

# Partnering Agreement



## Agreement Between <Organisation> & CHPCP

This is an agreement between the Central Hume Primary Care Partnership and you as an Active Member (as per 3.1).

I agree to be a signatory to the Central Hume Primary Care Partnership Partnering Agreement.

**Name: (CEO or nominee)** \_\_\_\_\_

**Title & Organisation** \_\_\_\_\_

**Address of Organisation** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

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**Acknowledgement:** the Executive of Central Hume Primary Care Partnership would like to acknowledge the use of the South East Healthy Communities Partnership's Partnering Agreement in the development of our Partnering Agreement document.

# Background

The Primary Care Partnership Strategy is a Victorian Government initiative that provides Primary Care Partnerships across the State with funding to strengthen relationships, improve service coordination, integrate health promotion activities and reduce the preventable use of hospital services. Each Primary Care Partnership represents a specific region within Victoria and forms a voluntary alliance with a range of service providers.

The main motivation for service providers to become **Central Hume Primary Care Partnership** members is to improve relationships, reduce duplication of services, address gaps in service provision and achieve better health and wellbeing outcomes for the community.

This Agreement documents the collaboration between members of **Central Hume Primary Care Partnership** for the conduct of certain activities as set out in this Agreement.

# Glossary

**"Active Member"** means you are a signatory to the CHPCP Partnering Agreement

**"Affiliate Member"** means you have filled in an Affiliate Membership form.

**"Agreement"** means this partnering agreement, as amended by agreement in writing of the Members;

**"CHPCP"** means Central Hume Primary Care Partnership, a collaboration operating on the terms of this Agreement by written agreement of the members;

**"Commencement Date"** means the date on which the Executive sets for implementation.

**"Confidential Information"** means any information or data, including Personal Information, whether or not in a material form, which is confidential to a Member including confidential information acquired, collected or developed during the currency of this Agreement, but does not include information that is already in the public domain otherwise than as a result of a breach of this Agreement;

**"Contributed Material"** means material referred to in clause 9.1(b);

**"Contributions"** means the contributions that a Member will endeavour to provide to the CHPCP as set out in clause 2.1 (C);

**"DoH"** State Government Department of Health

**"Force Majeure Event"** means any occurrence or omission as a direct or indirect result of which the party relying on it is prevented from or delayed in performing any of its obligations under this Agreement and that is beyond the reasonable control of that party, including war, riots, acts of gods and industrial action (provided it is not directed only at that party);

**"Funding Agreements"** means the agreements between member agencies of CHPCP and funding bodies for CHPCP activity;

**"Members"** mean the parties to this Agreement;

**"PCP"** means Primary Care Partnership, an abbreviation of CHPCP;

**"Secretary"** means the Executive Officer of the PCP

**"Strategic Priorities"** means the strategic priorities set out in CHPCP Strategic Plan 2009-2012.

**"Strategic Plan"** means the strategic plan of the CHPCP

# Terms

## 1. Strategic Priorities of CHPCP

Our strategic intent is to improve the health of individuals and the functioning of the system as a whole.

### 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.

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

The partnership's four strategic priorities for 2009/2012 are:

Priority 1 Strengthening Partnerships

Priority 2 Creating Healthy Communities

Priority 3 Service Access & Coordination

Priority 4 Inclusion and Resilience: Promoting Mental Health & Wellbeing

*Supporting document: Central Hume PCP Strategic Plan 2009 -2012*

### 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 that all play an important role in achieving our mission
- Be inclusive in our approach to developing local solutions

## 2. Members undertaking

### 2.1 The Members undertake:

- A. to cooperate in good faith in pursuit of the CHPCP Strategic Priorities and to meet the obligations of the Funding Agreements;
- B. to use all reasonable endeavours to comply with the Strategic Plan;
- C. to use all reasonable endeavours to provide the Contributions as set out in the Strategic Plan; and in performing this Agreement, to act reasonably and in good faith.

## 3. Membership

### 3.1 CHPCP has two levels of membership.

Level 1: Active members

Level 2: Affiliate members

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## 3.2 Entering

The Executive will determine eligibility for membership. Organisations eligible for Membership will be from the Health, Welfare and Community Sectors and must provide services within the CHPCP catchment, for example:

- Aged Care Assessment Service;
- Community Health;
- Hospital or Health Service;
- Division of General Practice;
- Local Government; and
- District Nursing Service
- Mental Health Service;
- Drug Treatment Service;
- Ethno-specific Service;
- Women's Health Service;
- Sexual Assault Service

PCPs may include additional representatives on their governance bodies. For example including sectors more recently engaged with PCPs, such as disability, housing, homelessness and others.

