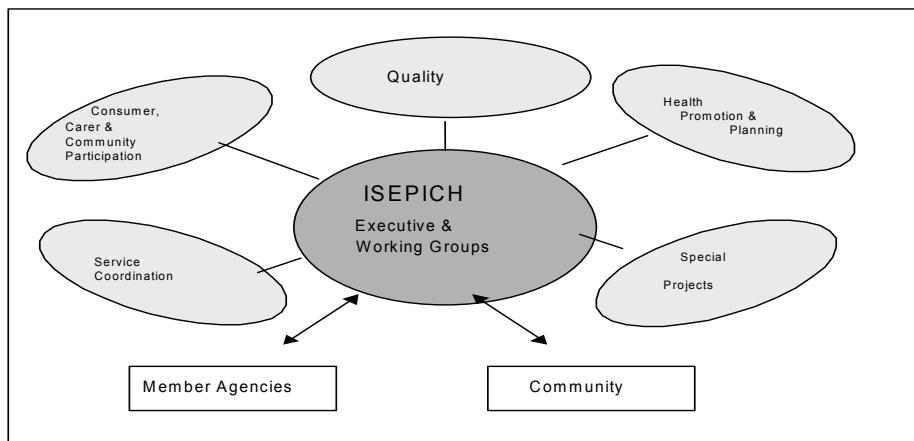
## PARTNERSHIPS

*The development of formal and sustainable provider partnerships in primary care catchments building on existing strengths and involving the participation of consumers, carers and the community.*

The primary care service system within the inner southeast is characterised by strong links and cooperative relationships. Many of these relationships are broader than the primary care sector and some span the southern region. There are also several effective networks, such as the Inner South District Planning Group, which will continue to contribute to the overall effectiveness of ISEPICH.

ISEPICH member agencies have demonstrated a significant commitment to the PCP strategy with high levels of participation in formal processes, including executive and working group meetings and other forums and activities as illustrated in the diagram below.

There were 39 member agencies in ISEPICH at August 2001 and it is expected that more will join. For a full list of member agencies please see Attachment B.



### **Consumer, Carer and Community Participation Strategy**

ISEPICH places a high priority on developing a long-term approach to engaging consumers, carers and the community, and aims to have consumers, carers and the community represented at all levels in the member organisations of ISEPICH, to ensure that:

- services meet the needs of the community
- the consumer remains at the centre of the service system

To achieve this consumers, carers and the community will be involved in the governance, planning, development, implementation and review of services. Reference groups, forums and consultations will be developed to involve consumers, carers and the community. A part-time project worker position is specifically dedicated to this role.

Carers and community representatives will be recruited to participate in ISEPICH, on the Executive Committee, the Consumer, Carer and Community Working Party, a Consumer and Carer Charter Reference Group, the Better Access to Services (BATS) strategy, Information Management, Health Promotion Strategy and the Quality Framework.

An education component is aimed at 'selling' consumer, carer and community participation to member organisations and their staff, rather than imposing it, so they have the skills to sustain consumer, carer and community participation.

### **Consumer, carer and community consultations**

This is an ongoing process commencing with the drafting of the Consumer and Carer Charter. However, in terms of the demographic profile of the area and the identification of priority issues, a number of areas will receive special attention. These are older people and people of high need, including drug-dependent people, homeless people, people with mental illness, people with HIV/AIDS and people who are sex workers. The community profile also shows that there is a need to consult with people from other cultures. Given this diversity in terms of needs and cultures, community consultations require tailored consultations.

### **Charter of Rights and Responsibilities**

A draft charter for consumers and carers within ISEPICH has been developed. Consumers and carers have participated in developing this.

### **Integrating Consumer, Carer and Community Participation into PCP activities**

The Health Promotion Strategy for ISEPICH demonstrates that there are a number of groups in ISEPICH catchment area who have high needs. Priorities are older people, people with mental illness and people whose housing is insecure.

