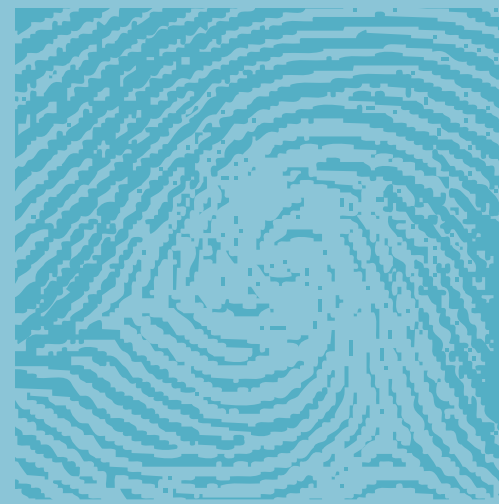


# Planning Together: Community Health Plans and Municipal Public Health Plans

Primary Care Partnerships and Local Government Partnerships  
Information Resource



Since April 2000 over 800 service providers have come together in voluntary alliances to establish 32 Primary Care Partnerships (PCPs or partnerships) across Victoria. The partnerships address fragmentation of primary health service delivery, and they are putting systems in place to improve health and well being outcomes. Their work is focusing on:

- improved service coordination; and
- integrated health promotion.

Partnerships' strategies and achievements are outlined in Community Health Plans, covering locally identified issues and the implementation of consistent statewide approaches to referral and consumer information.

Local Governments are leading members of all Primary Care Partnerships. They provide and fund a range of primary care services and have an important role in local area public health planning, advocacy, community development and delivery. Municipal Public Health Planning is consistent with the governance function of Local Governments and is required by legislation.

#### **This Information Resource:**

- **describes Municipal Public Health Plans and Community Health Plans, explaining how they relate to each other; and**
- **highlights examples of good work and the benefits to communities of collaboration in planning efforts.**

This document has been prepared by the Department of Human Services' Public Health Group, which is responsible for the development of Municipal Public Health Plan policy and the Primary and Community Health Branch, which is responsible for primary health reform policy.

**DR C W BROOK**

Executive Director

Rural and Regional Health and Aged Care Services

## Community Health Plans and Municipal Public Health Plans

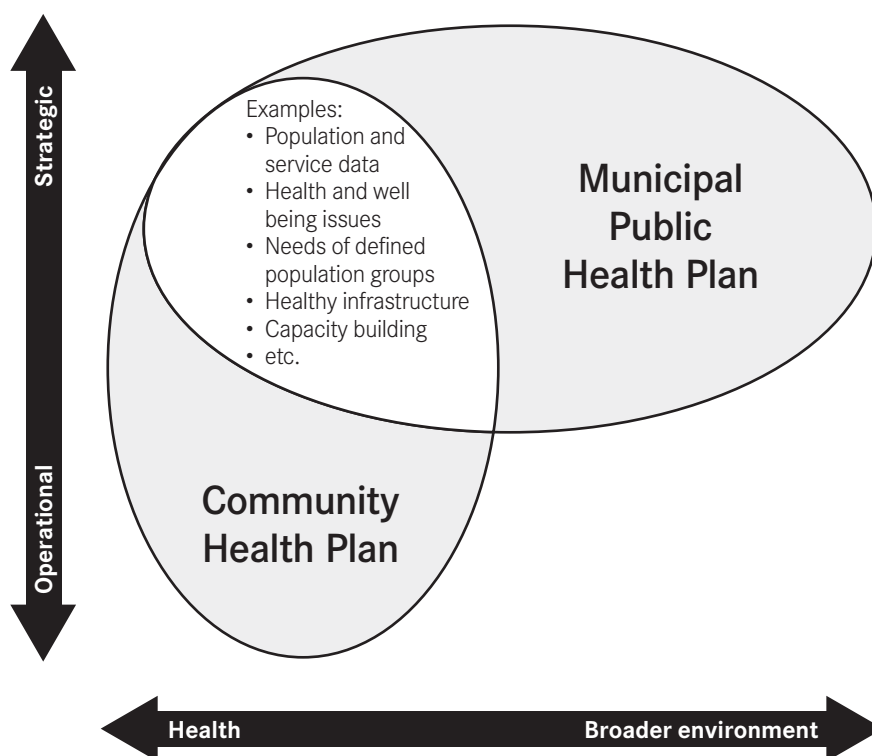
Municipal Public Health Plans (MPHPs) and Community Health Plans (CHPs) are complementary and it is important to avoid duplication of consultation and data collection at a local level.

