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- Plenty Valley Community Health
- Darebin Community Health
- North Yarra Community Health
- North Richmond Community Health
- Panch Health Service
- Whittlesea City Council
- Darebin City Council
- Yarra City Council
- Northern Division of General Practice
- Royal District Nursing Service
- Northern Migrant Resource Centre
- Austin Health
- Northern Health
- St Vincent's Health
- Women's Health in the North

Thankyou also to representatives from NCMPCP Steering and Working groups for their time and energy.

Thank you to The Planning for a Healthier North Committee for allowing us to use their key planning indicators map in our plan.



ACRONYMS

ACAS	Aged Care Assessment Service
ATSI	Aboriginal and Torres Strait Islander
BNPCA	Banyule Nillumbik Primary Care Alliance
CHC	Community Health Centre
CRC	Community Rehabilitation Centre
DALY	Daily adjusted life year
DCC	Darebin City Council
DCH	Darebin Community Health
DHS	Department of Human Services
EACH	Extended Aged Care in the Home
ED	Emergency Department
FASA	Financial and Service Agreement
HACC	Home and Community Care
HARP	Hospital Admission Risk Program
HMPCP	Hume Moreland Primary Care Alliance
IP	In Patient
IRSD	Index of Relative Socio-Economic Disadvantage
IT	Information Technology
LGA	Local government area
MCM	Melbourne City Mission
NCMPCP	North Central Metropolitan Primary Care Partnership
NDGP	Northern Division of General Practice
NMRC	Northern Migrant Resource Centre
NRCH	North Richmond Community Health
NYCH	North Yarra Community Health
OP	Out Patient
PAC	Post Acute Care
PAG	Planned Activity Group
PCP	Primary Care Partnership
PPPS	Practices, Processes, Protocols and Systems
PVCH	Plenty Valley Community Health
RDNS	Royal District Nursing Service
SCTT	Service Coordination Tool Template
TCP	Transitional Care Pilot
TRACC	Treatment Response and Assessment for Aged Care Program
WCC	Whittlesea City Council
WHIN	Women's Health in the North
YCC	Yarra City Council
YLD	Years Lived with Disability

SECTION 1

Introduction

The North Central Metropolitan Primary Care Partnership (NCMPCP) is working towards an integrated care system based on partnerships where providers see planning and working together to better meet the needs of their communities as core business. NCMPCP works with primary care agencies, hospitals, GP Divisions, Domiciliary and Nursing outreach and specialist services within the boundaries of the cities of Whittlesea, Darebin and Yarra.

SECTION 2

NCMPCP Vision and Values

The vision of NCMPCP is to create a more effective primary health care system within our catchment area of the cities of Yarra, Darebin and Whittlesea.

We value and are committed to the following:

- That NCMPCP operates within the context of a social model of health¹;
- The involvement of carers, consumers and the wider community in partnership work where applicable;
- Working collaboratively and cooperatively together;
- Open communication and consideration of the views of member agencies;
- Integrity in all its actions;
- Respect for diversity;
- Respect for agency roles and competencies;
- Confidentiality.

Our approach is guided by the following:

- Collaborative practices;
- Evidence Based Practice;
- Quality improvement;
- Proactive activity.



(Footnotes)

¹ A conceptual framework for improving health and wellbeing by addressing social and environmental determinants of health, in tandem with biological and medical factors'. Community Health Services – Creating a Healthier Victoria, 2004, Primary and Community Health Branch, Victorian Department of Human Services, pg 48

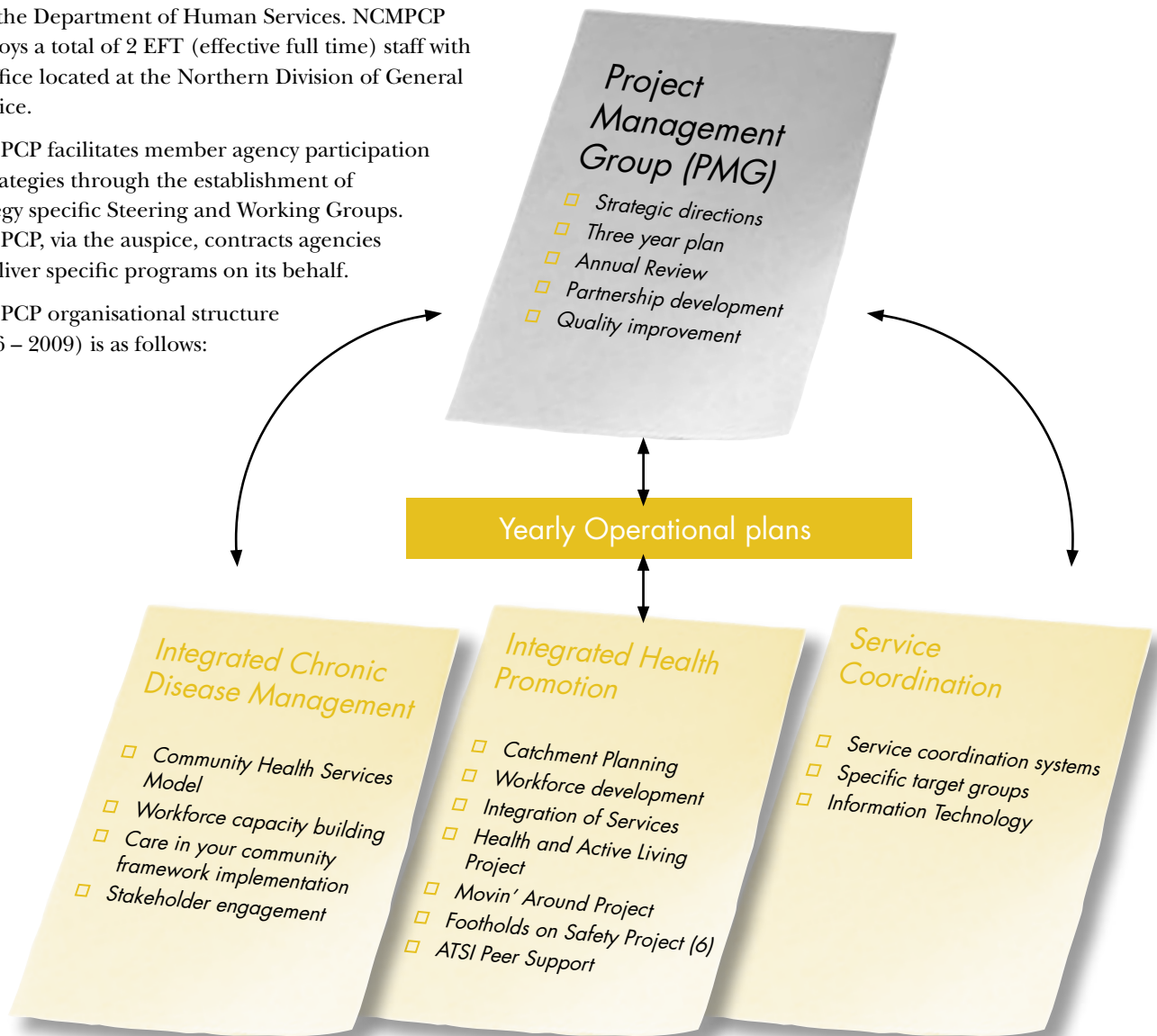
SECTION 3

NCMPCP Organisational Structure

NCMPCP is managed by a Project Management Group comprising of senior representation from the key primary health care providers in the catchment area. NCMPCP is auspiced by Darebin Community Health who is the funds holder, has responsibility for staff employment and has a financial and service agreement with the Department of Human Services. NCMPCP employs a total of 2 EFT (effective full time) staff with an office located at the Northern Division of General Practice.