A number of projects will be implemented to address these priority needs. These include the continuation of a falls prevention program, and awareness training for professionals to promote early intervention and participation in the Inner-Urban Rooming House Project. Consumer and carer representatives and individuals who are from these communities will be welcomed to participate at all levels, including governance and service planning. In order to enhance their participation, people with special needs, and their carers, may require strategies tailored to their needs.

### **Consumer, carer and community participation education**

ISEPICH will develop and pilot a short education session for people who require assistance in becoming consumer, carer or community representatives. This can be adapted from existing packages.

### **General Practitioner Engagement Strategy**

The GP engagement strategy will foster collaboration between GP's and other primary care service providers. It is based on the social model of health, and aims to ensure the participation of consumers, carers and community members.

General Practitioners are the most commonly consulted service providers and, for many people, they are the first point of contact with the health system. In the past the structure of general practice has created barriers to collaboration with other primary care services. The Divisions of General Practice and measures such as the Medicare items for enhanced primary care (EPCs) provide opportunities to overcome these barriers. There are also proposed new State and Federal arrangements to encourage the involvement of GPs in community mental health, which will have a significant impact on GPs and their relationships with other service providers.

ISEPICH has established roles for general practice representation through the two Divisions of General Practice in the ISEPICH area, South City Division, which covers most of the area, and Monash Division, which covers a smaller part in the south. These Divisions represent over 500 GPs in the area. A representative of South City Division serves on the ISEPICH Executive and both Divisions are represented on working groups, including the Service Coordination Working Group and the Health Promotion and Planning Working Group.

Involvement of individual GPs will be sought through reference and special interest groups. Focus groups will be used to inform and evaluate activities and strategies in the Community Health Plan. Divisions will be the first point of contact for consulting GPs, and information, training and education activities targeted to GPs will normally be provided through the Divisions, as part of the Divisions' program on Continuing Medical Education (CME), or by special activities where appropriate.

There are several projects proposed in ISEPICH that will offer opportunities for the involvement of GPs. A project to provide alternative care pathways for people who are presenting at emergency departments but do not need emergency care, and a project to improve discharge planning, are being investigated. These would involve collaboration between GPs, other primary care providers, consumers and carers, and the acute sector.

The four ISEPICH Health Promotion projects (see Integrated Services Planning section) will also provide further opportunities for GP involvement, through links with existing priorities identified in the Divisions' Business Plans, such as the ActiveScript program and the needs of ageing and chronically ill patients. These will link with the ISEPICH health promotion projects including falls prevention/sustainability, physical activity and depression.

ISEPICH also has a special interest in marginalised consumers, particularly through the Quality of health information/marginalised groups project and the Language Services Project (see Attachment D of the full ISEPICH Community Health Plan for details). GPs can be a point of contact for marginalised consumers who may have a fairly passive understanding of health and come into contact with the primary care system mainly through their contacts with general practice.

GPs (and their practice staff) are often able to recognise that issues such as unemployment, poverty and social isolation are affecting patients, but may not have the time or resources to support patients in addressing these issues. The PCP will offer resources to GPs, particularly through the service directory and referral procedures. The EPCs may also be useful in case conferencing or care planning for clients who have complex health needs and needs which fall outside the health area (for example, legal issues, workplace issues).

### **Quality Improvement**

ISEPICH member agencies are committed to a process of continuous quality improvement under the terms of the *Memorandum of Understanding*. Over the next three years, the PCP aims to:

- develop a database of quality improvement activities in the member agencies
- provide a forum for professional development and sharing of knowledge on quality improvement
- provide regular updates on quality improvement on the ISEPICH web-site
- ensure that management and the direct care workforce are effectively engaged in the quality improvement process
- ensure that consumers, carers, and members of the community have a direct and active role in defining quality, evaluating the quality of the services they receive, and participating in quality improvement activities
- plan and implement a quality improvement initiative across all member agencies in 2001-2002 (see details below)
- plan and implement other quality initiatives, for example, in the area of assessment.

The development of an overall quality framework for PCPs in Victoria will be carried out by the Department of Human Services. The ISEPICH PCP will support this process by providing information and feedback, local implementation and evaluation, and ongoing support for continuing improvement of the framework.

