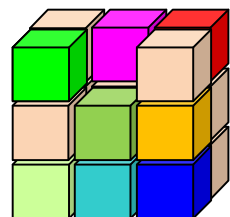




STRATEGIC PLAN ***2009 – 2012***



1.0

*Foreword by Chairperson****Building Healthy and Resilient Local Communities ...***

Coming into our tenth year, the Central Hume Primary Care Partnership (CHPCP) continues its focus on improving the health and well being of the communities in the local government areas of the Alpine Shire, Benalla Rural City, Mansfield Shire and the Rural City of Wangaratta.

In the development of the 2009-2012 Strategy Plan we have at its core our continuing mission to strengthen inter-agency coordination in the areas of needs identification, planning, service delivery and health promotion. At the community member level we strive for people to experience services of all our member agencies where the client journey is seamless and fulfilling.

We acknowledge the role the 31 PCPs play across the state and the continued support of the Department of Human Services and others, who increasingly see the important role the PCP's play in local population health and wellbeing.

We've recently undertaken an extensive strategic planning process to develop our 2009-2012 Strategic Plan. This involved a stakeholder survey, extensive community consultation, a number of 1:1 interviews with sector leaders, a workshop with all the Working Group and Age-group platform Conveners, as well as a strategic planning day attended by over 30 participants.

A key issue identified in the process as limiting the potential of the CHPCP was the lack of regular engagement of some the leaders of key member organisations. This strategic planning process has addressed a range of underlying issues and I'm looking forward to leading a board that is strategic, active and vibrant.

We've also identified the strategic priorities on which we will focus over the next three years.

We look forward to working with our communities and our partners to deliver this plan focussing on building healthy and resilient local communities.



Ann Wearne
Chairperson

2.0

*Central Hume PCP Profile**Building Healthy and Resilient Local Communities*

Central Hume PCP at a glance

The Central Hume Primary Care Partnership (CHPCP) is a voluntary alliance of the primary care service providers in the local government areas of the Alpine Shire, Benalla Rural City, Mansfield Shire and the Rural City of Wangaratta. The CHPCP is one of four PCP's in the Hume region.

The aim of the CHPCP is to improve the health and well being of the local population by strengthening inter-agency coordination in the areas of needs identification, planning, service access and health promotion.

PCPs were established nine years ago and are recurrently funded by the Department of Human Services. Increasingly PCP's are also being used by other departments to progress service system reforms.

A key challenge we face as a PCP is we define our role and functions, in the context of the many direct service providers that make up our diverse membership. Similarly, how do we conduct our planning and engagement activities in a way that complements the planning and engagement activities of our members and does not create an unnecessary additional overlay. These were key questions addressed as part of the current strategic planning cycle.

This resultant Plan defines how we propose to reposition the CHPCP in future to better engage sector leaders across the region and to focus on the specific needs of communities, wherever possible using existing forums at the local level. This is a move away from the specific issue 'working groups' and 'age group platforms' that have characterised the CHPCP in the past. It builds on the plans, projects and partnerships that are already embedded in the way local communities work together and, in particular, the existing health and wellbeing planning processes of local governments.

We see our role over the next three years as delivering on locally identified priorities as well as publicly-funded initiatives, focusing on specific health and wellbeing outcomes through targeted priorities. We are committed to achieving our goals through strong partnerships. The PCP will facilitate better outcomes (that are achieved through collaboration) as a result of partnerships. These are documented in this Plan.

The Plan has not been developed in isolation. It has been developed as part of a long process of stakeholder engagement which started with a stakeholder survey, extensive community consultation, 1:1 interviews, a member's workshop and a strategic planning day.

3.0

Our Vision, Mission & Values

Our Vision...

Our vision is that the overwhelming experience and journey of people accessing and using health services in the Central Hume Region is positive and seamless.

This is the CHPCP we aspire to

Our Mission

The Mission of the CHPCP is to improve the health and wellbeing of the local population by strengthening inter-agency coordination, focusing on systemic issues, research activities, needs identification, planning, and outcomes monitoring.

This is our core purpose

These activities are focused specifically on the areas of :

- *Better cross-agency coordination of services*
- *More integrated approaches to health promotion*
- *Improved integration of chronic disease management*

Our Values

- *We will approach our work with integrity always putting the community interest and client experience first.*
- *Celebrate the diversity of people and organisations who all play an important role in achieving our mission*
- *Be inclusive in our approaches to developing local solutions.*

These are the behavioural standards which we all work to in pursuit of our vision

4.0

Our Role and Focus
- Cross-Agency Context

Where we can add value

We have defined the CHPCP role around the imperative need to complement and add value to the direct service delivery and health promotion roles of our constituent members. We distinguish between the direct service and project delivery that member agencies partake in and the supportive and collaborating role of the PCP plays.