MPHPs and CHPs share a common aim to focus planning on local areas and empower local communities to work together on key health and well being issues. The development of the MPHP framework, *Environments for Health* and of guidelines for CHPs occurred in close consultation.

The main areas of overlap and differences are set out in the diagram and the table below. While there are a range of other plans which also relate closely, this paper focuses on the critical relationship between these MPHPs and CHPs.

The diagram below shows how MPHPs deal at a more strategic level. The focus is on the impacts of the local built, social, economic and natural environments, on public health and promoting community health and well being. CHPs are more operational plans, (vision, health promotion activity, service coordination, advocacy, community needs, capacity building, etc.) informed by the MPHP process. CHPs contain specific collaborative strategies to strengthen the primary care service system.

**Figure: Relationship between Municipal Public Health Plans and Community Health Plans**



Note: This is a schematic representation about functional relationships, and is not to scale.

The table below indicates in more detail how the underlying basis for both plans are common and that the areas where they differ are about focus, breadth, and specificity. This means that:

- one plan can inform, or be part of, the other (See Case Studies 1, 2 and 3). For example, the Upper Hume Primary Care Partnership's Community Health Plan incorporates and fulfills all of the requirements of Municipal Public Health Plans for the three municipalities that comprise its catchment.
- both plans can share the same pool of data, to avoid duplication of effort by local governments, providers and the community, and the process for identifying needs can be similar (or the same) in the two plans. It may be that each may also need more specific data, because of their different focus. (See Case Studies 4 and 5)

	<b>Municipal Public Health Plan</b>	<b>Community Health Plan</b>
<b>Aims</b>	Both plans aim to: <ul style="list-style-type: none"> <li>• focus planning on local areas; and</li> <li>• empower local communities to work together on key health and well being issues.</li> </ul>	
<b>Social Model of Health</b>	Both plans are based on the Social Model of Health, which incorporates social, cultural, economic, environmental and biological factors as influencing health and well being.	
<b>Population Group Approach</b>	Both plans use a population group approach that considers the needs of different groups in the community, and links with the planning of specific program areas in the Department of Human Services and, where relevant, other Government Departments.	
<b>Geographical Coverage</b>	Covers a single Local Government Area (although councils may submit a joint MPHP; see Case study 3)	Covers a PCP catchment. In some cases this is a single Local Government Area, but it is usually two to three Local Government Areas
<b>Defining Community Needs</b>	Defining community needs ("municipal scanning") focuses on identifying what is needed to enhance the community's capacity to achieve positive health outcomes, not only through services but also through the environmental/community changes that are needed <sup>1</sup> .	Community needs are defined through the "community profile", which is geared primarily towards identifying how agencies will work together to better meet the needs of their communities through improved service coordination and integrated health promotion. This informs: <ul style="list-style-type: none"> <li>• member agencies about how resources may be directed to better respond to community needs; and</li> <li>• DHS regional offices in framing planning priorities for growth funding and new initiatives<sup>2</sup></li> </ul>
<b>Legislation</b>	Legislative requirement for Local Governments in Victoria to prepare a MPHP <sup>3</sup> .	Based on Victorian Government policy, not a legislative requirement.
<b>Time frame</b>	The legislation requires a plan to be prepared every three years, to be reviewed annually, and if appropriate, amended.	Revised and updated annually.
<b>Focus</b>	Broad, strategic focus.	Operational focus, with specific collaborative strategies.
<b>Breadth</b>	Addresses public health role of local government in built/ physical, social, natural and economic environments for example transport, footpaths, recreation and community development.	Serves as a coordinating plan for all primary care services, including health promotion, in the area.

1. See *Environments for Health* (September 2001) <http://www.dhs.vic.gov.au/phd/localgov/mphpf/index.htm>

2. See *Integrated Service Planning: Interim Guidelines* (April 2001) <http://www.dhs.vic.gov.au/phkb>

3. *Health Act 1958* Section 29A & 29B.

## Delivering benefits through Linking Community Health Plans and Municipal Public Health Plans

Many Local Governments and the PCPs of which they are members have recognized the benefits of linking the planning processes and the priority identification required for the production of the MPHPs and CHPs. The combined effort and sharing of information between councils and PCPs in the areas of data collection, the production of community profiles and finally in collaborative priority setting and implementation across the Local Government Areas within a PCP catchment, provides a great basis for partnership development and coordinated effort.