#### **2001/02 Quality Initiative: Quality of health information**

ISEPICH will undertake a quality initiative directed towards service users, particularly marginalised groups and individuals. The quality initiative will seek the active participation of these groups in identifying their own information needs, and developing materials and resources to meet them, in order to improve their access to services and support them in maintaining and improving their own health and well-being

## Evaluation

ISEPICH will coordinate evaluation strategies with the DHS framework for evaluation of PCPs.

Indicators of sustainability will be established for all major projects and strategies. Indicators can include the resources committed to ongoing maintenance of project initiatives and the level of community involvement.

The Executive Committee of ISEPICH has a leadership role in ensuring the project is appropriately managed. The Executive Committee is responsible for planning, coordination, implementation and evaluation of the ISEPICH Primary Care Partnership Strategy. The *Good Governance Guide* commits ISEPICH to regular evaluation of the overall progress of the PCP, including:

- effectiveness of the Executive Committee and working groups
- projects and major strategies
- communication strategy
- Consumer Carer and Community Participation Strategy
- General Practitioners' Engagement Strategy
- Quality Improvement
- Health Promotion, and
- Integrated Service Plan

Detailed indicators have been developed for each area, and will be regularly monitored and upgraded as necessary.

## SERVICE COORDINATION

The proposed Service Coordination Model identifies systems and infrastructure, such as information management, assessment and referral mechanisms which enable services to be better coordinated for consumers in the Inner South East.

### Introduction

Through a process of consultation with member agencies ISEPICH has developed a Service Coordination model which aims to ensure that consumers can readily access and find their way around the primary health care system in the inner south east. The model is not designed to change current systems, but to enhance them by formal agreements between participating organisations to enable more collaboration and coordination to achieve better access and outcomes.

### Improving Client Access to Services

Under this model the client will only need to enter the primary care service system once. Access to the system can occur at any point across the catchment, with relevant information transferred with full client consent. The Service Coordination model will be implemented through:

- targeted strategies to improve access for people with complex needs
- improved service information, including a comprehensive web-based service directory
- improved referral processes, building on the first client contact with the service system, and
- improved processes for intake, assessment procedures and care and discharge planning.

### Information Management

The model proposes an approach for managing information flows within and between primary care agencies. This includes proposals for enhanced systems for administration, funding, management, standards, and training. It also includes proposals for the technology and infrastructure required within local agencies for the implementation of the model.

## **Client Privacy and Confidentiality Issues**

Some of the issues that will need to be addressed to ensure the protection of consumer information include:

- developing common protocols and practices across the catchment on information provision, referral, confidentiality and client consent
- securing systems holding the data
- controlling access to the data
- securing data as it is transferred between agencies
- sharing client details through a referral process only if relevant to both service streams and the client's needs, and
- allowing clients to opt out of data sharing without limiting their access to services.

## **Service Information**

The model proposes the development of a range of strategies for service information:

- develop a web-based Service Directory, including service information, eligibility requirements and access and referral procedures
- make service information and referral processes available in both spoken and written multi-lingual form, and
- provide appropriate training and support for all workers.

## **A Regional Approach**

The regional and sub-regional programs that cross PCP boundaries aim to enable organisations and programs to participate in one system, with one set of standards and protocols.

## **Telecommunications**

Telecommunications systems provide a major opportunity to simplify consumer entry to the service system through:

- a single number that either sends a call to a central location or to the service closest to the caller
- the capacity for a caller to be easily transferred to a provider or a service who can best deal with their query
- the capacity for urgent calls, even if made directly to a specific service, to be transferred to an available service provider anywhere in the PCP if the receiver is not available, and
- the convergence of data and voice systems which enable an initiator to communicate by voice, voicemail, fax or email and the message to be received in a single 'inbox'.

## **Training**

Training must be an integral part of the implementation plans and must deal with the initial changes and provide orientation for all new staff when they start. It must also offer a variety of sources of training, such as group training sessions and Internet based, self paced, and CD training.

## **Initial Needs Identification and Care Planning Tools**

The Department of Human Services will conduct a pilot of two new 'tools' which form a key element of the Service Coordination Model. The pilot of the Initial Needs Identification and Care Planning tools is scheduled to occur between October and December 2001. Use of these tools will become mandatory for all HACC providers in 2002.