The PCP is best placed to add value to agency service delivery by undertaking activities that enhance, inform and evaluate services, programs, projects and the interagency service system.

The areas in which the CHPCP can best add value are illustrated in service/program delivery spectrum below:

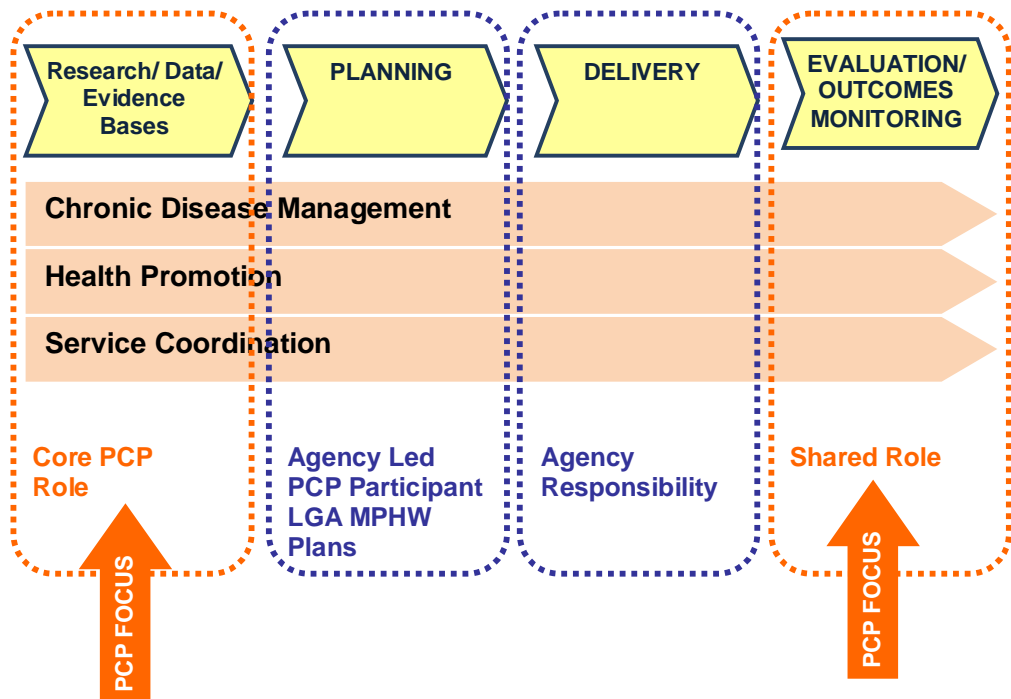


Diagram 1: PCP focus

In this context, the CHPCP defines its capacity building role in the areas where it has the greatest potential to add value to Member Agencies. These are focused:

- At the research/analysis/evidence gathering end;
- As a facilitator of collaborative planning processes; and
- At the post-delivery evaluation/outcomes monitoring end of the spectrum.

Our Role

Within the above context, we see the CHPCP's role as follows:

Information Hub

- Act as a hub for knowledge on services and projects. Identify service gaps and replication to improve service provision and coordination.

Projects

- Working directly on implementing the strategies and projects identified by the board 'Executive Group'. This will require research, planning, and analysis, project monitoring, submission writing and reporting.
- Actively seek funding on behalf of PCP identified projects from a range of sources for the implementation of projects.

Research and Evaluation

- Actively support project evaluation that demonstrates the success and/or learning's of projects and initiatives. Develop knowledge and expertise in this area as a means of adding value to all organisations and projects.
- Collect and analyse data for the purpose of identifying emerging issues or demonstrating the nature and/or extent of a current issue. Use the evidence to inform potential opportunities, priorities and projects.
- Present research findings, analysis and local intelligence to the Executive group for further discussion, analysis and action.
- Focus on data reflective of the 'client journey' as a key indicator of improved planning, service delivery and coordination.

Advocacy

- The leaders group will play an advocacy role on particular issues in support of further resources and/or new initiatives.
- Working closely with other PCPs to identify issues and responses at a regional and state level.

Facilitation of Partnerships

- Supporting partnership development and implementation through playing a facilitation role and providing information and support. Develop resources and expertise in the area of partnerships and act in a mentor role as required.

