

Lower Hume Primary Care Partnership

Community Health Plan for Lower Hume 2006–09

Deliverable 1: Partnership

December 2006

Primary Care Partnerships
Community Health Plan

Endorsed by PCP Chair:

Name: John Thompson

Signature:

Date:

1. Partnership vision

What is the agreed vision for the PCP partnership for the period 2006–09?

“In 2009 health and community services and other sector agencies in Lower Hume will have greater capacity to improve the health and wellbeing of their communities, through service coordination, collaboration and integrated health promotion.”

The Lower Hume Primary Care Partnership recognises that a strong partnership is crucial to achieving the ambitious capacity building and change management deliverables articulated in its Community Health Plan, a partnership moreover that is supported by the following values and principles:

- commitment to collaboration and co-operation
- willingness to implement the changes required to create a better service system
- joint planning
- recognition of the diversity of the service system and the skills and knowledge of participants
- communication and consultation with agencies, consumers and the community

2. Achieving the vision: *priority setting and problem definition*

What are the key challenges to be addressed to achieve the vision?

To implement the changes that will be required to achieve its vision, the Lower Hume PCP face a number of challenges in building the capacity of the partnership to achieve its goals in health promotion, service coordination and chronic disease management.

These challenges include:

- the willingness of all health and community support services to implement within their own organisations, the changes required to create a better service system
- a clear understanding of the service system from the consumer (service user) and community perspective
- a clear understanding and commitment to the social model of health
- an agreed service system design which provides a diverse range of options responding to the needs of the consumers

- a commitment to an agreed version of quality practice in planning and service delivery for all deliverables

Although there are many examples of strong collaborative relationships in Lower Hume, most are shire-centric within the shires of Mitchell and Murrindindi, and where strong linkages occur, it is frequently through the Lower Hume PCP alliance. The key challenge and focus for the Lower Hume PCP will be to continue to increase its membership across the catch and to build relationships across the two shires that can effectively support an integrated response to local needs.

3. Achieving the vision: *Capacity Building Plan*

The Lower Hume PCP has identified six key goals to progress the partnership and to strengthen the capacity to support systemic change over the next three years:

- Develop governance arrangements to support the capacity of LH PCP to implement IHP, SC and ICDM
- Promote PCP vision, goals and achievements
- Provide a forum for bringing together community representatives, member agencies and other stakeholders to consider and respond to local health issues
- Meaningfully involve community members in decision making in the planning and delivery of health services
- Consolidate and strengthen leadership across LH PCP in the forum, platforms, working groups and all involved organisations
- Build the capacity of member agency members in LH PCP to implement strategies identified in this plan and own agency health plans

Element: Organisation development

| Goal | Objective | Strategies/Interventions | Estimated Impact |
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| Develop governance arrangements to support the capacity of LH PCP to implement IHP, SC and ICDM | By June 2009 the strategic and operational plans of all member agencies reflect the goals of the LH PCP | <ul style="list-style-type: none"> ▪ Each member agency includes in its strategic and operational plan the partnership, IHP, SC, and ICDM activities it is involved in ▪ The roles and responsibilities of staff involved in LH PCP activities are identified in their position statements | <p>PCP goals are embedded in member agency plans</p> <p>Staff members of agencies are aware of their roles and responsibilities as a member of the PCP</p> |
| | Review and re-align governance model by February 2007 and each year thereafter to optimise effective and efficient achievement of LH PCP goals | <ul style="list-style-type: none"> ▪ Re-evaluate governance arrangements for fitness-of-purpose ▪ Review Partnership Agreement on yearly basis and implement changes as needed | <p>Governance model reviewed and aligned with PCP goals</p> <p>Partnership Agreement updated</p> <p>Clear roles and responsibilities for decision making and completion of PCP activities</p> |