## INTEGRATED SERVICE PLAN

*Developing enhanced capacity to identify population health needs and strategic service responses.*

This integrated services plan is an initial step in an ongoing planning process for the inner South East. The ultimate aim of health service planning is to enhance the well being and quality of life of the population. The ISEPICH Plan is focused on health promotion, recognising that people live in social, cultural, political, economic and environmental contexts that influence their health.

Over the next few years it will be possible to improve the data collection, refine the planning process and consult more extensively with consumers to make the plan more effective. In particular, we need to develop our understanding of special needs across the catchment in areas such as men's health, women's health, children and families, people with disabilities and carers, and determine how best to contribute to health promotion in these areas.

ISEPICH's vision for health promotion is of a community where health is valued as a basic resource for living, different sectors share the responsibility for creating conditions that support good health, and improved health outcomes are shared equitably.

### **Approach**

The Health Promotion and Planning Working Group undertook a service provider audit to assist in identifying current service and resource levels and gaps. Using additional information from the demographic profile and consultations, priority issues were then determined.

The consultations with service providers identified various issues:

- the need to ensure the sustainability of health promotion projects
- the need to change attitudes and build the health promotion capacity of organisations, service providers and individuals
- the need for health promotion to be appropriate reaching the people who need it most
- the Russian speaking group has been identified as a priority
- the need for one-on-one/social support for isolated people with mental illness and disability
- the need for more residential care beds, especially high care beds
- the need for more services for the disabled, especially the younger disabled, and
- the need for a scheme to supply post acute care supplies, equipment and medications to people with chronic wounds.

In developing strategies for the PCP there was recognition of the need to make a difference where possible to people in the community, to add value to work already being done, and/or increase the resources available.

In May 2001, a service planning and health promotion workshop was held. The purpose of the workshop was to confirm a common view and expectation of health promotion for the PCP, to select a health promotion priority for this financial year, and to agree priorities for the next three years.

Health promotion issues discussed at the workshop included:

- nutrition
- drugs and alcohol – substance abuse
- infectious diseases
- sensory loss
- social inclusion
- health promotion for high risk groups
- capacity building in health promotion
- post acute care discharge planning.

At the workshop we identified a single health promotion issue to be addressed over the next seven months and three other priority areas as a focus over the next two or three years:

<i>Key ISEPICH Priority Action Area:</i>		
<p><b>Injury Prevention/Falls Prevention</b></p> <ul style="list-style-type: none"> <li>- Fewer acute admissions because of falls and improved quality of life for older people.</li> <li>- Sustainable health promotion projects.</li> </ul>		
<i>Other Priority Action Areas:</i>		
<p><b>1. Physical Activity</b></p> <p>Improved health and well being, reduced heart and other disease for all age groups including the frail aged.</p>	<p><b>2. Settings-based Approach to Health Promotion</b></p> <p>Improved health and well being for disadvantaged people in insecure housing settings and at risk of poor health.</p>	<p><b>3. Depression</b></p> <p>Improved mental health for people at risk of or who experience depression, especially young people (18 to 25 years).</p>

**Key Priority Action Area : Injuries Prevention, Falls, Service Sustainability**

Falls account for 48% of the unintentional injuries, or 41% of all injuries that result in hospital admission in the PCP catchment and are seen as a major area of priority where health promotion can make a difference. Falls are the leading cause of Emergency Department injury presentations in people aged 65 years and over. The average length of stay in hospital for older people with fall injuries is 12 days (VicHealth December 2000).

Overall, incidence rate of falls per 1,000 is higher for women than men (5.21 compared to 4.11). Women in the 65-74 age group have almost twice as many falls as men (8.94 compared to 5.35 for the Southern region 1996) and in the older age groups (35.34 for women aged 75 and over, 17.30 for men).

The target populations are older people living in the community or in residential facilities, including pension only SRS residents and people from culturally diverse backgrounds. Education of service providers is also seen as a priority.