NCMPCP facilitates member agency participation in strategies through the establishment of strategy specific Steering and Working Groups. NCMPCP, via the auspice, contracts agencies to deliver specific programs on its behalf.

NCMPCP organisational structure (2006 – 2009) is as follows:



**NCMPCP
Organisational Structure
(2006 – 2009)**

SECTION 4

Strategic Plan

4.1 Introduction

The North Central Metropolitan Primary Care Partnership (NCMPCP) presents its Community Health Plan in a format reflecting the changing political, social and economic environment of primary health care services in the catchment area. This takes the form of a triennial Strategic Plan (2006 – 2009) with annual Operational Plans for each key strategic area.

This plan provides the major directions of NCMPCP over three years incorporating the key deliverables as determined by the Victorian Department of Human Services – Primary Health Branch (DHS). The Project Management Group will monitor the implementation of the plan and review it annually to ensure relevance and appropriateness of strategies. The Project Manager will facilitate the process through the development and implementation of operational plans for each key strategic area. The Conveners of respective Steering Groups for each key strategic area will report on progress to the Project Management Group.

The Strategic Plan takes into account the priority directions of key partnership members including primary care providers, local government, hospitals, DHS and other service providers. It also takes into account relevant Government policy frameworks.

4.2 Factors influencing the NCMPCP Strategic Plan

NCMPCP recognises other planning mechanisms operating within the catchment area and participates through member agency representation as required.

DEPARTMENT OF HUMAN SERVICES

Of significance to this plan are:

- Primary Care Partnerships Strategic Directions 2004 – 2006² and
- Implementation plan for the Primary Care Partnerships Strategy 2004 – 2006³

These documents detail DHS expectations of Primary Care Partnerships, which are unlikely to change for 2006 – 2009 with the exception of the inclusion of a fourth deliverable in Integrated Chronic Disease Management. Therefore the four key deliverables for PCP's as determined by DHS are:

- Partnership;
- Integrated Health Promotion;
- Service Coordination;
- Integrated Chronic Disease Management.

VICTORIAN STATE GOVERNMENT POLICY FRAMEWORKS

Relevant Government policy frameworks which influence this plan include:

- “Care in Your Community Framework”⁴,
- “A Fairer Victoria”⁵ and
- ‘Community Health Services: Creating a healthier Victoria’⁶.

These frameworks have significant impact on how and where primary care services are delivered.

The NCMPCP Strategic Plan includes consideration of these frameworks in terms of:

- Neighbourhood renewal sites;
- Best Start Programs;
- Drug and Alcohol Services;
- Chronic Disease Management;
- Area Based Health Service Planning.

LOCAL GOVERNMENT PLANNING PROCESSES

The three local government areas of Whittlesea, Darebin and Yarra all engage in comprehensive planning processes for each municipality. Municipal plans provide pertinent demographics for each area and have clear strategic directions including goals for improving the health of the community.

(Footnotes)

² Primary and Community Health Branch of the Rural and Regional and Aged Care Services Division, Victorian Government Department of Human Services, Melbourne August 2004

³ *ibid*

⁴ Care in your community: A planning framework for integrated ambulatory health care, Victorian Dept of Human Services, 2006

⁵ A Fairer Victoria: Creating opportunity and addressing disadvantage, Dept of Premier and Cabinet, State of Victoria 2005

⁶ Primary and Community Health Branch, Victorian Department of Human Services, 2004

COMMUNITY HEALTH

Each of the four Community Health Services: Plenty Valley Community Health, Darebin Community Health, North Yarra Community Health and North Richmond Community Health, develop a Strategic Plan and a Health Promotion Plan. These plans include goals for involvement in PCP key deliverables to coordinate activities and add value.

HOSPITALS

The two main hospitals located in the NCMPCP catchment area are St Vincent's and the Northern. Austin Hospital is included in this plan due to the large number of presentations from the NCMPCP catchment area. All three hospitals engage in Strategic Planning. This planning includes strategies for collaboration with Primary Health Care services.

BANYULE NILLUMBIK PRIMARY CARE ALLIANCE

NCMPCP and BNPCA share several areas of commonality particularly in relation to:

- Shared client catchments with sub regional services;
- Austin Health patient populations with significant numbers coming from Darebin;
- Cross boundary client groups again within Darebin and the artificial border of Darebin Creek;
- The commencement of Neighbourhood Renewal projects in West Heidelberg and East Reservoir.

Partnership work with Banyule Nillumbik Primary Care Alliance will improve service delivery and reduce duplication of effort across the two PCP boundaries. Joint planning and implementation of specific strategies will occur guided by a communication agreement.

THE ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITY

NCMPCP continues to have a commitment to working with the Aboriginal and Torres Strait Islander community. NCMPCP member agencies participate in acute Aboriginal Liaison committees, Community Health Services have dedicated programs. The three local government areas include the Aboriginal and Torres Strait Islanders group in their municipal health plans.

4.3 The consultative process

This process involved dedicated working group discussion and draft review within each working group of NCMPCP.

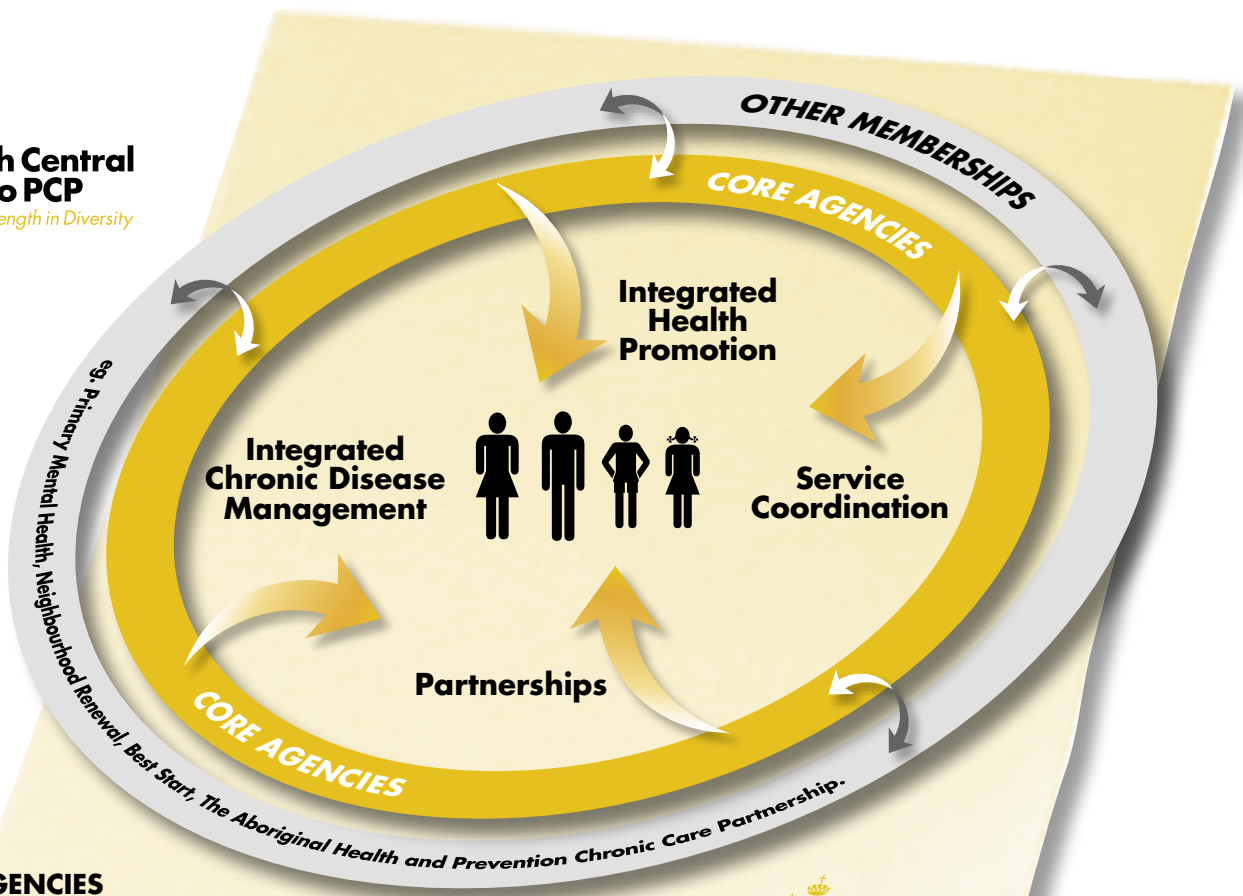
Operating from the premise of key directions set by DHS, consultative representatives explored how NCMPCP could best meet these key directions in keeping with the needs of the NCMPCP catchment.

