

Central Hume PCP Member Agencies

Alpine Health
 Alpine Shire Council
 Benalla Health
 Benalla Rural City
 Gateway Health
 Mansfield District Hospital
 Mansfield Shire Council
 Mind – Hume Goulburn Valley
 North East Health Wangaratta
 North East Support & Action for Youth (NESAY)
 Rural City of Wangaratta
 The Centre
 UnitingCare - Goulburn North East
 Women's Health Goulburn North East
 Yooralla



Annual Report 2014 - 2015

Focus Areas	Goals	Objectives	Outcomes
Prevention	Foster a more efficient, effective and capable health promotion system in Central Hume.	Build the capacity of IHP member agencies to work collaboratively to plan, implement and evaluate via the CHPCP Healthy Eating Plan 2013-2017.	Evidence that joint actions have delivered positive outcomes for the community relating to Healthy Eating.
Client & Community Engagement	<p>Increase opportunities for the community to be involved in the work of member agencies.</p> <p>Support member agencies to become more health literate.</p> <p>Increase in member agencies cultural competence and capacity.</p>	<p>Build capacity of member agencies to undertake meaningful client and community engagement.</p> <p>Build community capacity to be actively involved in decision making at both an individual and/or agency level.</p> <p>Provide member agencies with resources to guide and inform their development as health literate organizations.</p> <p>Provide cultural training for member agencies.</p>	<p>An improvement in the interface between member agencies, clients and community.</p> <p>Increased focus on Aboriginal & Torres Strait Islander and older people.</p> <p>Member agencies include health literate organizational characteristics in their policies and procedures.</p>
Client Journey	Improve the 'client's journey' through the service system by focusing on 'best practice' service provision.	<p>Improve service coordination practice between the providers of chronic care and support services.</p> <p>Support the chronic care workforce to implement self-management practices.</p>	<p>Agreed protocols and pathways of care are in place for people with a chronic condition.</p> <p>Improvement in the availability of service information particularly for older people and Aboriginal & Torres Strait Islander people.</p>



Chair's Report

Paul Crimmin from Northeast Health Wangaratta was the Chair of the Central Hume Primary Care Partnership (CHPCP) until he departed the Hume Region to take up a position in Warrnambool.

I assumed responsibility as the CHPCP Chair and have been heartened by the high ownership of the CHPCP by the 15 member organisations, and the strengths of the Local Partnership Model in the four Local Government Areas (Alpine, Benalla, Mansfield, Wangaratta) in our catchment.

The CHPCP has a sound financial base, based on shrewd decisions made by the Executive Leadership and this has enabled us to resource the Local Partnerships and to plan and support Local Partnership projects, as well as catchment level projects.

This approach encourages strong partnership development through collaborative Projects based on local needs (11 projects currently). For 2015/2016, we have funded seven Local Partnership Projects. These will focus on piloting new models of care, governance and evaluation using the Collective Impact method.

A highlight of the CHPCP's work in 2014-2015 was the creation of a new position 'Engagement and Planning Co-ordinator' to enable implementation of our strategic priority Client and Community Engagement. This provided the resources to develop the CHPCP Client and Community Engagement Capacity Building Framework that will support partner agencies in health literacy, consumer participation in health and community engagement.

With Koolin Balit, a new position of Aboriginal Youth Community Development Worker (1 day a week) was created to focus on our youth priority area, to work along side our Aboriginal Community Support Worker who has made a substantial contribution to this area of work.

Our Prevention work has been undertaken through a secondment from our member agency Northeast Health Wangaratta. The focus continues to be on the catchment plan – Healthy Eating.

There has been a refocus of attention on the Client Journey priority with plans for a secondment from our member agency Benalla Health for a worker to undertake the Diabetes Service Improvement Project – part of the broader work of the Hume Region Diabetes Collaborative and the Chronic Care Strategy.

The Advance Care Planning Project commenced in May 2015 – this was a transfer of responsibility with the closure of the Hume Medicare Local.

The Central Hume Aged Care Planning Forums continued and were led by the newly formed Central Hume Aged Care Task Force.