- A. An organization which applies to become a Level 1 Member Agency must forward a signed Partnering Agreement and Membership form to the Executive. Organisations applying for Level 2 Membership should complete the Membership form and return to the Secretary.
- B. An agency who is not a Member of the CHPCP at the Commencement Date of this Agreement may enter the partnership at Level 1 and 2. Eligibility for the Executive is dependant on the 3 year election cycle.
- C. If the Executive approves an application for membership, the Secretary must, as soon as practicable:
  - (i) Notify the applicant in writing of the approval for membership;
  - (ii) Enter the applicant's name in the register of Members.
- D. An applicant for membership becomes a Member and is entitled to exercise the rights of membership when they are entered into the register of Members.
- E. If the Executive rejects an application, the Secretary must, as soon as practicable, notify the applicant in writing that the application has been rejected.

## 3.3 Register of Members

- A. The Secretary must keep and maintain a register of Members containing:
  - (i) the name and address of each Member; and
  - (ii) the date on which each Member's name was entered in the register.
  - (iii) the date on which the Partnering Agreement was signed
- B. The register is available to all Member agencies upon request.

# Terms

## **3.4 Exiting the Partnership**

- A. A Member may resign from the CHPCP by giving notice in writing to the Chairperson.
- B. The resigning member will cease to be a member when the written notice is tabled at the next Executive meeting.
- C. The Secretary will then record in the register of Members the date of the Executive meeting in which the member ceased to be a Member.

## **3.5 Membership Disputes**

- A. CHPCP will operate as a forum in which Members are encouraged to openly express and discuss their concerns and issues seeking consensus and agreement as part of the overall decision making process. The Partnership recognises and values the diversity of its Partners and seeks to anticipate and resolve differences in this spirit.
- B. The Executive will ordinarily determine the course of action to be taken in relation to dispute resolution.
- C. Where the matter is unable to be resolved within ten working days by the Executive, the Executive will decide on whether the issue is to be referred to:
  - (i) The CEO's of the respective organisations or appropriate line manager in the organisation;
  - (ii) DoH Regional Office initially through the responsible DoH Program Manager or;
  - (iii) Another appropriate course of action, such as an independent mediator, dependent on the nature of the dispute.
- D. In the situation whereby the dispute involves the CHPCP Executive an independent mediator will be used.

## **4. CHPCP Executive**

### **4.1 Executive responsibilities**

- 4.1.1 Develop, implement and review the strategic plan
- 4.1.2 Develop, review and endorse recommendations from the PCP's Finance Committee
- 4.1.3 Accept Finance Committee reports and approve/endorse any recommendations contained therein.
- 4.1.4 Develop, review and endorse recommendations from Local Government Partnerships and CHPCP Advisory Groups regarding strategic direction of the partnership.
- 4.1.5 Undertake operational decision-making activities on behalf of the PCP Member's
- 4.1.6 Ensure representation at regional and state wide consultation forums where appropriate
- 4.1.7 Review and monitor the financial reporting and contractual agreement between DoH through the Funds Holder by receiving quarterly and annual financial reports.
- 4.1.8 Be accountable for the Funding and Service Agreement and member agency collective performance as a partnership;
- 4.1.9 Raise issues that may have an impact on the CHPCP Partnership or its individual members and contribute to their resolution

# Terms

4.1.10 Form sub-committees where appropriate

*Supporting documents: CHPCP Executive Terms of Reference*

## **4.2 Executive composition**

4.2.1 The CHPCP Executive will consist of:

(i) Up to 10 members who will be elected every 3 years in line with the partnership's Strategic Planning and Partnership review processes.