SECTION 5

Strategic Directions

NCMPCP is committed to building on the strengths and gains achieved as a PCP since 2001. These strengths include the development and growth of partnerships implementing PCP key deliverables as well as other significant initiatives such as the HARP governance arrangements, ATSI programs and development of a Community Health chronic disease model.

NCMPCP member agencies participate in a range of programs and initiatives within their own catchment and wider. These programs and initiatives cross sectoral boundaries which are not directly related to PCP activities. This broader participation allows for mutual information exchange and brings informed influence on the strategic actions of NCMPCP.



CORE AGENCIES



Partnerships

STRATEGIC DIRECTION 1

Continue to focus on building and maintaining partnerships to improve service delivery to clients in primary health care services.



The NCMPCP Project Management Group has senior representation from Community Health, Local Government, Northern Division of General Practice, Royal District Nursing Service, Acute/sub acute settings, Panch Health Service and Northern Migrant Resource Centre. Further agency member representation occurs on Steering and Working Groups and is demonstrated in Appendix 1.

In coming years NCMPCP will pursue stronger relationships with general practitioners and hospitals to further collaborative practice and implement specific programs. Work with hospitals will include assisting with boundary definition and model development for area based catchment planning. General practice engagement will focus on service coordination and integrated health promotion strategies.

NCMPCP will also focus on partnerships to advance key integrated health promotion strategies particularly in relation to violence against women.

NCMPCP will measure the success of Strategic Direction 1 via yearly administration of the VicHealth Partnership Analysis Tool⁷ triennial review of NCMPCP Partnering Agreement and annual review of The NCMPCP Communication Strategy.

STRATEGIC DIRECTION 1 - OBJECTIVES AND PERFORMANCE INDICATORS

OBJECTIVES	KEY PERFORMANCE INDICATOR
Develop a strong and effective primary care partnership which enables collaborative relationships with key primary health service providers in catchment including: <ul style="list-style-type: none"> □ Community Health Services; □ Local Government; □ Hospitals; □ Divisions of General Practice; □ Integrated Care Services; □ CALD Services; □ Mental Health Services; □ Drug and Alcohol Services; □ Domiciliary and Nursing Outreach Services. 	<ul style="list-style-type: none"> □ Satisfactory strategic and operational management of the NCMPCP □ Satisfactory financial management □ Internal strategic and operational review of all partnership strategies
<ul style="list-style-type: none"> □ Participation in the development of Area Based Planning Models □ Representation on the NH, and AH Primary Health and Population Health Advisory Committees □ Representation on St Vincent's Hospital planning bodies □ Participation in the Healthier North subregional forums and ongoing developments 	<ul style="list-style-type: none"> □ Articulation of PCP role in area based planning □ Development of shared models for implementation
Facilitate partnerships to advance specific initiatives <ul style="list-style-type: none"> □ Clinical Governance (Community Health Services) □ Chronic Disease model for Community Health Services □ Physical Activity Networks (Local Government) □ IHP – Violence against women 	<ul style="list-style-type: none"> □ Enhanced clinical governance practices □ Refer to page 11, Strategic Direction 4 □ Refer to page 9, Strategic Direction 2
Respond to funding initiatives to advance key deliverables from all branches of the Department of Human Services, other State and Federal Departments.	Provision of additional resources to support key deliverables.

(Footnotes)

⁷ The Partnerships Analysis tool, for Partners in Health Promotion, VicHealth, 2003

Integrated Health Promotion

STRATEGIC DIRECTION

2



Enable strategic development and build capacity for integrated health promotion across primary health care agencies.

NCMPCP will continue to support catchment planning for participating health services through the involvement of community partners. The Aboriginal and Torres Strait Islander community will continue to be a priority target group. Work will focus on strengthening partnerships and developing strong collaboration between members. NCMPCP will support the integration and delivery of planned health promotion initiatives that address eating a nutritious diet and being physically active in partnership with local health services, community health, government and other agencies.

NCMPCP will investigate ways that health promotion can support the prevention of violence against women and plan appropriate strategies for an integrated response across agencies in the catchment.

NCMPCP will also provide support and strategic advice on development, implementation and evaluation of health promotion initiatives through the coordinated use of the QIPPS⁸ program. Workforce capacity building initiatives will be co-jointly developed with BNPCA.

STRATEGIC DIRECTION 2 - OBJECTIVES AND PERFORMANCE INDICATORS

OBJECTIVES	KEY PERFORMANCE INDICATOR
Support primary health care agency workforce and organisational development to enhance skills and responsiveness to the catchment Integrated Health Promotion priorities of healthy weight (physical activity and access to nutritious food), and prevention of violence against women.	Uptake by agencies in workforce and organisational development opportunities in targeted IHP priority areas
Facilitate individual and shared program development based on catchment IHP priorities	Municipal and Community Health Plans reflect integrated catchment IHP priorities
Support integration and development of IHP Programs through implementation of shared data management program.	Implementation of Quality Improvement Program Planning System (QIPPS)
Implement Footholds On Safety (6) and other program initiatives which support IHP priorities eg Go for your Life	Outcome reports on Footholds on Safety and other program initiatives
Participate in the development of local, regional and State IHP strategies	NCMPCP participation in IHP Planning processes both PCP and wider

(Footnotes)

⁸ Quality improvement Program Planning System

Service Coordination

3

STRATEGIC DIRECTION



Support improved client care through the continuous improvement of service coordination practices of member agencies.

NCMPCP is committed to the ongoing advancement of service coordination strategies in member agencies. Building on significant gains already achieved NCMPCP will continue to support a systemic approach to service coordination. Based on the Better Access to Services framework⁹ NCMPCP will conduct an ongoing evaluation of agency service coordination systems to ensure coordinated implementation and to progress the work of systems development including eReferral and Multi Agency Care Planning.

In partnership with Banyule Nillumbik Primary Care Alliance, NCMPCP will assist agencies new to the BATS framework in service coordination implementation and change management. Specifically NCMPCP will work with 24 identified Drug and Alcohol Services across both catchments and BNPCA will work with Psychiatric Disability Rehabilitation Services. A shared implementation and communication plan will guide the work.