It is proposed that, following completion of the Foothold on Safety Project (29 June 2001), a short-term project be undertaken to ensure that the recommendations of the project's final report are implemented across the PCP. This project will occur over a seven month period with part of this time allocated to complete an evaluation in order to prepare a publication with a proposed process for ensuring that this and future health promotion activities are sustainable.

The Injury/Falls prevention project offers an opportunity for shared learning across the PCP and for which networks have already been set up. It also facilitates capacity building and strengthening of networks and processes across the PCP.

**Other health promotion priority/action areas**

Over the next six months three priority/action areas will be researched and detailed health promotion project plans with costs developed. All stakeholders will collaborate in the development of these plans.

At least two consumers will be members of the groups planning the further development of the health promotion priority areas and there will be a quarterly combined meeting of consumers to give advice and influence the development of the Integrated Services Plan.

### **1. Physical Activity**

Physical activity was identified as a priority and a group including representatives from RDNS, Arthritis Victoria, GP Divisions, Local Government, and community health services met to outline this option for the Community Health Plan and the process by which it could move forward.

Encouraging people to be more physically active is a priority in Victoria. An estimated 43% of the adult population does little or no regular exercise and those who are inactive are more likely to be older, less well-educated and on lower incomes.

### **2. Settings-based approach to health promotion**

The ISEPICH workshop identified the need to deliver health promotion to those people who most need it as a priority and a working group was formed to explore how to define, describe, analyse, and improve the health of people in low cost housing such as housing estates and pension-only Supported Residential Services.

A 'settings' based approach enables health promotion to become part of the everyday lives of individuals/groups in a manner that is relevant to their wellbeing and experiences, and contributes to sustainable, systematic change. This approach acknowledges that human behaviour is influenced by physical and social factors and shaped by cultural traditions.

### **3. Depression**

Depression has been identified as a major issue facing the community. Depression describes a group of illnesses characterised by excessive or long-term depressed mood that affects the person's life. It can have heredity, biochemical, stress, personality or learnt behavioural origins. Depression is often associated with stress after personal tragedies or disasters. It is more common at certain stages of life, such as at childbirth, menopause and retirement, and common in young adults, women and people with physical health problems.

Mental health can be promoted along a continuum of human experience starting from stress management, moving to early diagnosis and treatment (or management) of common conditions such as clinical depression, to living and being part of the community as a person with serious, episodic and/or chronic mental illness.

ISEPICH can play a role in seeking to reduce the stigma associated with experiencing a mental illness, identifying unmet needs or supporting major initiatives such as Mental Health week (October).

### **Conclusion**

ISEPICH's overriding priority is to improve the health outcomes of individuals in the catchment. This Community Health Plan is an ambitious, yet realistic beginning to identifying and addressing the key challenges facing the partnership over the coming three years. ISEPICH is proud of the achievements made and is enthusiastically implementing the Plan. The partnership is committed to evaluating progress in collaboration with the Department of Human Services and most importantly, will take steps to ensure that outcomes and improvements are sustainable.

## ***ISEPICH Primary Care Partnership – a Quick Guide***

### **What are Primary Care Partnerships?**

Primary Care Partnerships (PCPs) are partnerships of local primary health and community service providers. Members of PCPs work together to plan and coordinate services in their local areas.

There are 32 PCPs across Victoria. They are a key part of the Victorian Government's strategy to improve the health and wellbeing of the Victorian community.

### **Which is the PCP for this area?**

The ***Inner South East Partnership in Community and Health (ISEPICH)*** is the PCP for the local council areas of Stonnington, Glen Eira and Port Phillip.

ISEPICH's vision is: "To create and maintain an accessible, responsive and integrated local primary health and community support service system that takes a planned approach to identifying and addressing community need." It is an alliance of about 40 primary health care service providers from the inner south east region, including Divisions of GPs (representing over 500 local GPs).