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| | <p>Facilitate efficient participation of member agencies and stakeholders in activities of the LH PCP</p> | <ul style="list-style-type: none"> ▪ Review activities of all PCP committees and working groups to ensure they support implementation of strategic goals <ul style="list-style-type: none"> ○ terms of reference ○ membership and leadership of as well as participation in working groups ○ consider incentives to increase attendance/participation e.g. agency reimbursement, back filling etc. ○ input to communication strategy ○ periodic self-assessment | <p>Working groups clear about role/responsibilities and implementation activities</p> <p>Agencies lead and actively participate in working groups</p> |
| | <p>Implement a quality and evaluation focus/framework to support IHP and SC activities</p> | <ul style="list-style-type: none"> ▪ IHP and SC working groups identify candidate approaches and systems to adopt. For example: <ul style="list-style-type: none"> ○ the IHP Framework ○ the state-wide SC PPPS Practice Manual and Continuous Improvement Guidelines ○ QIPPS ▪ Working groups develop action plans to support implementation of frameworks and systems to monitor progress against CHP deliverables ▪ Member agencies progressively implement frameworks for own IHP and SC initiatives | <p>Frameworks identified and selected by July 2007</p> <p>Frameworks implemented by member agencies for PCP activities – ongoing til 2009</p> |
| <p>Promote PCP vision, goals and achievements</p> | <p>Ensure all member agencies and stakeholders are aware of LH PCP priorities and progress of each of the PCP working groups</p> | <p>Develop communication strategy and plan to include:</p> <ul style="list-style-type: none"> ▪ PCP marketing kit ▪ E-mail distribution lists ▪ IHP, SC made simple documents ▪ Website to support working group communication | <p>Increased understanding and awareness of PCP goals and achievements</p> <p>Improved support for PCP activities at all levels</p> |

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| | | <ul style="list-style-type: none">▪ Web-based central document repository▪ LH PCP monthly newsletter | |
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Element: Partnerships

| Goal | Objective | Strategies/Interventions | Estimated Impact |
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| Provide a forum for bringing together community representatives, member agencies and other stakeholders to consider and respond to local health issues | Strengthen local area planning within the LH PCP catchment | <ul style="list-style-type: none"> ▪ Support the development and linking of IHP, SC and ICDM action plans in each LGA: <ul style="list-style-type: none"> ○ Mitchell Shire Council community services plan ○ Murrindindi Shire Council community services plan ○ Seymour Neighbour Renewal project ▪ Facilitate alignment/linking of MPHPs and other social planning tools in each LGA with goals and strategies of the PCP Community Health Plan ▪ Establish a LH PCP wide response to support people and communities affected by the impending drought | <p>Local area planning strengthened and supported</p> <p>MPHPs and LH PCP CHP progressively aligned over 3 years</p> |
| | Strengthen inter-agency collaboration and cooperation within the LH PCP catchment | <ul style="list-style-type: none"> ▪ Use the VicHealth Partnership Analysis Tool to collect baseline data on the quality of the LH PCP partnership ▪ Identify current strengths and weaknesses to develop action plan to improve partnership ▪ Identify the critical partnerships required for each component of the CHP i.e. partnerships, IHP, SC and ICDM, especially e.g. GP and acute sector engagement ▪ Working groups' membership and activities support CHP priorities | <p>Baseline established and action plan developed</p> <p>Improved collaboration and cooperation on LH PCP priorities</p> <p>Critical partnerships identified and fostered</p> |

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| | Increase membership and participation by smaller agencies | <ul style="list-style-type: none"> ▪ Assist agencies in terms of input to and support for funding submissions: <ul style="list-style-type: none"> ○ develop a collaborative response to funding submissions e.g. protocol, policy etc. ○ develop core set of data/core information to support submissions e.g. web-based central repository ○ improve and collate an evidence base on specific topics and project outcomes ○ ensure multi-agency support for submissions. | <p>Increased collaboration on funding submissions</p> <p>Increased membership and participation by smaller agencies in particular</p> |
| | Encourage current non-member agencies to participate in LH PCP activities | <ul style="list-style-type: none"> ▪ Working groups identify through their current health networks candidate members that can take an active role in achieving LH PCP goals ▪ Members of working groups encourage candidates to participate in planning and implementation activities of working groups | <p>Expanded participation in core LH PCP activities across the catchment</p> <p>Increased LH PCP membership</p> |
| Meaningfully involve community members in decision making in the planning and delivery of | Support a community representative model as part of the LH PCP structure | <ul style="list-style-type: none"> ▪ Review current community representative model through LH PCP Chair as community representative with extensive inter-sectoral networks ▪ Agree on and implement recommendations of review | <p>Review carried out and recommendations adopted by May 2007</p> <p>Implementation ongoing</p> |

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| health services | Develop a model for consumer participation in IHP and ICDM priority areas | <ul style="list-style-type: none"> ▪ Review best practice policies and procedures for involving consumer participation ▪ Develop model for embedding consumer participation and input in LH PCP IHP and ICDM activities ▪ Independently survey efficacy of care plans, care pathways etc through focus groups and consumer surveys of IHP and ICDM activities | <p>Policies and procedures developed by July 2007</p> <p>Model developed by October 2007</p> <p>Consumer feedback and input integral to agency service delivery</p> |
| | By June 2009 LH PCP member agencies will have implemented a consumer participation model | <ul style="list-style-type: none"> ▪ Provide training and development to member agencies ▪ Evaluate consumer participation model ▪ Revise model as appropriate | <p>Model evaluated and revised – ongoing</p> <p>Model implemented in member agencies by June 2009</p> |