NCMPCP recognises the significance of appropriate Information Technology (IT) programs in facilitating and improving service integration for primary health agencies and their clients. NCMPCP will continue to provide information about IT programs including HealthSmart and advocate for the resolution of interoperability between software providers.

STRATEGIC DIRECTION 3 - OBJECTIVES AND PERFORMANCE INDICATORS

OBJECTIVES	KEY PERFORMANCE INDICATOR
Provide ongoing systems development support to those primary health agencies already engaged, in service coordination in the areas of: <ul style="list-style-type: none"> □ Change management □ Prescribed data management (enhanced versions of prescribed data, eReferral) □ Practice Processes (care planning and assessment) □ Client management (Intake systems) 	<ul style="list-style-type: none"> □ Improved referral pathway for clients through primary health services □ Increased uptake by agencies of service coordination strategies
Actively seek the involvement of specific partners to advance service coordination strategy implementation widely across the human services sector.	<ul style="list-style-type: none"> □ Inclusion of mandated services in service coordination planning and implementation □ Targeted involvement of specific service types to advance PCP and other strategic program initiatives eg GP's and the acute sector
Respond to funding initiatives to advance service coordination strategies to newly identified target groups eg refugee health nurses	Successful completion of funded programs including evaluation reports
Participate in the ongoing development of information communication technology for primary health service providers.	<ul style="list-style-type: none"> □ eReferral capability for mandated services □ Participation in technology advancements

(Footnotes)

⁹ Better Access to Services, Victorian Department of Human Services, 2001

Integrated Chronic Disease Management

STRATEGIC DIRECTION

4

Support the implementation of an integrated response in primary care agencies and hospitals to improve the health and wellbeing of people with chronic illness.

STRATEGIC DIRECTION 4 - OBJECTIVES AND PERFORMANCE INDICATORS

OBJECTIVES	KEY PERFORMANCE INDICATOR
Support the implementation of the Chronic Illness Response Model in Community Health Services	<ul style="list-style-type: none"> □ Establishment of a Steering Committee to implement staged plan □ Staged implementation
Continue to participate in chronic illness initiatives and planning mechanisms eg HARP and area based planning	<ul style="list-style-type: none"> □ Membership of HARP Governance Groups □ Refer to page 8 – Strategic Direction 1
Support programs addressing and acknowledging the prevalence of chronic illness in the ATSI community	<ul style="list-style-type: none"> □ Ongoing support of ATSI peer support network □ Participation in ATSI Chronic Disease Project
Lobby for additional resources	Seek and respond to funding initiatives

NCMPCP will build on the existing work of member agencies around Integrated Chronic Disease Management. Over previous years HARP chronic disease programs have successfully impacted on client care and agency service responses. There are 12 HARP initiatives operating within the NCMPCP catchment with NCMPCP member agencies involved as partners and/or in governance arrangements.

In 2005, NCMPCP Community Health Services facilitated the development of a Chronic Illness Response Model for their services. This model identified four key areas for improving chronic disease care namely:

- An organised resourced community health service;
- A prepared proactive health care team;
- Planned, systematic, cohesive evidence based chronic disease care; and
- An informed activated patient.¹⁰

NCMPCP will support the implementation of this model in the four Community Health Services in the catchment working closely with NDGP and other primary health care providers.

(Footnotes)

¹⁰ Chronic Disease Care, A community health model, NCMPCP Final Report, Gill and Willcox, 2005, Pg 7

SECTION 6

Our Community

The community of NCMPCP includes primary health care agencies which operate or have service populations within the Local Government areas of Whittlesea, Darebin and Yarra. These agencies provide services to a varied demographic as demonstrated in Appendix 2.

The People

The total population within the NCMPCP catchment area is 323,567 people with the highest number in Darebin. All three LGA'S share the same top five causes of death (although in different order):

- Ischaemic Heart disease
- Stroke
- Lung Cancer
- COPD
- Colon/Rectal cancer

Darebin replaces Colon/Rectal cancer with Diabetes Mellitus. Both Darebin and Whittlesea have IRSED¹¹ scores lower than 1000 indicating relative disadvantage. Both Yarra and Darebin have higher DALY¹² and YLD¹³ rates than the Victorian average. Yarra and Darebin share a lower than the Victorian average for life expectancy at birth.

The Services

There are many primary health care service providers in the NCMPCP catchment. As a result NCMPCP has an extensive membership mailing list. Members receive information via the monthly web cast¹⁴ and emails on an 'as needed' basis. A total of 15 agencies participate in NCMPCP organisational groups.

A) COMMUNITY HEALTH SERVICES

There are four Community Health Services in NCMPCP offering an extensive range of primary health care services either as funded services or as co - located services. Some services such as allied health are offered by all four Community Health Services while other services offered reflect local need and different funding streams. Two settings have centralised intake systems and all community and women's health program staff are using the SCTT for initial needs identification. Each setting has capacity for electronic referral and participates in service coordination activities.

All four services have health promotion priorities of healthy weight, physical activity, nutrition and mental health. Additional health promotion activities include participation in Neighbourhood Renewal (Fitzroy Atherton Gardens Estate, Collingwood Public Housing Estate and East



(Footnotes)

¹¹ The index of Relative Socio-Economic Disadvantage (IRSED) identifies geographic areas that are relatively disadvantaged. IRSED is derived from Census attributes believed to reflect disadvantage such as low income, low educational attainment, high unemployment and proportion of workforce in relatively unskilled occupations. The IRSED is one of four indexes that measure different aspects of socio-economic conditions by geographic areas. Together they are known as Socio-Economic Indexes for Australia (SEIFA). The ABS standardises the IRSED scores so the average IRSED score across Australia is 1000 with scores lower than 1000 indicating relatively disadvantaged areas

¹² DALY - Disability adjusted life year combines a measurement of premature mortality and disability. A high DALY rate indicates poor health status of the population. A low DALY rate reflects better health

¹³ YLD - Years lived with disability includes what is disabling people or causing ill health. A high YLD rate indicates poor health status of the population. A low YLD rate reflects better health

¹⁴ NCMPCP website: www.ncmpcp.org.au

Reservoir), Best Start (Darebin), Footholds on Safety, ATSI and refugee programs.

All would be described as Level 1 services according to the Care in Your Community Framework¹⁵ although aspects of Level 2 service levels are seen in all specifically in relation to rehabilitation and secondary and tertiary prevention for people with chronic disease.

In addition, Hospital Admission Risk Programs (HARP), are located in all Community Health Services with the relationship based on a Financial and Service Agreements (FASA) between acute providers and the setting. Community Health directly employs HARP staff with the exception of North Richmond Community Health.

The following HARP community health/acute relationships exist:

Plenty Valley Community Health and Northern Health

- Northern Alliance Self Harm Suicide Prevention Strategy
- Integrated Wound Management
- Diabetes Direct (with Northern Division of General Practice)
- Hearts and Lungs (COPD and CV)

Darebin Community Health and Northern Health

- Northern Heart and Lungs

Darebin Community Health and St Vincent's Health Melbourne

- Restoring Health

Darebin Community Health and Austin Health

- Chronic Disease Management,
- Community link
- Diabetes Care

North Yarra Community Health – St Vincent's Health Melbourne

- Holding it Together

North Yarra Community Health – Royal Children's Hospital

- Community Asthma Program

North Richmond Community Health – St Vincent's Health Melbourne

- Restoring Health
- Holding it Together

B) INTEGRATED CARE SERVICE

Panch Health Service is under the auspice of Northern Health with a local Committee of Management. Panch Health Service is comprised of collocated services from a range of primary health care agencies including: The Northern Hospital, Bundoora Extended Care Centre, Austin Health, Mercy Hospital for Women, Darebin Community Health, Dental Health Services Victoria and Darebin City Council. Panch offers more than 40 primary health care services with new services in planning. These include pharmacotherapy, acute ambulatory (renal dialysis and outpatient services), primary care (dental, allied health, counselling, aged care, and health promotion), a general medical practice and sub-acute ambulatory (cardiac rehabilitation, paediatric rehabilitation)¹⁶

Panch health services would be described as level 2 – 3 services according to the Care in Your Community Framework.

