

April 2009

Inside this update:

- Changes to PCPs
- Your invitation to get involved

Dates for Member's Forum Meetings

June 15th
Strategic Planning Workshop
Benalla

9.45am - 4pm
Lunch Provided

RSVP Essential for catering purposes

Hello to all our members.

This update provides **important information** regarding the development of our purpose, direction and priorities as we move into **another 3 year phase** in the life of Primary Care Partnerships.

At the December Member's Forum we heard from our guest speaker Cathy McGowan who encouraged us to continue to work together as the achievements partnerships can accomplish are significant. Working together within the traditional Health sector and between other sectors is becoming the expectation as we try to address the needs of people in our health system.

Ann Wearne, our Chairperson and myself encourage you to get involved in this process. Your involvement is the only way our partnership can accurately address the priorities of our community. Your involvement is necessary to ensure the resources you commit towards partnering 'adds value' to your organisation and our partnership.

Some Members will be contacted by *Mach II Consulting* requesting time for an interview regarding our planning. For these people, please take the opportunity to set the scene and purpose for our partnership.

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Summary of Changes:

- MOU replaced by Partnership Agreements with Member organisations.
- A new type of plan - 'strategic' instead of 'operational'.
- Member organization's priorities and strategies reflected in the partnership plan.
- Community needs identified through an evidence-based process undertaken by the partnership.
- Emphasis on shared accountability of partner agencies to each other and to the partnership.
- Greater engagement and active participation in PCP processes and activities by Member organisations.

Refer to the following pages for more details of these changes and what they may mean to you.

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Primary Care Partnerships 2009 - 2012

The following information provides the directions and changes for Primary Care Partnerships from both a state-wide and Central Hume perspective.

Section 1: State-wide Perspective

1.1 For Reconsideration: the Reason for Primary Care Partnerships

Department of Human Services

Outcome: To enhance wellbeing and quality of life, reduce the prevalence, incidence and burden of illness/disability, meet the needs of hard to reach and vulnerable groups, and reduce health inequalities between population groups.

Objectives: Consumers experience a better connected human services system.

- Effective and robust partnership arrangements with partner agencies, consumers and community groups.
- Mechanisms are in place for consumers and the community to interact with the partnership governance group (including the most vulnerable and disadvantaged groups).

1.2. A Statewide Program with growing popularity

Primary Care Partnerships (PCPs) are recurrently funded and increasingly used as a platform for DHS Programs and other Government Departments for progressing integration and service system reform agendas. Recent examples include the enhancements to Gambler's Help Services funded through the Department of Justice and the implementation of Victorian Drought initiatives.

1.3 Changes to PCPs

Three key areas of work are being developed to strengthen PCP governance and accountability for implementation in 2009-2012.

1.3.1 MOU replaced by Partnering Agreements

The existing PCP governance arrangement for most PCPs is via a memorandum of understanding (MOU). The proposed change from an MOU to a Partnering Agreement will further clarify roles and responsibilities and improve accountability that PCP members have to each other. In addition, the proposed change will establish a signoff process for the Consortia Agreement with all core members of the PCP.

1.3.2 New Type of Plan

Previously PCPs were required to develop a 3 year Community Health Plan (CHP). The CHP will be replaced with a 3 year Strategic Plan for the period 2009-2012. Responsibilities of PCP partners will be reflected in the Strategic Plan to deliver reforms in service coordination, integrated health promotion and integrated chronic disease management.

The 3 year Strategic Plan should be based around addressing two to three strategic health and well being priorities. The strategic priorities may include a critical issue in the Region and/or the PCP catchment. The strategic priorities can be population, settings and/or service based.

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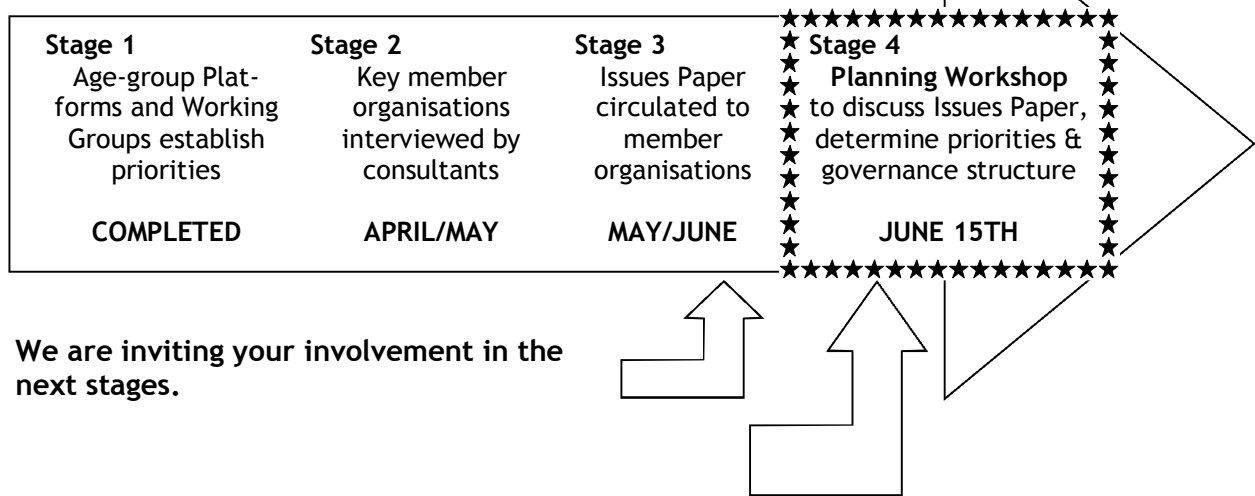
1.3.3 New Expectations and Responsibilities for Members

Responsibilities of PCP partners will be reflected in the PCP Strategic Plan to deliver reforms in service coordination, integrated health promotion and integrated chronic disease management. Conversely, partner agency strategic plans should reflect their roles and responsibilities under the PCP strategic plan.

Section 2: Central Hume Primary Care Partnership

The Strategic Planning Process

Figure 1: The planning process for the next 3 year strategic plan.



Stage 2

We have employed *Mach II Consultancy* to assist us in our strategic planning. Their first task is to gather our Member organisations ideas about how the partnership approach can 'add value' to the work their organisation does.

This will also provide an opportunity to gather thoughts about changes to our governance structure to ensure we have the 'right people' around the table to strategically guide our partnership.

Stage 3

Mach II Consulting will produce an Issues Paper which will begin a discussion about what purpose our partnership has and what work it can do to 'add value' for our Member organisations.

Stage 4

This will be a culmination of the work our Age-group and Working Group Conveners have done gathering priorities from their groups as well as the thoughts from the Executive level participants from Member Organisations. Priorities will be established and recommendations around resourcing and governance prepared.