These members will represent the following organisations:

- 4 Local government representatives
- 2 Health Services (Acute & Community Health) representatives
- 2 Other services representatives
- 1 Disability service
- 1 Youth & Families service

(ii) From this Executive group the following positions will be elected:

- Chairperson;
- Vice Chairperson
- Chair of Finance Committee

4.2.2 Representation on CHPCP Executive will be dependant on meeting the selection criteria below:

- 4.2.2.1 Must be the CEO/Manager for the service as listed on the CHPCP Level 1 Member Agency List;
- 4.2.2.2 Agree to be a signatory to CHPCP's 2009/2012 Funding and Service Agreement (without changes to the document);
- 4.2.2.3 Be an active member of the partnership and include in the agency's strategic plan (or similar document) their contribution to CHPCP Strategic Plan implementation;
- 4.2.2.4 Agree to attend an orientation session for new CHPCP Executive representatives; and
- 4.2.2.5 Must be prepared to attend 75% of Executive meetings per annum and actively participate in other CHPCP activities.

## **4.3 Election of members for the Executive**

4.3.1 The Executive are the persons appointed to the roles by the Members at the first Annual Member's Forum (AMF) after the new Strategic Plan. Each member of the CHPCP Executive will hold office for a period of 3 years but is eligible for re-election.

4.3.2 Nominations of candidates for election of CHPCP Executive must be:

- 4.3.2.1 Made in writing, and accompanied by the written consent of the candidate (which may be endorsed on the form of nomination); and
- 4.3.2.2 Delivered (via mail or electronic transmission) to the Secretary (Executive Officer) of the CHPCP not less than 7 days before the date fixed for the holding of the Triennial Member's Forum. All nominees must be able to demonstrate meeting the eligibility criterion in clause (refer 4.2.2)
- 4.3.2.3 Listed as a Level 1 Member of the CHPCP.

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- 4.3.3 In the event of a casual vacancy occurring on the Executive, the Executive may at their discretion, call for expressions of interest from the CEO's/Senior Managers from the member agency list. Nominations will be tabled and voted on at Executive. Representatives may remain in casual positions until the next election cycle.
- 4.3.4 Elections for the CHPCP Executive will occur every three years in line with the Strategic Planning and Partnerships review process.
- 4.3.5 If insufficient nominations are received by the due date, to fill all vacancies on the Executive the candidates nominated will be deemed to be elected. The Executive may co-opt eligible Members to fill the remaining vacancies until the next AMF.
- 4.3.6 If the number of nominations received is equal to the number of vacancies to be filled, the persons nominated will be deemed to be elected.
- 4.3.7 If the number of nominations exceeds the number of vacancies to be filled, a membership vote/ballot will be held. All votes will be collated by the Secretary and an Executive Member not up for re-election and ratified at the AMF.

## **4.4 Executive Vacancies**

The Executive position becomes vacant if a member:

- (i) ceases to be a Member of the CHPCP; or
- (ii) resigns from office by notice in writing given to the Secretary; or
- (iii) does not attend 75% of Executive meetings annually or fails to attend 3 meetings in succession

## **4.5 Removal of an Executive member**

The Executive may by resolution passed with at least 50% plus 1 of filled Executive positions; vote in favour to remove a member of the Executive who has failed to attend three consecutive meetings or 75% of meetings annually.

## **4.6 Meetings of the Executive**

- A. The Executive must meet at least 6 times in each year at such place and such times as the Executive determines.
- B. Special meetings of the Executive may be convened by the Chairperson.

## **4.7 Notice of Executive meetings**

- A. The annual meeting schedule will be determined at the commencement of each year.
- B. Written notice (via electronic transaction) of each Executive meeting must be given to members of the Executive at least 5 business days before the date of the meeting.
- C. Written notice (via electronic transaction) must be given to members of the Executive of any special meeting specifying the general nature of the business at least 5 business days before the date of the meeting.

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## **4.8 Quorum for Executive meetings**

- A. 50% plus 1 of positions filled on the Executive constitutes a quorum.
- B. If a quorum is not in attendance then the meeting may proceed, however, decisions may not be endorsed at the meeting. In such cases, and in between Executive meetings, decisions and endorsements can be made through the implementation of the CHPCP Decision Making and Endorsement's Policy and Procedure.

## **4.9 Presiding at Executive meetings**

At meetings of the Executive:

- (i) the Chairperson or, in the Chairperson's absence, the Vice Chairperson presides; or
- (ii) if the Chairperson and the Vice Chairperson are absent, or are unable to preside, the Executive members present must choose one of their numbers to preside.

## **4.10 Voting at Executive meetings**

- A. Questions arising at a meeting of the Executive will be determined on a show of hands or, if a member requests, by a poll taken in such manner as the person presiding at that meeting may determine.
- B. Each member present at a meeting of the Executive, is entitled to one vote and, in the event of an equality of votes on any question, the person presiding may exercise a second or casting vote.