C) LOCAL GOVERNMENT

The three local government areas (LGA) of NCMPCP are very different from each other in relation to size, population and other demographics including burden of disease and number of primary care agencies operating within each area.

Each local government area is represented on a range of service delivery, planning and governance groups including all working groups

of NCMPCP. Each LGA offers aged and disability services through the Home and Community Care Program (HACC). These include home, personal and respite care, community transport, social support, food services and day care programs. All aged care and disability staff use the SCTT and Darebin and Yarra have capacity for electronic referral. Local government programs also include Maternal and Child Health, Immunisation and other child, youth and family programs such as Best Start. Yarra City Council is in partnership with St Vincent's Health in the TRACC HARP program.

A key platform for each local government area is the Municipal Public Health plans. Whilst planning dates vary between Councils, they share a focus on physical activity, nutrition, mental health, drugs and alcohol. The three LGA's also have a focus on ATSI issues. The Cities of Yarra and Darebin are both involved in Neighbourhood Renewal Programs in partnership with North Yarra, Richmond and Darebin Community Health and Darebin is a Best Start site. Council services would be described as Level 1 services.

D) DIVISIONS OF GENERAL PRACTICE

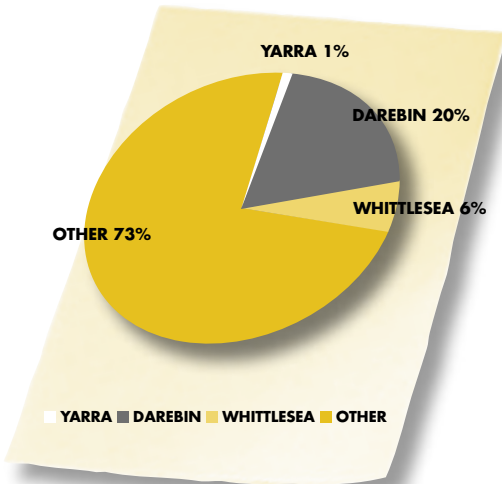
The NCMPCP office is located at the Northern Division of General Practice (NDGP), which provides cross program opportunities for initiatives. NDGP has the following program and practice support areas: Immunisation, health promotion, chronic disease management, National Primary Care Collaboratives, Better Outcomes in Mental Health Care, Diabetes Direct, Aged Care, Medication Reviews, Mental health: Drugs and Alcohol, ATSI Health Services Directory, practice nurse support, National Prescribing Service, Communication and education: GP workforce.

(Footnotes)

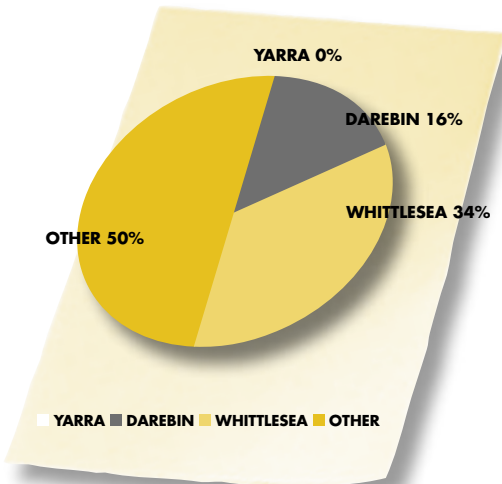
¹⁵ Care in your community: A planning framework for integrated ambulatory health care, Victorian Dept of Human Services, 2006, Pg 21

¹⁶ http://www.nh.org.au/About_Northern_Health/Northern_Health_Campuses/Panch_Health_Service/Highlights_of_2003_and_2004/

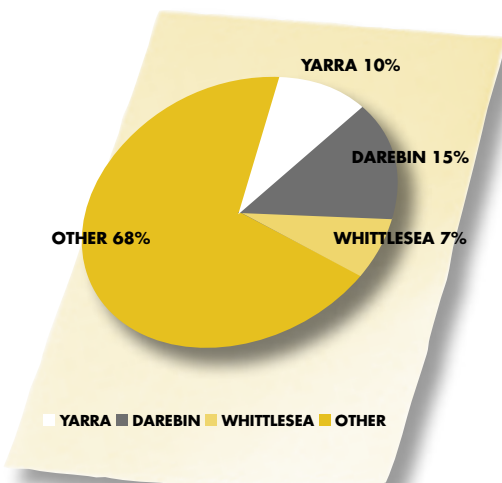
**AUSTIN HOSPITAL PRESENTATIONS
2004 - 2005**



**NORTHERN HOSPITAL PRESENTATIONS
2004 - 2005**



**ST VINCENTS HOSPITAL MELBOURNE
INPATIENT ONLY - 2005**



NDGP staff conduct practice visits and provide education, advice, resources and training for General Practitioners, and other practice staff, including those in community health. NDGP is also actively engaged in research projects, service delivery programs, planning and governance groups in collaboration with other primary care providers. NDGP is a key partner in NCMPCP activities around engagement of GP's.

NDGP manages two HARP programs in the Northern Health catchments directly namely:

- Diabetes Direct with PVCH as the employer and
- Asthma Management (based at the Northern Hospital)

In addition there is a practice based Diabetes screening and self management program (DCCGP) operating out of the Melbourne Hospital that has at least two practices in the NCMPCP catchment (Preston and Reservoir). The Northern Division is one of the original five auspices for this project the others being Melbourne, Western, North Western and Westgate Divisions of GP. The Melbourne Division of General Practice is also involved in NCMPCP strategies.

E) HOSPITALS

There are three main hospitals which provide services to the catchment. Of note for planning purposes is the demographic of service users and their residential postcodes. Statistical diagrams and explanations are attached as Appendix 3.

1 Austin Hospital

The Austin Hospital is one of the campuses of Austin Health. Austin Health has 930 beds across three campuses: the Austin Hospital, the Heidelberg Repatriation Hospital and the Royal Talbot Rehabilitation Centre. It provides acute tertiary referral services, an extensive range of speciality and super speciality services, mental health services and sub acute services including aged care, rehabilitation and palliative care¹⁷

Admission data supports Austin Hospital being seen as a significant hospital to residents of parts of the NCMPCP catchment area for planning purposes. When viewing all presentations to the Austin hospital (ED, IP and OP) from January 2004 until May 2006 - 20% of people present with Darebin postcodes – specifically:

- 20% of all Outpatients;
- 20% of all Inpatients;
- 22% of all emergency department presentations¹⁸

Other data reveals:

- 28% of inpatient admissions come from Whittlesea with 6% coming from Yarra
- 8% of emergency presentations come from Whittlesea with 1% from Yarra¹⁹

Austin Health has a Primary Care and Population Health Committee, which has representation from Austin Health, Darebin Community Health, Darebin Council, Northern Division of General Practice and others. Austin Hospital is also involved in the planning forums for 'Planning for a Healthier North', which, along with HARP programs, furthers the hospitals partnerships with other primary health care providers.

