



CENTRAL HUME

Primary Care Partnership

Update February 2010

Inside this update pg:

New Plan, New Commitment	2
Changes Planned for Central Hume PCP	2
Problem Gambling	3
Early Intervention in Chronic Disease Projects	3
Closing the Gap	4
IHP Meeting Dates	4
Training Dates	5
DAPs workshop	5

Happy New Year to All!

I trust everyone had a restful and enjoyable Christmas & New Year break.

We begin the year with a new Strategic Plan which is arguably more reflective of the work we can do together, than any previous plans we have had. It contains priorities reflective of our four local government areas. We have changed the structure of the partnership too. We have replaced the Age-group Platforms with Local PCP Networks. Our decisions will now be made by an Executive group instead of with the broader membership base. An emphasis will now be placed on assisting member organisations to build their evidence-base and evaluation processes. Thank you to all who contributed to this planning process.

Our Chairperson, Ann Wearne has emphasized that 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. That's what

All-in-all, an exciting time is ahead for organisations who would like to work together to improve the health of their community. Thanks for your continued support and I now ask you to consider taking on some responsibility for this new plan and consider being part of the executive group or our three advisory groups. I'll assume that you will all be involved in and support your local PCP network!

Meeting Dates

- 26th February - Executive Working Group

Melinda Shepherd
Executive Officer

Calling for Representatives for the new Executive

To implement our new strategic plan we require our organisations to provide leadership. An Expression of Interest in being part of the Executive Group will be circulated in February.

We require executive level representation from:

- 2 Health Services (include Acute and Community Health)
- 4 Local Councils
- 1 Disability
- 1 Youth & Families
- 2 Other

to adequately represent our range of organisations.

Please note: The new Executive Group will be the decision-making mechanism for PCP decisions. The Member's Forum will be an information sharing forum.

New Plan, New Commitment

As part of the planning process all our members were encouraged to participate. It was made clear that no response to this request would mean that membership with our partnership would not continue. On the positive side, we have new members who joined our planning process and will assist us as we implement our new plan.

'Signing-up'

Throughout February we will be encouraging these members to 'sign-up' to parts of the plan they feel they can contribute to. Our updated MOU will also be available for members to peruse.

Priorities

It is expected that our members will see strong links with what they do and our new partnership priorities. These are:

- 1. Strengthening Partnerships**
 - Local integrated planning
- 2. Creating Healthy Communities**
 - Cardiovascular Disease
 - Diabetes
 - Young People & Alcohol
- 3. Coordination & Access to Services**
 - Inter and Intra-agency Care planning
 - Equity
 - Consumer voice
- 4. Inclusive and Resilient Communities**
 - promoting Mental Health & Wellbeing

Changes planned for Central Hume PCP

The Strategic Plan

The change from an operational to strategic plan, required by the Department of Health, has assisted us to develop a plan which is more reflective of what partnerships can achieve. More importantly the planning process we put in place ensured more input from our Member Organisations. The planning timeline allowed us to work in collaboration with the Municipal Public Health Planning process. The result being a Strategic Plan which is reflective of the health priorities determined in each of our four local government areas.

Advisory Groups will now provide a mechanism for member organisations to work together around implementing Integrated Health Promotion, Integrated Chronic Disease Management and Service Coordination strategies. Previously called 'Working Groups' the Advisory Groups will be more strategic - establishing strategies for workforce development, research and data collection, consumer input and evaluation of program delivery and integrated planning.

Governance

Another big change in the way we work together is our governance structure. We have utilised Age-group Platforms over the last few years as a mechanism to improve our health system. Beginning in 2010 we will be realigning this work to four local PCP networks. It is anticipated that this will make it easier for organisations to work together to improve the health system for their local community.

Problem Gambling Project Update

AN UPSTREAM APPROACH: SOCIAL CONNECTION AS A PROTECTIVE FACTOR FOR PROBLEM GAMBLING THE DEPARTMENT OF JUSTICE PROJECT

Ovens and King Community Health Service is our lead agency for the CHPCP Department of Justice project for the next 18 months. The health promotion project will focus on the two local government areas of Wangaratta and Alpine to promote social connection as a protective factor for problem gambling. The project will utilise an upstream approach, targeting men and women over 55, to connect them to their community in as many ways as possible.

The project will not only focus on programs and activities targeting this age group but also look at what environmental factors promote connection and strategies to engage the hard to reach groups.

The four key areas of work that the lead agency will facilitate are:

- Knowledge gaps: current levels of connection at a LGA level, the different ways of connection for different people, barriers to connection
- Environments that promote social connection
- Capacity building & training: Strategies, tools and approaches to engaging people who are socially isolated or disconnected
- Activities & Adding value: look at what we currently do, how can we expand, adapt or strengthen our current programs for better outcomes

OKCHS will be employing a project worker to drive this project and this project will be reported back to the Integrated Health Promotion Advisory Group. The project worker will be establishing a problem gambling reference group with representatives from both shires to help drive the project at a local level.

