

Central Hume Primary Care Partnership (CHPCP)

The Central Hume Primary Care Partnership (CHPCP) is a partnership of hospitals, community health services, social service organisations and local governments. The partners work together to plan and care for the health and wellbeing of communities in the Alpine, Benalla, Mansfield and Wangaratta local government areas (LGAs).

The purpose of this Strategic Plan is to guide the decision making and development of the Central Hume Primary Care Partnership (CHPCP) for the next three years: 2016 - 2018.

Vision

The CHPCP vision is to improve the health and wellbeing of our communities in Alpine, Benalla, Mansfield and Wangaratta local government areas through strengthening collaboration and integration across sectors, and influencing change.

Mission

The CHPCP's mission is to maximise health and wellbeing outcomes for our communities in Alpine, Benalla, Mansfield and Wangaratta local government areas through advocacy and influence; and by promoting health equity and avoiding unnecessary hospital presentations and admissions.

Strategic Priorities

Our strategic priorities for 2016 to 2018 are:

- ◆ Strengthen collaboration in planning and integrated care
- ◆ Strengthen the local service systems in the CHPCP catchment
- ◆ Increase participation of consumers in health system & aged care system - planning and program design.

Outcomes sought

The following outcomes are sought through implementation of our Strategic Plan:

- ◆ Maximise Health & Wellbeing Outcomes
- ◆ Promote Health Equity
- ◆ Avoid Unnecessary Hospital Presentations & Admissions

All require a focus on good mental health in our community.

Actioning our priorities

The CHPCP Executive Leadership oversees the implementation process with actions and resources committed in an annual Action Plan.

Partnership structure and backbone

The CHPCP works through both a catchment approach and four local partnerships.

A small team based in the CHPCP office in Benalla support the 17 organisations that form the CHPCP.

We also participate at the state level - VicPCP is the network of 28 PCPs in Victoria representing 800 organisations.

CHPCP PARTNERS

Local Governments

Alpine Shire Council
Benalla Rural City Council
Mansfield Shire Council
Rural City of Wangaratta

Hospitals

Alpine Health (Multi- Purpose Service)
Benalla Health
Mansfield District Hospital
Northeast Health Wangaratta

Health Services (community based)

Gateway Health - Wangaratta
MIND (Mental Health Service)
Women's Health Goulburn North East

Non-Government Organisations (NGOs)

Cooinda Village Benalla (aged care)
NESAY Inc. – North East Support & Action for Youth
Uniting Care Goulburn North East

The Centre for Continuing Education (Wangaratta & Benalla)
Yooralla

Other

Murray Primary Health Network

Our communities in Central Hume

The Central Hume PCP serves a catchment of population 69,998 people spread across 4 local government areas. Relevant demographics for the communities of the Alpine, Benalla, Mansfield and Wangaratta local government areas are below.

Demographics	Alpine	Benalla	Mansfield	Wangaratta
Population				
Total CHPCP population 69,998	12,103	13,754	8,031	27,110
% 65+ years	21.3%	20.9%	18.4%	18.9%
% 45 – 64 years	32.2%	30.8%	31.9%	27.9%
% 25 – 44 years	20.1%	19.5%	20.1%	22.9%
% 15 - 24 years	9.4%	11.6%	11.0%	11.5%
% 0 – 14 years	17.0%	17.2%	18.6%	18.7%
% Aboriginal & Torres Strait Islander (ATSI)	0.73%	1.27%	0.74%	0.99%

Below is the Central Hume LGA data on the top three conditions shown by number of admissions to hospitals:

Alpine	Benalla	Mansfield	Wangaratta
1. Diabetes Complications <i>221 admissions</i>	1. Diabetes Complications <i>469 admissions</i>	1. Diabetes Complications <i>63 admissions</i>	1. Diabetes Complications <i>621 admissions</i>
2. Chronic Obstructive Pulmonary Disease <i>84 admissions</i>	2. Chronic Obstructive Pulmonary Disease <i>79 admissions</i>	2. Chronic Obstructive Pulmonary Disease <i>39 admissions</i>	2. Chronic Obstructive Pulmonary Disease <i>104 admissions</i>
3. Congestive Cardiac Failure <i>38 admissions</i>	3. Congestive Cardiac Failure <i>62 admissions</i>	3. Congestive Cardiac Failure <i>28 admissions</i>	3. Congestive Cardiac Failure <i>81 admissions</i>

Source: The Victorian Health Information Surveillance System (VHISS) – Ambulatory Care Sensitive Conditions (ACSCs) data for 2013 - 2014. Please note - Mansfield LGA data is for 2011 – 2012. The data is unavailable for 2013 - 2014.