(Footnotes)

¹⁷ Austin Health Strategic Plan, 2005 – 2008, pg 11
¹⁸ Data provided by Health Information Services Austin Health
¹⁹Source: VAED, VEMD Jan 2005 – May 2006

A further partnership initiative is its Aboriginal and Torres Strait Islander Advisory Committee, which has a shared membership base with the NCMPCP ATSI Peer Support Network.

There are 15 Austin hospital services including ACAS, Community Rapid Link, EACH, TCP, Care Coordination Team, Aged Care Inpatient Physiotherapy, ACCT – ED, Occupational Therapy, Social Work, Heidelberg CRC, CRC-Lifestyle Maintenance Program, CRC – PAG, Dietetic Service, Royal Talbot Rehab Centre – RITH, NE PAC currently using eReferral²⁰ with HARP involvement pending.

Austin Health Strategic Priority 2 – Working through partnership and participation sets the direction the service is striving for in developing relationships with community and primary care health service providers through new and existing mechanisms.

2 Northern Hospital

The Northern Hospital is one of the campuses of Northern Health. Northern Health operates four major public healthcare facilities across Melbourne's North: The Northern Hospital, Broadmeadows Health Service, Bundoora Extended Care Centre and Panch Health Service. The Northern Hospital has 257 beds with 6 operating theatres offering inpatient and outpatient services²¹

Hospital admission data reveals that 34% of all presentations from January 2004 to December 2005 come from the City of Whittlesea and 16% come from Darebin²². Specifically the data reveals the following:

- OP presentations: 41% Whittlesea and 17% Darebin;
- IP presentations: 28% Whittlesea and 17% Darebin; and
- ED presentations: 25% Whittlesea and 13% Darebin

Northern Health has a Primary Care and Population Health Committee with representation from the NDGP, local government and community health. The Committee is building a profile of the health needs of the community and involving the community in devising strategies to better meet these needs. Northern Health is a driver of the 'Planning for a Healthier North' forums for area based planning and is actively involved in NCMPCP.

3 St Vincent's Hospital

St Vincent's Hospital is one of the campuses of St Vincent's Health. It provides acute medical and surgical services, aged care; diagnostics, rehabilitation, allied health, mental health, palliative and residential care. St Vincent's Health owns and manages St Vincent's Hospital Melbourne, Caritas Christi Hospice, Prague House and St Georges Health Service.

St Vincent's Hospital provides adult medical, surgical and mental health services and a range of community and outreach services. The Hospital is

a major teaching, research and tertiary referral centre situated on the fringe of Melbourne's central business district. The hospital operates a number of services from other sites around Melbourne, including mental health, community care, and St Vincent's Correctional health Service at Port Phillip Prison. St Vincent's Pathology has a number of collection centres in the community.

Admission data for St Vincent's Hospital was compiled in association with data from the Royal Melbourne Hospital (a campus of Melbourne Health) to reflect postcode presentation data from Yarra postcode residents. This data revealed:

IN PATIENT PRESENTATIONS	ST VINCENT'S	ROYAL MELBOURNE
YARRA	79%	14%
DAREBIN	21%	15%
WHITTLESEA	4%	25%

EMERGENCY DEPARTMENT PRESENTATIONS	ST VINCENT'S	ROYAL MELBOURNE
YARRA	81%	15%
DAREBIN	16%	6%
WHITTLESEA	2%	2%

(Footnotes)

²⁰ BNPCA facilitated eReferral

²¹ welcome to Northern Health CD, Annual Report 2004/05 pg 29

²² Information provided by Health Information Services – Northern Hospital, May, 2006

f) CALD services

The Northern Migrant Resource Centre (NMRC) offers a multi cultural home support service, which provides support to frail elderly people in their homes as well as respite for full time carers of aged people. Bilingual trained carers are provided and effort is made to provide carers who speak the same language as the elderly person and who are sensitive and respectful of cultural and religious beliefs.

Multi-cultural home support workers are also available, through some local service providers, to undertake home care and personal care duties including assistance with basic household tasks such as cleaning, washing, shopping, banking and paying bills; showering, dressing, meals preparation, transferring frail elderly people to and from bed; also escorting to hospital or doctors appointments. NMRC also provides a multicultural adult day centre, multicultural social support groups, parenting and family support, refugee programs and an enterprising women's project with WHIN. NMRC has capacity for electronic referral and would be described as a Level 1 service.

Another CALD service involved in NCMPCP activities is the Vietnamese Gateways Project.

g) Domiciliary and Outreach Nursing services

Royal District Nursing Service (RDNS) is a not-for-profit organisation, funded under HACC, delivering 24 hour a day nursing care to people in their homes, schools and workplaces. RDNS provides healthcare to all people regardless of age, income or ethnic background. The only criteria for admission are that the client must have genuine care needs and that these needs are appropriate to the services RDNS can offer.

RDNS is represented on HARP Planning and Governance Groups and participated in the development of an integrated model of care with Melbourne City Mission – Palliative Care.

The Villa Maria Society is also involved in NCMPCP strategies.

h) Regional services**Women's Health in the North (WHIN)**

WHIN is the regional women's health service for the northern component of the North West metropolitan region of Melbourne. WHIN performs activities which support the health and wellbeing of women, who live and/or work in the region, including:

- Health information and community education for women;
- Training for service providers on women's health issues;
- Health promotion and community development projects that improve the experience and quality of women's health and wellbeing;
- Collaborative partnerships with health providers to improve services and programs for women;
- Research and advocacy on women's health and wellbeing needs.

NCMPCP, in conjunction with BNPCA and HMPCP, have a partnership agreement with WHIN to:

- Enhance engagement between WHIN and the sub regional implementation of the PCP Strategy, while rationalising WHIN's involvement in the governance and decision-making structures of the PCPs;

- Improve gender awareness and responsiveness of PCPs in the Northern Melbourne sub-region in population health planning, improving access to services, service coordination, and integrated health promotion planning;
- Identify strategic opportunities for WHIN to progress women's health issues in primary care in the Northern Melbourne sub-region;
- Detail the roles and responsibilities of parties entering into this agreement;
- Maximise strategic collaborative opportunities between WHIN and other PCP agencies.

i) State wide services**Buoyancy Foundation of Victoria**

Buoyancy's primary aim is to provide a client-focussed, accessible and non-judgemental counselling service to persons involved with illicit drug use. It promotes informed decision making through education and consultation. It endeavours to ensure an effective, quality service through continual evaluation of client and community. Buoyancy provides the following services:

- Counselling to persons involved with illicit drug use;
- Advice and support to parents, relatives and friends of illicit drug users;
- Referrals to treatment centres or other agencies providing appropriate rehabilitation opportunities;
- Counselling for Methadone programmes;
- Court reports for advocacy;
- Needle and syringe exchange;
- Community education.

Buoyancy has capacity for electronic referral.