### **What kinds of services are involved?**

- Community Health Services
- Local Councils
- Home and Community Care (HACC) Services
- District Nursing Services
- GPs
- Community Mental Health Services
- Aged Care Assessment Teams
- Women's Health Services
- Sexual Assault Services
- Public Dental Health Services
- Community Drug Treatment Services

### **What will PCPs do?**

The PCPs aim to:

- improve the way health services work together;
- work to promote health and well-being;
- support people in improving their own health;
- help prevent serious illness and hospitalisation.

### **How will PCPs improve services?**

Better cooperation between health providers and an understanding of community needs is at the heart of the strategy. Each PCP will develop an annual community health plan designed to meet the needs of the local community. The PCPs will take a broad approach to health, looking not just at the medical factors but also at social factors which cause illness, such as poverty and loneliness.

### **How will my needs be known?**

Active participation of community members will help services respond to community needs. Your involvement is welcomed. See contact details on the back of this leaflet for more information.

## The ISEPICH Community Health Plan

The first ISEPICH community health plan was completed in June 2001. Further plans will be drawn up in coming years. Some of the projects commencing this year are:

### Health Promotion

- ❑ A project to prevent falls and other injuries amongst elderly people
- ❑ A project to create opportunities for increased physical activity in the community
- ❑ A project to meet the needs of people in insecure housing by working with them in the settings where they live
- ❑ A project to help prevent depression

### Quality of Information and Language Services

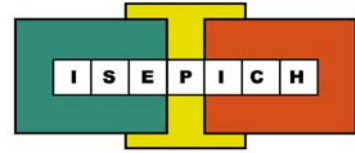
- ❑ Projects to improve communication about health, by ensuring that health information meets people's needs and is available in language they understand.

For a full list of the members of ISEPICH and more information on the strategic plan, including:

- ❑ The First ISEPICH Community Health Plan
- ❑ *Good Governance Guide*
- ❑ *Memorandum of Understanding*
- ❑ *Business Plan*
- ❑ *List of ISEPICH member agencies*
- ❑ *Regular newsletters*
- ❑ *Summary of the strategy*

Go to <http://www.portphillip.vic.gov.au> click on services and scroll down to **Health** then **click on ISEPICH** or contact Barry Hahn, Project Manager, c/- City of Port Phillip, cnr Carlisle St & Brighton Rd, Private Bag 3, PO St Kilda Vic 3182, tel. 03 9209 6455, email: [bhahn@portphillip.vic.gov.au](mailto:bhahn@portphillip.vic.gov.au)

Community members who would like to know more about becoming involved in community health planning and projects, please contact Christine Walker, ISEPICH Consumer, Carer and Community Participation officer tel. 03 9523 6666, email: [C.Walker@cgmc.org.au](mailto:C.Walker@cgmc.org.au)



## **ATTACHMENT B**

### **LIST OF ISEPICH MEMBER AGENCIES**

## ISEPICH Member Agencies

**The following organisations have signed the ISEPICH Memorandum of Understanding, as at August 2001.**

Arthritis Foundation of Victoria  
Bayside Community Options  
Bentleigh Bayside Community Health Service  
Bethlehem Hospital  
Better Hearing Australia  
Carers Victoria  
Caulfield General Medical Service  
Centre Against Sexual Assault  
City of Glen Eira  
City of Port Phillip  
City of Stonnington  
Do Care  
Fronditha Care Inc  
Inner South Community Health Service  
International Diabetes Institute  
Jewish Community Services Inc  
John Macrae Centre, Uniting Church of Australia  
Kosher Meals on Wheels Association  
MECWA Community Care  
MOIRA  
Monash Division of General Practice  
Montefiore Homes for the Aged  
Napier Street Aged Care Services  
Odyssey House Victoria  
Polish Community Council  
Prahran Mission  
Richmond Fellowship  
Royal District Nursing Service – Caulfield  
Sacred Heart Mission St Kilda Inc  
SFV Rossdale  
South City Division of General Practice Ltd  
South Port Day Links  
St Kilda Drop In Centre  
The Alfred Hospital  
The Salvation Army Bridge Program  
The Windana Society  
Uniting Care Connections  
Vision Australia  
Women's Health in the South East



## **ATTACHMENT A**

### **ISEPICH Primary Care Partnership- A Quick Guide**