5.0

Our Strategic Priorities

- The next 3 years

Our priorities for the next three years supported by the following framework:

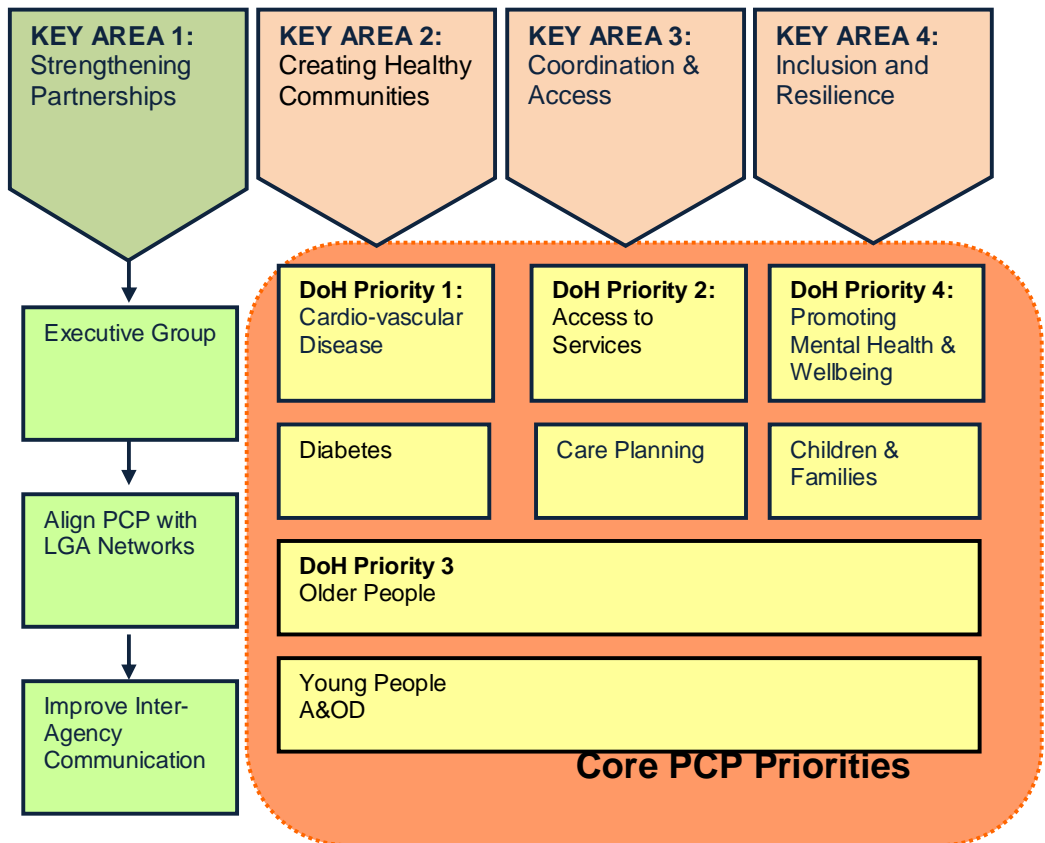


Diagram 2: Priorities

From these we have determined our three Strategic Priorities and one Health Promotion Priority for the next 3 years;

1. Cardio-vascular Disease
2. Access to Services
3. Older People
4. Promoting Mental Health & Well-being

6.0

Our Governance Structure

- How we work

The CHPCP governance will be supported by the following structure:

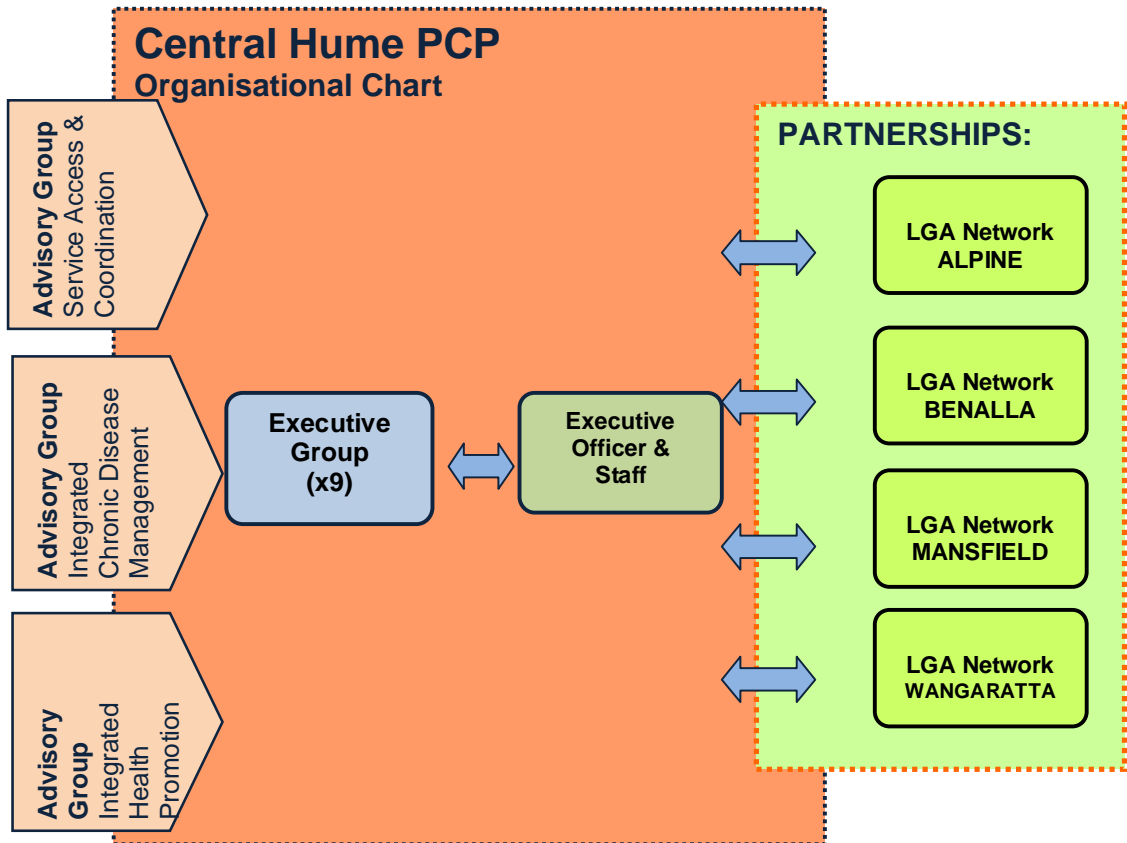


Diagram 3: Governance Structure

6.1 Establish PCP Executive Group

We propose to improve the PCP governance structures to more effectively deliver on the mission, values and strategies of the organisation.

We will establish a 'PCP Executive Group' as the board which governs the CHPCP. The board will meet to discuss current and emerging issues, further priorities and coordinate implementation of the Strategic Plan.

One of the key issues identified in the review process was the lack of provision for board re-election after a two year term. This has in the past resulted in key agencies being denied a seat at the table. This can be counterproductive to the broader goals of the organisation, especially where particular expertise is required or projects run over a number of years.

Key elements of this include:

- The Executive Group will be comprised of the key executive leaders of organisations (CEO's or Senior Managers) with the decision making ability to commit resources to projects identified by the board.
- Conduct a review of the terms of reference of the board to reflect its new structure. In particular, address the issue of board tenure and the requirement from Department of Health to move to a stronger organisational arrangement.
- The board should consist of approximately 9 members with delegates representing the individual LGA's as well as key member agencies.
- Meetings will be held quarterly to reduce the time burden on leaders, acknowledging busy schedules. This frequency should be regularly reviewed to maximise board efficiency.
- The Executive Group will conduct an annual Strategic Plan review including a board review to make any changes that may be required to deliver the 3 year plan.

6.2 *Align PCP Structure and Activities with Local Government Structures, Processes and Plans*

We will discontinue the current of issues-based structure ('Working Groups' and 'Age Group' platforms). The four municipal health and wellbeing plans of member local governments will inform CHPCP priorities. Partnership interactions will similarly be aligned with local government planning processes and structures. We believe, in taking an approach that acknowledges existing and ongoing local planning, consultation, partnerships and initiatives, we can play a more enhanced role in our communities. This will improve the PCP governance structures to more effectively deliver on the mission, values and strategies of the partnership.

Key elements of this priority include:

- Establish four LGA networks where local organisations come together to discuss local issues, plans, service coordination, partnerships and opportunities. The Executive Officer will play a key role in informing the Executive Group of identified issues which are common to all LGA's and presenting local initiatives to the Executive Group.
- Develop the priorities of the PCP using key strategies identified through LGA Municipal Public Health Plans and others.
- Support smaller organisations to develop strong relationships with their local LGA networks.
- Use the LGA networks to identify emerging issues, gaps or replication in services, a lack of evidence or opportunities for partnerships with others.
- Through the LGA networks, to identify opportunities for projects which are relevant across the four LGA's.
- Directly support the operations of the LGA networks through providing resources, secretariat, and follow up.