Element: Leadership

| Goal | Objective | Strategies/Interventions | Estimated Impact |
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| Consolidate and strengthen leadership across LH PCP in the forum, platforms, working groups and all involved organisations | Embed IHP and SC leadership within individual member agencies | <ul style="list-style-type: none"> ▪ Identify LH PCP champions within member agencies ▪ Offer member agencies Executive support on IHP and SC approaches to service delivery to ensure they develop services with key implementation partners, e.g. identified through mix of agency interventions in IHP template ▪ Each member agency through its champion to: <ul style="list-style-type: none"> ○ Report on progress towards achieving the LH PCP goals to their Board ○ Ensure that member agencies commit funded resources to IHP activities ○ Monitor contribution of agency resources to | <p>PCP goals are embedded in all member agency plans.</p> <p>Member agencies have signed off in the Partnership Agreement to working together on IHP and SC</p> <p>Increased understanding of and commitment to PCP goals</p> |

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| | | <p>achievement of LH CHP priorities</p> <ul style="list-style-type: none"> ○ Promote understanding of the goals of the LH PCP to agency staff ○ Support and encourage involvement of agency staff in LH PCP activities through its working groups <ul style="list-style-type: none"> ▪ PCP working groups to develop IHP activities with IHP earmarked funding from agencies ▪ Champion the use of the IHP Framework as the basis of agency IHP planning and evaluation ▪ Recognise (and reward) outstanding achievement in progressing partnership goals ▪ Give clear leadership and support development of members of working groups ▪ Members of each working group champion LH PCP strategies within own organisation | <p>Each priority area provides a budget including PCP funds and member contributions</p> <p>By 2009 all member agencies use the IHP Framework for planning and evaluation</p> |
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Element: Workforce development

| Goal | Objective | Strategies/Interventions | Estimated Impact |
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| <p>Build the capacity of member agency members in LH PCP to implement strategies identified in this plan and own agency health plans</p> | <p>Conduct a training and development (T&D) needs analysis to support all components of LH PCP's Community Health Plan</p> | <ul style="list-style-type: none"> ▪ Establish a workforce development group to conduct T&D needs analysis ▪ Develop terms of reference ▪ Conduct analysis and develop workforce development plan ▪ Proposed T&D analysis areas include: <ul style="list-style-type: none"> ○ change management ○ working group meeting governance | <p>T&D analysis completed by March 2007 as basis for workforce development plan</p> <p>Plan implementation – ongoing</p> <p>Evaluation of T&D events e.g. forums, workshops,</p> |

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| | | <ul style="list-style-type: none"> ○ leadership/champion development ○ use of website resources and tools ○ community advocacy training ○ support for evidence based practice and effective use of resource ○ continuous improvement ○ submission writing ○ Training on Service Coordination to include: <ul style="list-style-type: none"> ▪ BATS, New State-wide PPPS Practitioner Manual, E-Referral system ○ Training on IHP Framework and ICDM | seminars, conferences etc shows increased capacity to implement strategies |
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4. List of PCP member agencies/organisations and explanation of membership types

| Agency name | Type of membership | Deliverable/s involved in |
|--|---|---------------------------|
| Alexandra District Hospital | Rural hospital and community health service | |
| Berry Street Victoria | Youth support services | |
| Central Highlands Division of General Practice | General practice | |
| Family Care (Seymour) | Family support services | |
| Goulburn Valley Health | Area mental health | |
| Kilmore and District Hospital | Rural hospital and district nursing? | |
| Mental Illness Fellowship (Seymour) | Mental health service | |
| Mitchell Community Health Services | Community Health | |
| Mitchell Shire Council | Local government | |
| Murrindindi Shire Council | Local government | |
| Neighbourhood Renewal (Seymour) | DHS program | |

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| North East Division of General Practice | General practice | |
| Rural Housing Network | Housing support | |
| Seymour District Memorial Hospital | Rural hospital | |
| Valley Sport | Community sport | |
| Women's Health Goulburn North East | Women's health service | |
| Yea and District Memorial Hospital | Rural hospital and district nursing | |

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