APPENDIX 1

Organisational involvement in NCMPCP strategies

COMMUNITY HEALTH	Darebin Community Health	1,2,3,4,5,7
	Plenty Valley Community Health	1,2,3,4,6,7
	North Richmond Community Health	1,2,3,4,5,6,7
	North Yarra Community Health	1,2,3,4,5,6,7
INTEGRATED CARE CENTRE	Panch Health Services	1,2,3,4
LOCAL GOVERNMENT	City of Whittlesea	1,2,3,5,6,7
	City of Darebin	1,2,3,4,5,7
	City of Yarra	1,2,3,4,5,6,7
GP DIVISIONS	Northern Division of General Practice	1,3,7
	Melbourne Division of General Practice	6
CALD SERVICES	Northern Migrant Resource Centre	1,2,3,4,6
	Vietnamese Gateways Project	6
ACUTE AND SUB ACUTE SETTINGS	St Vincent's Health Melbourne	1,6
	Northern Health	1,2,3,4,7
	Austin Health	1
DOMICILIARY AND NURSING OUTREACH SERVICES	Royal District Nursing Service	1,2,6,7
SPECIALIST SERVICES	Women's Health in the North	1,3,7
	Villa Maria Society	2
	Buoyancy Foundation of Victoria	2

Code

- 1 Project Management Group
- 2 Service Coordination Steering Group
- 3 Integrated Health Promotion Steering Group
- 4 Healthy and Active Living Working Group
- 5 Movin' Around Working Group
- 6 Foothold on Safety (6) Working Group
- 7 ATSI Peer Support Group



APPENDIX 2

NCMPCP Catchment Area – Key Planning Indicators

Source: Planning for a Healthier North – Forum 1 – Service Planning – June 2006

Data Sources:

POPULATION

Department of Sustainability Victoria in Future, 2004, ABS Census 2001, ABS Estimated Resident Population (Preliminary data 2004)

TRANSCULTURAL – ATSI & NESB

ABS Census 2001, DIMIA Settlement Data Base All Settlers 1/1/05-31/3/06, DHS Victoria Local Government Areas 2005 Statistical Profile DIMIA Settlement Database 2004/2005

IRSED RANKING

ABS Census 2001, DHS Victoria Local Government Areas 2005 Statistical Profile ABS -calculated by DHS using Estimated resident Population 2004 and transport data from DOI

BURDEN OF DISEASE

DHS Burden of Disease Estimate 2000 (1996), DHS Life Expectancy by LGA 2003

ACCESS TO SERVICES

DHS Victoria Local Government Areas 2005 Statistical Profile, ABS Census 2001

Victorian Admitted Episodes Dataset, Metropolitan Health and Aged Care Services, DHS, 2004-2005

RAPID, Mental Health Branch, Metropolitan Health and Aged Care Services, DHS, 2004-2005

Victorian Minimum Dataset, Metropolitan Health and Aged Care Services, DHS, 2004-2005

Primary and Community Health Branch, Rural and Regional Health and Aged Care Services, DHS, 2002-2003

	POPULATION	TRANSCULTURAL – ATSI & NESB
YARRA	2004 (ABS): 69,749 2021 (DSE): 82,225 % Change: 17.9% % of NMR 2004: 9% % of NMR 2021: 9% Age Structure: Higher proportions of 18-34, lower proportions of 0-4 and 60+, minimal change forecast <ul style="list-style-type: none"> □ 34% 1 person household □ 38% 2 persons households □ majority of households are non family households 	<ul style="list-style-type: none"> □ 62.2% born in Australia. □ 291 ATSI people □ 2.4% of MSD²⁴ ATSI pop but only 2.0% MSD total pop □ COB largest grps – Vietnam, UK, Greece □ 34.7% speaks language other than English at home □ 23.9% of people born OS have poor English proficiency □ New arrivals/100,000 pop – 725.5 (557.6 Vic) □ New arrivals rank against all LGAs – 6 (78) □ New arrivals largest grps – China, UK, Vietnam
DAREBIN	2004 (ABS): 127,521 2021 (DSE): 133,655 % Change: 4.8% % of NMR 2004: 16% % of NMR 2021: 14% Age structure: Higher proportions of 60 + but not growing <ul style="list-style-type: none"> □ 29% 1 person household □ 32% 2 persons households 	<ul style="list-style-type: none"> □ 60% born in Australia. □ 1,087 ATSI people □ 9% of MSD ATSI pop but only 3.8% MSD total pop □ COB largest grps – Italy, Greece □ 47% speaks language other than English at home □ 25% of people born OS have poor English proficiency □ New arrivals/100,000 pop – 610.9 (557.6 Vic) □ New arrivals rank against all LGAs – 9 (78) □ New arrivals largest grps – China, India, Sudan
WHITTLESEA	2004 (ABS): 126,297 2021 (DSE): 171,888 % Change: 36.1% % of NMR 2004: 16% % of NMR 2021: 18% Age structure: Higher proportions 0-16 & 60+ expected to increase at higher rate than MSD <ul style="list-style-type: none"> □ 12% 1 person household □ 43% 4+ persons households 	<ul style="list-style-type: none"> □ 61% born in Australia. □ 689 ATSI people □ 5.7% of MSD ATSI pop but only 3.5% MSD total pop □ COB largest grps –Italy, Macedonia, Greece □ 50% speak language other than English at home □ 22% of people born OS have poor English proficiency □ New arrivals/100,000 pop – 490.9 (557.6 Vic) □ New arrivals rank against all LGAs – 17 (78) □ New arrivals largest grps – India, China, FYROM, Iraq, Sudan

IRSED RANKING	BURDEN OF DISEASE ²³			ACCESS TO SERVICES
<ul style="list-style-type: none"> □ IRSED Score: 1013.9 □ IRSED Rank: 13 (31) □ 42% fully owned or purchasing □ 11% public housing □ 96.9% public transport access 	DALY Rate All) M: 180 (140 Vic) F: 136 (124 Vic) YLD Rate (All) M: 62 (60 Vic) F: 60 (60 Vic) Life Expectancy M: 77.2 (L) ²⁵ (78.1 Vic) F: 81.9 (L) (83.3 Vic)			<ul style="list-style-type: none"> □ GPs per 1,000 pop: 5.08 □ Hospital inpatient separations per 1,000 pop: 348.1 (387.4 Vic) □ Av length of stay (inpatient): 3.48 (3.46 Vic) □ ED presentations per 1,000 pop: 228.7 (226.8 Vic) □ Mental health contacts per 1,000 pop: 590.8 (353.1 Vic) □ CH occasions of service per 1,000 pop: 219.4 (105.1 Vic) □ High care places per 1,000 target pop: 37.2 (38.7 Vic) □ Low care places per 1,000 target pop: 47.4 (44.3 Vic)
	Top 5 causes of death: 1. Ischaemic Heart disease 2. Stroke 3. Lung Cancer 4. COPD 5. Diabetes Mellitus	Top 5 causes of disability: 1. Mental disorders 2. Neurological & sense disorders 3. Chronic Respiratory Disease 4. Cardiovascular disorders 5. Cancer		
<ul style="list-style-type: none"> □ IRSED Score: 966.8 □ IRSED Rank: 6 (31) □ 62% fully owned or purchasing □ 5% public housing □ 95% public transport access 	DALY Rate All) M: 156 (140 Vic) F: 134 (124 Vic) YLD Rate (All) M: 65 (60 Vic) F: 64 (60 Vic) Life Expectancy M: 77.1 (L) ²⁶ (78.1 Vic) F: 83.3 (L) (83.3 Vic)			<ul style="list-style-type: none"> □ GPs per 1,000 pop: 1.06 □ Hospital inpatient separations per 1,000 pop: 468.5 (387.4 Vic) □ Av length of stay (inpatient): 3.52 (3.46 Vic) □ ED presentations per 1,000 pop: 289.1 (226.8 Vic) □ Mental health contacts per 1,000 pop: 546.8 (353.1 Vic) □ CH occasions of service per 1,000 pop: 211.6 (105.1 Vic) □ High care places per 1,000 target pop: 35.5 (28.7 Vic) □ Low care places per 1,000 target pop: 46.8 (44.3 Vic)
	Top 5 causes of death: 1. Ischaemic Heart Disease 2. Stroke 3. Lung cancer 4. COPD 5. Colon/Rectum Cancer	Top 5 causes of disability: 1. Mental disorders 2. Neurological & sense disorders 3. Cardiovascular disorders 4. Chronic Respiratory Disease 5. Cancer		
<ul style="list-style-type: none"> □ IRSED Score: 962.4 □ IRSED Rank: 5 (31) □ 78% fully owned or purchasing □ 1.4% public housing □ 71.8% public transport access 	DALY Rate All) M: 123 (140 Vic) F: 117 (124 Vic) YLD Rate (All) M: 56 (60 Vic) F: 59 (60 Vic) Life Expectancy M: 79.3 (L) ²⁷ (78.1 Vic) F: 83.9 (L) (83.3 Vic)			<ul style="list-style-type: none"> □ GPs per 1,000 pop: 1 □ Hospital inpatient separations per 1,000 pop: 361.0 (387.4 Vic) □ Av length of stay (inpatient): 2.94 (3.46 Vic) □ ED presentations per 1,000 pop: 252.9 (226.8 Vic) □ Mental health contacts per 1,000 pop: 262.6 (353.1 Vic) □ CH occasions of service per 1,000 pop: 101.3 (105.1 Vic) □ High care places per 1,000 target pop: 38.7 (38.7 Vic) □ Low care places per 1,000 target pop: 31.2 (44.3 Vic)
	Top 5 causes of death: 1. Ischaemic Heart Disease 2. Stroke 3. Lung cancer 4. Colon/Rectum Cancer 5. COPD	Top 5 causes of disability: 1. Mental disorders 2. Neurological & sense disorders 3. Chronic Respiratory Disease 4. Musculo-skeletal diseases 5. Cancer		