Thank you to Benalla Health (finance auspice for CHPCP) and Gateway Health Wangaratta (the CHPCP staff employer). By CHPCP member agencies taking on these responsibilities, it enables us to have an effective team of six workers who can support the CHPCP member agencies and partners to continue to work towards improving the health and wellbeing of our communities through systems improvement.

I would like to thank the team at CHPCP for their commitment, passion and leadership that they bring to their roles. This adds an extra dimension and strength to the delivery of projects and outcomes to the respective communities encompassing the CHPCP catchment area.

Louise Knol
Chair, CHPCP Executive Leadership
Community Services Manager, Mansfield Shire

The 2014/2015 Central Hume PCP Team

Executive Officer

- *Melinda Lawley (nee Shepherd)*

Program Staff

- *Jenny Ashby*, Engagement & Planning Coordinator
- *Clare Schultz*, Integrated Health Promotion & Prevention Coordinator

Administration

Deb Staunton, Projects & Administration Officer

Project Staff

- *Coby Brock*, Aboriginal Youth Community Development Worker
- *Tricia Hazeleger*, Advance Care Planning Project Manager
- *Chris Thorne*, Aboriginal Community Support Worker

Strategic Partnerships

The Central Hume Primary Care Partnership seeks to improve the health and wellbeing of local communities through a catchment based partnership and four local partnerships.

Building on the plans, projects and partnerships that are embedded in our communities already, the Central Hume PCP aims to improve the health system through locally identified issues and state health initiatives alike, always ensuring the community's needs come first.

The Executive Leadership, consisting of representatives drawn from our 15 member organisations, make decisions about our partnership projects and actions to implement the Central Hume PCP strategic priorities. The key role of the Executive Leadership is to implement the Central Hume PCP Strategic Plan 2013 – 2017. The activities of the Executive Leadership involve effective communication, high level collaboration, financial management and alignment of approaches across the LGAs, where necessary.

At the core of the Central Hume PCP's work is an ongoing mission to strengthen inter-agency coordination in the areas of needs identification, planning, service delivery and health promotion. This work contributes to the building of healthy and resilient communities across Alpine Shire, Benalla Rural City, Mansfield Shire and the Rural City of Wangaratta.

Our Catchment based partnerships consist of collaborations with Hospitals, Community Health, Local Governments and non-government organisations. Through supporting initiatives put forward by our four Local Partnerships, this local area-based approach supports the implementation of four Municipal Public Health & Wellbeing Plans (MPHWP) across our catchment.

The Central Hume PCP members and partner agencies are working together on service system improvement by focusing on Healthy Eating (Prevention – Obesity), Diabetes – (Client Journey – Chronic Care), and working with the population groups of Aboriginal and Torres Strait Islanders (Koolin Balit) and Older People (Aged Care). Our Client and Community Engagement work cuts across both the population groups and the health priorities.

By approaching projects and initiatives with the values of the PCP in mind, we are able to achieve our core goals to enhance service coordination, implement integration of health promotion and improve chronic disease management through aligning partnership interactions with local government structures and taking an approach that acknowledges existing and ongoing local planning, consultation, initiatives and partnerships, we can play an enhanced role in our communities.

The Central Hume PCP staff support our member agencies and partner organisations through our facilitation skills, resources development, evidence gathering and by providing a communication conduit between the services and government departments that fund the Central Hume PCP partners.

Central Hume PCP 2014/2015 Financial Year

Income/Expenditure Summary

The Central Hume PCP receives its Core Funding from the Victorian Department of Health & Human Services

Income		Expenditure	
DHHS Recurrent Funding	\$192, 983	Program Areas & Office	\$368, 445
Projects Funding	\$196, 025	Projects	\$310, 197
Interest	\$31, 799	Total Expenditure:	\$678, 642¹
Total Income:	\$420, 807		
Cash		Funds Held in Trust	
Investments	\$600, 000	Not included in cash balance	\$166, 232
Operating Bank	\$298, 472	Total:	\$166, 232
Total Cash:	\$898, 472		

¹Specific expenditure to utilise brought forward cash.