If you or your agency are interested in being on this reference group send an email to rachael.duncombe@delatitechshume.org.au and we will pass your details on to the project worker to ensure they make contact with you and your agency.

Early Intervention in Chronic Disease Project Update

Benalla

Benalla Hospital, Delatite Community Health and the NE Division of General Practice have bitten the research bullet and have begun a research project designed to assess the health needs of Benalla. Utilising access points such as services at the Benalla Community Care building, Accident & Emergency and two General Practices in Benalla consumers will be asked about their health needs, particularly around managing Chronic Disease.

After some feedback from GPs it was agreed that the survey points could be expanded to include other access points for the general public. As a consequence 'Survey Stations' will be set up at the three largest supermarkets. These will be 'manned' to provide the opportunity for community members to fill out the 5 minute survey. The survey begins 3rd February and concludes on the 9th.

Utilising funds from the PCP to employ a researcher to guide the project and in-kind resources from the Division of GP, data will be collected, analysed and feedback to the project team. This process will provide evidence around what areas of the health service system improvements can be made.

New Funding “Closing the Gap on Indigenous Health”

The national initiative to ‘Close the Gap in Indigenous Health’ has brought to attention the need to improve Indigenous health in our country. Staggering differences in life expectancy, access to health services, birth weight of infants, smoking related diseases and sexually transmitted diseases raises cause for concern both nationally and in the Hume Region.

The five priority areas for ‘Closing the Gap in Indigenous Health’ in Victoria are smoking, Primary Health Care services, improving the patient’s journey, healthy transition to adulthood and making Indigenous health everybody’s business.

The Hume region has received funds through this initiative. A committee has been appointed to create a plan to address these five areas. The key issues of Indigenous health in Hume Region are: high rates of sexually transmitted diseases, teenage pregnancy, risky behaviour and chronic disease, poor pregnancy outcomes, low immunisation rates, high rates of leaving hospital (ED) without treatment and a lack of Aboriginal specific services and correct data.

There are 3,361 Aboriginal people living in the Hume Region, 12.62% of the population in Central Hume. Although this figure is comparatively low, there is still a need for action to be taken in this area.

Our Executive Officer attends this meeting on behalf of CHPCP by request of DoH. At the December meeting the following issues were agreed by the CTHG committee as regional priorities for focus in the first 12 months (2010):

Five priority areas:

- Interface between hospital and community
- Development of a cultural competency framework
- **Central Hume PCP and Lower Hume PCP catchments—access to services**
- Young Mum’s Journey—including sexual health, teen pregnancy, smoke-free pregnancy
- Smoke-free workplace

The next meeting is in February where strategies for each of these priorities and a draft plan will be discussed and endorsed. The funding begins in March for three years.

IHP Meeting Dates

- Alpine Health Myrtleford: January 20th
- Benalla Community Care: February 17th
- O & K CHS Wangaratta: March 17th
- Alpine Health Myrtleford: April 21st
- Benalla Community Care: May 19th
- O & K CHS Wangaratta: June 16th
- Alpine Health Myrtleford: July 21st
- Benalla Community Care: August 18th
- O & K CHS Wangaratta: September 15th
- Alpine Health Myrtleford: October 20th
- Benalla Community care: November 17th

Always 9:30-11am

New Funds Holder for Central Hume \$\$\$

Our funds were successfully transferred to Benalla District Memorial Hospital on 24th December. Thank you to Dan Weeks and Neil Stott for their offer to take on this responsibility. Due to setting up new payment arrangements etc there could be a slight delay in processing invoices.

Disability Action Plans (DAPs)

On Friday March 12th, CHPCP will be hosting a three hour workshop to assist our members in planning their Disability Action Plans (DAPs). Aided by the knowledge and expertise of Cathy Prior (Central Access) and Glenn Mackinnon (Disability Advocacy and Information Service inc.), members will have the opportunity to allocate funding and resources to begin their DAP. Contact the PCP Office for more details. A flyer will be circulated shortly.

Training Calendar

February

- 1st - Inaugural Benalla Health & Wellbeing Meeting
- 15th & 16th - Health Coaching, Wangaratta
- 18th & 19th - Health Coaching, Benalla (**5 fully funded spots still available to member agencies**)
- 24th - ICDM Workshop, Melbourne (invitation only 3 per PCP)
 - Using case studies and data to strengthen partnerships
- 25th - Dementia Care essentials (Contact: Sarah Dalton 9815 7839)

March

- 3rd - Community Health Priority Tools Training
(Half day training and information session Wangaratta)
Registration online at <http://www.surveymonkey.com/s/prioritytoolstrainingmarch2010>
- 11th & 25th - Dementia Care essentials (Contact: Sarah Dalton 9815 7839)
- 12th - DAPs Workshop, Benalla

April

- 28th & 29th - An Introduction to working with Individuals Who Self-Abuse
(Contact: Di Wines, 0417 303 505)

Our new plan can be found at

<http://www.centralhumepcp.org/articles/296/pdf/CHPCP%20Strategic%20Plan%202009%20-2012.pdf>