### Case study 1: Seamless planning

#### Upper Hume Primary Care Partnership (including the Shires of Indigo and Towong, and the City of Wodonga)

“Central to (our) sustainable model is the development of a planning framework that recognises the vital role of our local government authorities in leading the strategic planning processes. Our three local governments have formed a collaborative partnership to lead this process in partnership with the Upper Hume Primary Care Partnership and its members. This planning framework encompasses four platforms for planning and service delivery including Young Children and Families; Young People; Middle Years; and Older People.” *Phil Brown, PCP Chair*

*The Upper Hume PCP Community Health Plan states:*

#### How we integrate and coordinate our plans and services

We have nominated our three local government authorities to work on behalf of our PCP agencies to coordinate the broad strategic level planning, monitoring and evaluation of our Healthy Communities Plan. Our local government partners will organise our annual cycle of planning and consultation activities, review our collective progress towards our outcomes, and report to our community and other key stakeholders on our community-wide achievements and challenges.

#### The relationship with other plans

The Healthy Communities Plan attempts to integrate much of the planning, implementing, reviewing and reporting associated with community health and well being that abounds across the community and our 27 PCP agencies. We aim for a high correlation and integration of our Upper Hume Healthy Communities Plan, our individual agency corporate plans, and other plans which focus on health and well being issues in our community. Our Healthy Communities Plan will incorporate and fulfill all of the requirements of Municipal Public Health Plans. As our integrated planning capability increases, we anticipate the Healthy Communities Plan will be the recognised umbrella for individual agency and local government planning.

## Case study 2: Shared priorities for health

### The Inner South East Partnership in Community and Health (including the Cities of Port Phillip, Stonnington and Glen Eira)

Becoming an active participant in the Inner South East Partnership in Community and Health (ISEPICH) created the opportunity to work collaboratively to address common aims. Both City of Port Phillip and ISEPICH have a strong commitment to a social model of health and to reducing health inequities. Port Phillip is home to many low income residents and our municipal health and community safety plan identifies a specific strategy to “investigate public housing estates, supported residential services, rooming houses and aged care facilities as settings for health promotion”. This acknowledges that the living environments of many people on low incomes have a marked impact on their lifestyle and health.

The City of Port Phillip chaired a sub-committee of interested ISEPICH members from the Health Promotion Working Group to design and implement a ‘settings’ approach to health promotion. Subsequently, a small amount of funding was allocated by ISEPICH to a project to enable rooming house residents to improve and increase control over their health. This project is auspiced by the Port Phillip Community Group, who also provide the lead worker with many years experience of working with rooming house residents. Inner South Community Health Service, also provides additional staffing support.

The major health issues for rooming house residents relate to the health impacts of poverty and other forms of disadvantage. Problems with physical and mental health and problematic drug and alcohol use are not uncommon. Yet they also have considerable strengths, experience, passion and skill. Residents know their own environment better than any health or welfare professional could hope to and hold a deeper understanding of what can improve their health and well-being.

In September 2002 residents in a St Kilda rooming house were invited “to have a meal and a chat about what’s going on in the house and around St Kilda”. Led by the needs and interests of residents, tangible changes to the rooming house environment included: first aid training; an excursion to Healesville Sanctuary – a rare opportunity to get out of the urban environment; exploration of literacy, recreational and educational opportunities; establishing a small ‘library’ in the lounge room for residents; successful individual referrals/linkages of residents to services in the community; and re-inviting a welfare agency to the house that had ceased attending due to a violent incident. Residents now more actively assert their rights and responsibilities.

The settings approach, although a challenge to implement in a difficult and sometimes violent environment, successfully created new linkages between residents and services and strengthened the social relationships within the rooming house.

I was struck by the enthusiasm of the residents. When people were given greater opportunity to control one aspect of their life, this provided pathways to developing greater control over some other seemingly ‘fixed’ realities. Indeed this is the very definition of health giving!

The model adopted for this project could be used in other settings, with the right skill and commitment from those workers involved.

*Michelle Keenan, City of Port Phillip*

*A more detailed version of this case study can be found on the Primary Health Knowledge Base: <http://www.dhs.vic.gov.au/phkb>*

### **Case study 3: Joint MPHP linked closely with CHP**

#### **Southern Mallee Primary Care Partnership (including the Shires of Swan Hill, Buloke and Gannawarra)**

*The Southern Mallee PCP Community Health Plan 2002 states:*

As part of the development of our first Community Health plan the three local government councils in the Southern Mallee decided to simultaneously develop a joint Municipal Public Health Plan. As much as possible the two plans were strongly linked.