## **4.11 Minutes of Executive meetings**

The Secretary of the CHPCP must keep minutes of the resolutions and proceedings of each Executive meeting, together with a record of the names of persons present at Executive meetings.

*Supporting documents:*

*CHPCP Executive TOR*

*CHPCP Decision Making and Endorsement's Policy & Procedure*

## **5. Meetings of the Central Hume Primary Care Partnership**

### **5.1 Annual Member's Forum (AMF)**

The ordinary business of the AMF will be to:

- (i) Present the annual finance report
- (ii) Present the CHPCP performance against the objectives of the Strategic Plan

### **5.2 The Triennial Member's Forum (TMF):**

The Executive will determine the date, time and place of the TMF.

- (i) Members will be given 45 days notice of the nomination process for Executive Membership.
- (ii) Members will be given 28 days notice and agenda of the TMF
- (iii) The notice convening the TMF will specify that the meeting will hold the election for the Executive Members.
- (iv) The Membership will elect the Executive Members
- (v) The Chairperson of the Finance Committee will present the annual finance report

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- (vi) The Chairperson will present the CHPCP performance against the objectives of the Strategic Plan

## 5.3 Ordinary Member's Forums

The Executive may hold an ordinary Member's Forum as and when required to:

- Share learning's and showcase the partnership's achievements
- Report on progress of the Strategic Plan

## 5.4 Presiding at Member's Forum

5.4.1 The Chairperson, or in the Chairperson's absence, the Vice Chairperson, will preside as Chairperson at the AMF.

5.4.2 If the Chairperson and the Vice Chairperson are absent from a general meeting, or are unable to preside, an Executive member will preside over the meeting.

## 5.5 Voting at TMF

5.5.1 Only Level 1 Members are eligible to vote.

5.5.2 If a vote is required on any item of business then 50% plus one of Level 1 Members in attendance is required to make a decision or carry a resolution.

## 5.6 Minutes of meetings

The Secretary must keep minutes of meetings in a central file in the CHPCP office.

## 5.7 Special Purpose Meetings

Special Purpose meetings may be called at the discretion of the Executive for all members eligible to attend.

## 6. Financial

### 6.1 Funds Holder

- A. The Executive will appoint the Funds Holder in consultation with the Hume Region, DoH, as well as manage hand-over provisions
- B. Where the Funds Holder is to be replaced the Executive will manage the transition requirements.
- C. The CHPCP may conduct an audit of the Funds Holder accounts relating to funds held as and when the Executive may determine.
- D. The Funds Holder will provide reports as per the Funds Holder Agreement
- E. In the event that the CHPCP wishes to appoint a new Funds Holder applicants Member organisations will be asked to provide an Expression of Interest.
- F. Selection of a Funds Holder will take into account the agency's capacity to perform the role, including financial management and infrastructure and support available. The new Funds Holder will be approved by the Executive
- G. The Funds Holder takes the role of Chair of the Finance Committee on the CHPCP Executive
- H. Should the Funds Holder wish to relinquish the role, 4 months notice in writing is required. In such case the funds holder must facilitate the transfer of all relevant CHPCP funds, assets and records to the new funds holder.

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## 6.2 Management of Funds

- A. Regular finance reports will be tabled at each Executive meeting by the Finance Committee Chair. The Finance Committee Chair will report any significant budget variations of concern.
- B. An annual audited financial report will be provided by the Funds Holder at the conclusion of each financial year.
- C. The Annual Financial Report will be tabled at CHPCP AMF and kept by the Secretary in the central files in the CHPCP office.
- D. The use of all CHPCP funding will be approved by the Executive including re-current and project funding.
- E. All CHPCP funds will be monitored through the Finance Committee.
- F. All funded initiatives will have either a position description or project brief outlining how the funds will be used.
- G. All agencies who receive CHPCP funds will sign a contract with clear performance measures and accountability requirements

*Supporting Documents:*

*CHPCP Funds Holder Agreement  
CHPCP Instrument of Financial Delegation  
CHPCP Management of Projects*

## 7. Communication and reporting within the CHPCP

### 7.1 Communication

Responsibility for Communication with Member Agencies and stakeholders will be:

- (i) Chairperson & Vice Chairperson
- (ii) Secretary

### 7.2 Reporting

- A. The Secretary will be responsible for reporting to the Executive on progress against the priorities in the Strategic Plan.
- B. Member agencies receiving CHPCP funding will provide project progress reports to the Executive in accordance with the project brief.
- C. The Secretary will be responsible for preparing the reports for endorsement by the Executive prior to being submitted to the funding body.
- D. All Executive sub-committees will report regularly to Executive as per the TOR for such committee

*Supporting Documents:   CHPCP Project Management  
Primary Care Partnerships, Planning and reporting  
guidelines 2009-2012, DHS (July 2009)*

## 8. Information handling & Intellectual Property

### 8.1 Intellectual property

- A. Subject to clause 8.1(C), the Members agree that intellectual property rights in material developed in the course of CHPCP activities will vest as determined by law, including but not limited to the *Copyright Act 1968*.
- B. Each Member that contributes any material to the CHPCP activities in which it owns the

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intellectual property rights grants to each other Member a non-exclusive right to use, reproduce, amend and adapt such material for the purposes of the CHPCP activities.

- C. The Members acknowledge that intellectual property rights in material developed in the course of CHPCP activities may be affected by the Funding Agreements and agree to comply with any relevant provisions of the Funding Agreements relating to intellectual property rights.

## 8.2 Confidentiality

Each Member must keep all Confidential Information absolutely confidential and each Member warrants to each of the others that it will not communicate, publish or release, or permit the communication, publication or release of any Confidential Information except:

- A. As is necessary for the Members to perform their obligations under this Agreement.
- B. As required by law; or
- C. As is permitted under this agreement or otherwise agreed in writing by the parties.

## 8.3 Privacy

8.3.1 Each Member agrees to comply with its obligations, if any, under:

- (i) Privacy Act 1988 (Cth);
- (ii) a privacy law of a State or Territory; and
- (iii) health information law of a State or Territory, including but not limited to the *Health Records Act 2001* (Vic), ("Privacy Legislation").

8.3.2 Where a Member has no obligations under the Privacy Legislation, the Member agrees to ensure that it has procedures in place to deal with Personal Information received, created or held by it for the purposes of this Agreement which comply at a minimum with the National Privacy Principles under the *Privacy Act 1988* (Cth).

8.3.3 Each Member agrees:

- (i) to use Personal Information received, created or held by it for the purposes of this Agreement only to fulfil its obligations under this Agreement;
- (ii) to ensure that any person whom it allows to access Personal Information that is received, created or held by the Member for the purposes of this Agreement is made aware of, and undertakes in writing to comply with, the requirements of this clause;
- (iii) to cooperate with any direction, guideline, determination or recommendation made by a government entity or officer authorised to do so under the Privacy Legislation.

## 8.4 Publications & publicity

- A. Members must not publish information or make announcements regarding the CHPCP except in a manner approved by the Executive.
- B. All collaborative CHPCP initiatives are to be identified as CHPCP Projects and include branding with the CHPCP logo. Approval of use of CHPCP logo is given by the Executive via the Secretary.

# Terms

## 9. Context and relationships

### 9.1 Conflict of interest

- A. Each Member warrants that at the Commencement Date, to the best of its knowledge, having made all reasonable inquiries, no conflict of interest exists in relation to this Agreement or is likely to arise during the period of this Agreement. Each Member will inform the Executive as soon as it becomes aware of any matter that may give rise to a conflict of interest during the currency of this Agreement.
- B. Any information provided by a Member under clause 9.1(A) will be treated in confidence by the Executive.

*Supporting document: CHPCP Conflict of Interest Policy*

### 9.2 Allocation of risk

#### 9.2.1 Mutual indemnity

Each Member ("the indemnifying party") irrevocably and unconditionally indemnifies and agrees to keep indemnified each of the other Members and their respective directors, officers, employees, agents and contractors ("those indemnified") from and against any and all liability, loss, harm, damage, cost or expense howsoever arising that those indemnified may suffer, incur or sustain as a result of:

- (i) any breach of this Agreement (including material breach of any warranty given under this Agreement) by the indemnifying party;
- (ii) any unlawful or negligent act or omission by the indemnifying party or any of its directors, officers, employees, agents or contractors arising in connection with the PCP; or
- (iii) the exercise by the indemnifying party of any rights granted to it in relation to Contributed Material.