(Footnotes)

²³ The Victoria Burden of Disease Study Mortality and Morbidity Study 2001 has been released by DHS. The report is based on 2001 data and at this stage is only available at "all Victoria" level. The 2001 study compares with the 1996 data and shows that mortality has improved, mainly due to reductions in cardio vascular disease, cancers and chronic respiratory disease (COPD and asthma). Advice from DHS is that:

□ LGA level information will be released around middle of 2006.

□ There is still real value in the 1996 LGA (small area) data.

□ Chapter 6 of the Victoria Burden of Disease Study 2001, which compares 2001 with 1996, shows that the key messages from the small area analysis will not change significantly.

²⁴ MSD – Melbourne Statistical Division (Metropolitan Melbourne)

²⁵ (L) - Indicates a life expectancy at birth significantly lower than the Victorian average

²⁶ (L) Indicates a life expectancy at birth significantly lower than the Victorian average

²⁷ (H) Indicates a life expectancy at birth significantly higher than the Victorian

APPENDIX 3

Hospital Statistics

Information was provided by two sources:

- Health Information Services Departments for each hospital: St Vincent's, Austin and Northern.
- The Health Policy Analysis & Reporting, Metropolitan Health & Aged Care Services Division, Department of Human Services

Austin statistics were collected to test a belief that a significant number of Austin presentations came from the NCMPCP catchment areas. Northern and St Vincent's Hospitals are physically located within the NCMPCP boundary. The information requested was for postcode presentation data for Emergency (ED), In Patient (IP) and Outpatients (OP) from Jan 2004 until May 2006.

Health Information Services Departments provided the following:

- Austin Hospital provided ED, IP and OP data from January 2004 – May 2006.
- Northern Hospital provided ED, IP and OP data from January 2004 – 21.5.2006.
- St Vincent's Hospital provided IP data from Jan 2005 – Dec 2005.

The Health Policy Analysis & Reporting, Metropolitan Health & Aged Care Services Division, Department of Human Services provided the following information:

Data included: emergency presentations and admissions to The Northern Hospital, St Vincent's Hospital, the Austin Hospital, the Royal Children's Hospital, and the Royal Melbourne Hospital. These are restricted to the following patient postcodes. 3067, 3121, 3068, 3066, 3065, 3054, 3078, 3070, 3071, 3072, 3073, 3083, 3076, 3075, 3754, 3082, 3752, 3074, and 3757. Data is provided for January 2004 onwards.

Suburb and subsequent postcode information was gleaned from the local government websites of Darebin, Whittlesea and Yarra as follows:

CITY OF YARRA

SUBURB	P'CODE
Clifton Hill	3068
Princes Hill/ Nth Carlton	3054
Collingwood	3066
Abbotsford	3067
Fitzroy	3065
Richmond/Cremorne/ Burnley	3121
North Fitzroy	3068

CITY OF DAREBIN

SUBURB	P'CODE
Reservoir	3073
Northcote	3070
Westgarth/ Thornbury	3071
Alphington/ Fairfield	3078
Preston	3072
Bundoora North	3083

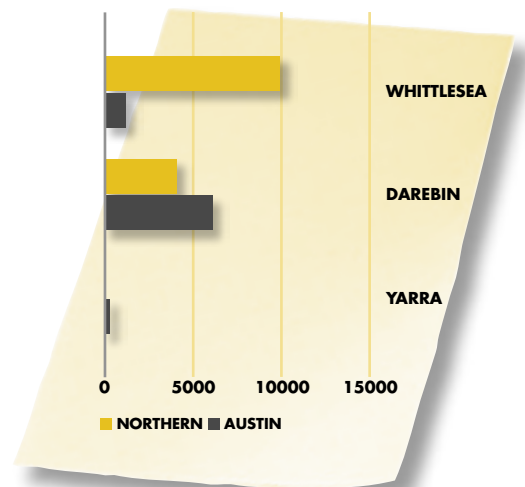
CITY OF WHITTLESEA

SUBURB	P'CODE
Mill Park	3082
Thomastown	3074
Lalor	3075
Epping	3076
Wollert	3750
Mernda/ Doreen	3754
Whittlesea/ Eden Park	3757
South Morang	3752

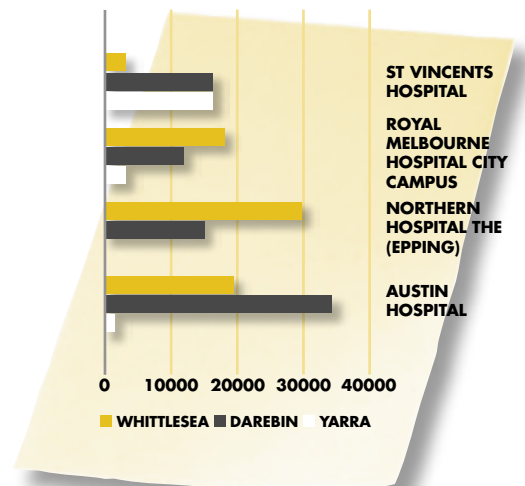
Note:

Bundoora counted in Darebin figures although only Northern aspect in Darebin – shared with Whittlesea. Alphington /Fairfield counted in Darebin figures although only Northern aspect – shared with Yarra

OUTPATIENT PRESENTATIONS
(HEALTH INFORMATION SERVICES DATA)



INPATIENT PRESENTATIONS
(HEALTH POLICY ANALYSIS & REPORTING, METROPOLITAN HEALTH & AGED CARE SERVICES DIVISION, DEPARTMENT OF HUMAN SERVICES, DATA)



EMERGENCY PRESENTATIONS
(HEALTH POLICY ANALYSIS & REPORTING, METROPOLITAN HEALTH & AGED CARE SERVICES DIVISION, DEPARTMENT OF HUMAN SERVICES, DATA)