The joint MPHP is integrated with the Community Health Plan, each sharing common vision, outcomes and themes. This has led to

- Successfully applying for funds through the *Municipal Public Health Planning – Good Practices* Program to undertake a project to further progress the joint approach
- Appointment of Buloke Shire's first Health Promotion officer to work collaboratively with all agencies in the municipality
- Regular forums in each municipality of all relevant service providers to:
  - Discuss and progress the work of the CHP and the MPHP;
  - Coordinate Health Promotion activities;
  - Jointly source funds and conduct needed programs and activities.

## **Case study 4: Collaboration to reduce duplication**

### **DAREBINhealth collaboration with North Central Metropolitan Primary Care Partnership**

The City of Darebin is undertaking a project called the DAREBINhealth: Profile 2003 as part of its Municipal Public Health Plan. Its aim is to build on the information in the Plan to develop a more rigorous understanding of the health issues facing the Darebin Community. Profile 2003 will provide an overview of the health issues in Darebin and highlight those of greatest significance. A key feature will be a process of engagement with a range of key agencies, stakeholders, community groups and residents to gain an understanding of what they see as the major health issues facing the community. Such a process will not only enrich the present health planning process but also provide the necessary platform to build a shared understanding of the health issues of the Darebin Community.

Two of the components of Profile 2003 are a literature review and a "State of DAREBINhealth 2002" forum.

#### **Literature review**

The literature review aims to provide a sound theoretical background to Profile 2003. It will examine capacity building, health indicators, models of health planning and community involvement in health planning. The review will inform overall structure of Profile 2003 as well as provide direction for the forthcoming stakeholder and community consultation. Involving NCMPCP in this process will add value to their Integrated Health Promotion Planning framework as well as explore sustainable opportunities for community involvement in public health planning processes.

#### **The state of DAREBINhealth 2002 forum**

The State of Darebin 2002 is the first of two forums for the 2002–2003 financial year, aiming to inform local agencies and stakeholders about the most significant health issues facing the Darebin community. There will be presentations from the following NCMPCP agencies: City of Darebin; Northern Health; Darebin Community Health and Northern Division of General Practice.

Following further stakeholder and community consultation and a "State of DAREBINhealth 2003 forum" the DAREBINhealth: Profile 2003 will be published

The City of Darebin anticipates that the collaboration between NCMPCP and the City of Darebin Municipal Public Health Plan will add value to the development of any future Community Health Plans. Such collaboration should also reduce any duplication of processes between Community Health Planning and Public Health Planning processes in Darebin.

*A more detailed version of this case study can be found on the Primary Health Knowledge Base: <http://www.dhs.vic.gov.au/phkb>*

## **Case study 5: Statement of Cooperation for Service Planning**

### **Hume Moreland Primary Care Partnership (including the Cities of Hume and Moreland)**

*The Hume Moreland Community Health Plan 2002 states:*

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.

The PCP has utilised Hume and Moreland Municipal Public Health Plans and other local government plans in its planning activities.

**For more information about this document, please contact:**

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**Further case studies:**

This paper contains a few illustrative examples of innovative use of Community Health Plans and Municipal Public Health Plans. There are more examples of innovation occurring in the field.

If you wish to submit a case study, please contact Bruce Watson or Iain Butterworth (contact details above). These will be posted on the Primary Health Knowledge Base <http://www.dhs.vic.gov.au/phkb> and the Local Government Planning for Health and Wellbeing homepage <http://www.dhs.vic.gov.au/phd/localgov>.

**Relevant publications:**

Aged, Community and Mental Health Division 2000, *Consumer and Carer Participation in Primary Care Partnerships*, <http://www.dhs.vic.gov.au/phkb>.

Aged, Community and Mental Health Division 2001, *Integrated Service Planning: Interim Guidelines*, <http://www.dhs.vic.gov.au/phkb>.

Aged, Community and Mental Health, and Public Health 2000, *Primary Care Partnerships: Draft Health Promotion Guidelines*, <http://www.dhs.vic.gov.au/phkb>.

Municipal Association of Victoria and Department of Human Services, 2000, *Common Planning Protocol: Department of Human Services – Local Government Services*

Public Health Division 2001, *Environments for Health: Municipal Public Health Planning Framework*. <http://www.dhs.vic.gov.au/phd/localgov/mphpf/index.htm>

All Community Health Plans can be found at: <http://www.dhs.vic.gov.au/phkb>