#### 9.2.2 Reduction of indemnity

The indemnities given by an indemnifying party under clause 9.2.1(A) will be reduced proportionately to the extent that the liability, loss, harm, damage, cost or expense referred to in clause 9.2(A) was caused or contributed to by:

- (i) any breach of this Agreement (including material breach of any warranty given under this Agreement) by any of those indemnified;
- (ii) any unlawful or negligent act or omission by any of those indemnified or any of its directors, officers, employees, agents or contractors; or
- (iii) the exercise by any of those indemnified of any rights granted to it in relation to Contributed Material.

#### 9.2.3 Consequential losses

Nothing in this clause 9.2 will render a Member liable for any special, indirect or consequential loss or damages (including loss of income or profits, and loss of expectation of income or profits) arising under or pursuant to this Agreement.

#### 9.2.4 Notification of acts

Each of those indemnified under clause 9.2.1(A) must promptly notify every indemnifying party of any event or circumstance that may reasonably give rise to those indemnified relying upon the indemnities in clause 9.2.1(A).

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## 9.2.5 Survival

The indemnities provided under clause 9.2.1 (A) are a continuing obligation, separate and independent of each Member's other obligations and will survive the expiration or, where relevant, earlier termination of this Agreement and will continue to apply (both as a right and as an obligation) to any Member who is expelled or retires from PCP.

## 9.3 Insurance and Liability

9.3.1 PCPs are insured by Victorian Managed Insurance Association (VMIA) in their own right as named insured's irrespective of any cross departmental funding.

9.3.2 Each Member who has signed the CHPCP's Partnering Agreement will be a named insured under the DoH Healthcare Agency Insurance Program in accordance with the conditions of the Consortia Agreement.

9.3.3 Where a Partnership Agreement is executed by the PCP's contact agency on behalf of its other members (without those members signing the Partnership Agreement), the contact agency is required to notify DoH insurance unit of all members of the consortium so that they may become a 'named insured' and therefore also be covered by DoH insurance.

9.3.4 Insurance coverage may be denied if Members act beyond the scope of the activities and projects specified and agreed in the Partnership Agreement or associated CHPCP Plan

## 10. Term and operation of this agreement

### 10.1 Term

This Agreement will commence on the Commencement Date and will remain in force until the Executive review the Agreement in line with the 3 year election and Strategic Planning cycle.

### 10.2 Operation

#### 10.2.1 Governing Law

10.2.1.1 The laws of the State of Victoria govern this Agreement.

10.2.1.2 Each Member submits to the non-exclusive jurisdiction of the courts of the State of Victoria and the courts of appeal from those courts.

#### 10.2.2 Severability

If any provision of this Agreement is or becomes illegal, invalid or unenforceable ("Ineffective"), it will be read down to the extent necessary to ensure that it is not ineffective. If the offending provision cannot be so read down, it will be severed. In any event, the remainder of this Agreement will be construed so as to ensure that it remains effective to the greatest extent possible.

#### 10.2.3 Changes

This Agreement may only be varied with the written consent of the Executive.

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## 10.2.4 Force Majeure

If any Member is unable, wholly or in part, by reason of a Force Majeure Event to carry out any of its obligations under this Agreement, the obligation will be suspended so far as it is affected by such Force Majeure during the continuance of it.

## 10.2.5 The Member affected must:

- (i) give the Executive prompt notice of the Force Majeure Event; and
- (ii) use best endeavours to remove such Force Majeure Event and/or the effect of it as quickly as possible.

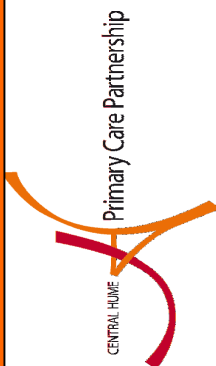
10.2.6 If the event of Force Majeure continues for more than 30 days, the Executive may terminate the membership of the affected Member by notification in writing to the affected Member.

## 10.3 Wind up of CHPCP

In the event of the winding up of CHPCP, the CHPCP Executive will direct the designated Funds Holder to return all un-allocated monies and assets acquired by CHPCP to the Department of Health.

*(Note: CHPCP has a separate Funding Agreement with the partnership's designated Funds Holder which outlines the agreement between the partnership and the Funds Holder).*

## 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

### Strategic Priorities 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 to 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 do 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

#### 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

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