6.3 ***Improved inter-Agency Communication Channels Between PCP members***

A number of key stakeholders have identified communication as an area for significant improvement. A revised governance structure requires a strong communications plan for all stakeholders. Our communication needs to be focused on maintaining an effective, honest and open cross-agency dialogue at the various organisational levels.

Key elements include:

- Develop a communication plan that identifies the appropriate style, content and frequency for communications with various stakeholder groups.
- Establish specific communications plans for the Executive Group, project partners, funders, LGA networks and the general public.
- Develop a communications plan that explains the transition from the current strategy to the new strategy including the new structure, networks and priorities.
- Production of a flyer for potential LGA network members and general community members.

Critical to the success of the revised governance structure will be a plan that articulates the lines of communication and delegation between the Executive Group and the LGA networks and between the Executive Officer and the two groups.

6.4 ***Clarify PCP Member and Office-Bearer Roles***

We will develop better enabling structures for the PCP. This will facilitate executive members, agency members and staff to understand more clearly their roles in the Partnership. This will enable the Partnership to deliver on the outcomes and priorities articulated in the Strategic Plan.

Key elements include:

- Internally; develop specific roles, responsibilities and position descriptions consistent with the new strategy. These include; Executive Group Chairperson and members, the LGA networks and the Executive Officer & staff.
- Consider the employment/co-employment of PCP staff to be placed within LGAs (with a geographic-focused, cross-agency brief) where a demonstrable need exists.

Central Hume Primary Care Partnership Strategic Plan 2009—2012



Vision: the journey of people accessing and using health services in the Central Hume Region is positive and seamless
Mission: improve the health and wellbeing of the local population
Functions: Strengthen inter-agency coordination, research, needs identification, planning and outcomes monitoring
Values: Inclusive, integrity, diversity

Strategic Priority

: To improve the health of individuals and the functioning of the system as a whole

Priority 1 Strengthening Partnerships

What does this mean?

- Member organisations have prioritised working together locally to meet their community needs
- We need an Executive Group which can resource and monitor the implementation of the Strategic Plan

What we want to do together:

- Develop four local PCP networks to advance the work of the partnership
- Form a new executive structure to guide the partnerships activity
- Build the skills of organisations to use research and evaluation
- Build the skills and evidence-base of organisations to produce integrated plans within our four local government areas
- Explore the use of new information technology tools to keep organisations involved and able to contribute in the partnership

Priority 2 Creating Healthy Communities

What does this mean?

- Health and wellbeing are influenced by the environment in which we live
- We have rising levels of chronic disease in our communities
- People with Chronic Disease often have complex needs
- Partnerships support better management of Chronic Disease

What we want to do together:

- Promote health lifestyles
- Support early detection of risk
- Encourage self-management
- Work towards addressing the issues raised by an ageing population
- Encourage life-long learning
- Develop an approach to reduce the incidence of under-age & binge drinking in young people

Disease Priorities:
Cardiovascular & Diabetes

Priority 3 Coordination & Access

What does this mean?

- We have a complex health service which looks different in each of our local government areas
- Our population is ageing, increasing the need of people to access services
- There can be equity issues surrounding the accessibility of services

What we want to do together:

- Improve communication and coordination between services
- Integrate services to provide a seamless system with a no 'wrong door' for users.
- Present services which are accessible to vulnerable groups
- Assist each other to re-orientate the health system to be more client-centred
- Use the local PCP networks to identify emerging issues, gaps or replication in services
- Apply quality measures to interagency service coordination

Priority 4 Inclusion and Resilience

Promoting Mental Health & Wellbeing

What does this mean?

- Social networks and social ties have a beneficial effect on mental health outcomes
- Well planned community infrastructure promotes a more socially inclusive environment
- Natural disasters and extreme weather events can cause added stress
- People want to be included in decision-making that affects them

What we want to do together:

- Promote inclusion of minority groups in planning and service system design
- Increase opportunities for socially isolated people to be included
- Develop & support opportunities to respond to climate change
- Encourage a built environment that promotes, active citizenship, social equity and safety

All priorities are supported by the use of evidence and ongoing evaluation