Highlights of our achievements at CHPCP include:

- ◆ Establishing the Local Partnerships Model for CHPCP in 2010 which enables a place based response to planning for the health and wellbeing of communities at a LGA level
- ◆ Funding Local Partnership projects – these have continued post the project period: Active Mansfield; Communities That Care (Alpine); Benalla Family Violence Prevention Network; Aged Care Assessment Project (Wangaratta)
- ◆ 2015 – 2016 Local Partnership projects: Vulnerable Persons Project (Mansfield); Community Engagement & Equity Project (Wangaratta); Pathways to Safety (Benalla).
- ◆ 2015 – 2016 Healthy Eating Catchment Project: Go Local, Go Fresh (Mansfield & Benalla) and (Alpine & Wangaratta)
- ◆ Establishing Central Hume Aged Care Planning Forums to increase collaboration and to inform the sector on National Aged Care Reforms (16 forums held to date).

CHPCP Strategic Priorities

CHPCP Strategic Priority (not ranked)	Broad Outcomes Sought		
	Maximise Health & Wellbeing outcomes	Promote Health Equity	Avoid Unnecessary Hospital Presentations & Admissions
Strengthen collaboration in planning and integrated care	Municipal Health & Wellbeing Plans Local Partnerships CHPCP Healthy Eating Plan	Catchment Projects: Go Local, Go Fresh Local Partnership Projects: Community Engagement & Equity Project (Wangararatta LGA)	Shared Care Plans Discharge Planning Central Hume Aged Care Planning Forums (quarterly)

Measuring implementation

Improving the health and wellbeing of communities eg. Aboriginal and Torres Strait Islander people, older people and other population priority groups

We will measure this by:

- ◆ Tracking the increase or decrease in hospital admissions
- ◆ Models of Care (new/redesigned)
- ◆ Victorian Population Health Survey data on physical activity, healthy eating, psychological distress etc.

Strengthen the local service systems in the CHPCP catchment	Local Partnership Projects Health Literacy Workshops	ICT : E-Health; increasing use of videoconferencing in CHPCP NHW Dental Van	Diabetes Care Centres in CHPCP catchment Improve referral pathways
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Measuring implementation

Viable and sustainable local service systems

We will measure this by:

- ◆ Models of Care (new/redesigned): Aboriginal Health; Rural Aged Care
- ◆ Growth in funded services within each of the 4 LGAs in CHPCP catchment

Increase participation of consumers in health system & aged care system - planning and program design	CHPCP catchment wide Community Reference Panel Rural Health Champions	Health Pathways for consumers and services Consumer Advocacy	Self Management Support - Health Coaching (chronic disease, aged care) Monitor Health Data Community awareness increased of care options
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Measuring implementation

Consumers and community people are encouraged and supported to participate in advisory structures

We will measure this by:

- ◆ Increased participation rates in advisory structures and breadth of representation of community members.

Implementing the CHPCP Strategic Priorities

Our CHPCP priorities reflect the Victorian Primary Care Partnership State-wide Program Logic 2013 - 2017.

The CHPCP will develop annual Action Plans to implement our Strategic Plan. This will enable the CHPCP to have the flexibility to:

- ◆ adjust our actions based on the requirements of the Victorian Government (funding body), and
- ◆ be responsive to the needs of our populations and our member agencies.

The CHPCP receives funding (secured till 2019) from the Victorian Department of Health & Human Services. We have non PCP funding for the following two projects:

- ◆ Koolin Balit (Aboriginal Health funding): to June 2017
- ◆ Advance Care Planning Initiative East Hume & Border: May 2015 to December 2016

Our current program and focus areas include:

- ◆ Integrated Chronic Disease Management (ICDM); Early Intervention in Chronic Disease Management (EiCDM);
- ◆ Integrated Health Promotion & Prevention;
- ◆ Collaborative Aged Care Planning;
- ◆ Health Literacy;
- ◆ Client & Community Engagement;
- ◆ Aboriginal Health.

The CHPCP has a model of Local Partnerships. Each local government area has a local partnership that oversees the implementation of the Municipal Public Health & Wellbeing Plan and supports projects designed to meet local needs identified by stakeholders. These place based projects nurture partnership development.

Examples of planned and current Actions for CHPCP:

- ◆ Self-management support Kit for people working in the chronic disease space
- ◆ Health Literacy workshops: capacity building in CHPCP partner agencies
- ◆ Video describing Advance Care Planning designed for Aboriginal communities
- ◆ Aged Care Systems brochures designed with consumers for each of our four LGAs
- ◆ Initiatives to increase access to fresh fruit and vegetables using a place based approach. Pilots in Tolmie, Tatong, Eldorado, Harrietville and four other rural areas.

Contact us

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