



North Central Metropolitan Primary Care Partnership

2006 – 2007 Implementation Plans

October 2006

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1 Introduction

NCMPCP presents its' 2006 – 2007 implementation plans for the four key deliverables for Primary Care Partnerships of:

- Partnerships
- Integrated Health Promotion
- Service Coordination
- Integrated Chronic Disease Management.

These plans are to be read in conjunction with the North Central Metropolitan Primary Care Partnership Strategic Plan 2006 – 2009. The Strategic Plan provides the major directions of NCMPCP over the coming three years.

These implementation plans will be reviewed by the respective Steering/working groups of NCMPCP throughout the year and adjusted accordingly if required. These are living documents and achievements not reached in this year will be carried over into the 07 – 08 implementation plans.

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;

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

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

3 Partnership

| GOAL 1: To continue to build and maintain strong partnerships to improve service delivery to clients in primary health care services. | | |
|--|--|---|
| Objectives | Strategies | Estimated impacts |
| Ensuring appropriate agency representation on NCMPCP Management and steering groups | <ul style="list-style-type: none"> • Identification of key agency personal for involvement in PCP activities – review of membership, roles and responsibilities | <ul style="list-style-type: none"> • Robust and appropriate representation on all Management, Steering and Working Groups of NCMPCP • VicHealth Partnership Analysis Tool administered yearly to all Steering Groups of NCMPCP |
| Utilising the skills and positions of management and steering group members to advance NCMPCP strategies within individual organisations | <ul style="list-style-type: none"> • Maintenance of current structure utilising reciprocal reporting mechanisms between NCMPCP groups • Ensuring high level representation on the Project Management Group or their senior proxy • Regular reporting from NCMPCP program staff to PMG members regarding operational requirements • Utilisation of in kind resources from member agencies | <ul style="list-style-type: none"> • Senior management endorsement and support of NCMPCP strategies • Staff within agencies informed of NCMPCP strategies • Greater uptake of strategies |
| Ensuring open communication to all NCMPCP member agencies about NCMPCP and broader activities | <ul style="list-style-type: none"> • Continuing group emails on an ‘as needed’ basis • Redevelopment of NCMPCP website as a key communication tool • Facilitation of specific workshops as required. | <ul style="list-style-type: none"> • All members informed of key activities and actions required • Up to date information provided to members and they have the opportunity to provide information to the wider NCMPCP audience |

| GOAL 2: To ensure that NCMPCP has adequate decision making and accountability structures that will enable effective strategic planning to occur on behalf of its stakeholders. | | |
|---|---|---|
| Objectives | Strategies | Estimated impacts |
| Maintaining a Partnering Agreement between NCMPCP members to clarify roles and accountability requirements | <ul style="list-style-type: none"> Review of NCMPCP Partnership Agreement Support member agencies in joint protocol development | NCMPCP will have a partnership supported by accountability and decision making processes which reflect the views of the members |
| Respond to policy or emerging trends in government primary health services management | <ul style="list-style-type: none"> Ensure relevant discussion at all levels of NCMPCP activities Develop formal responses as required to funding and policy initiatives | NCMPCP membership is aware of current issues and proactive in response |
| Ensure NCMPCP is in an advantageous position to respond to funding or service development opportunities | <ul style="list-style-type: none"> Develop a process for positioning NCMPCP as a leader in catchment based planning Develop a process for facilitating appropriate agency partnerships to progress particular initiatives or services | NCMPCP has a process in place for responding to funding applications and supporting member agencies in their applications |

| GOAL 3: To actively participate in local, sub regional, regional and state strategic planning groups as appropriate. | | |
|---|---|---|
| Objectives | Strategies | Estimated impacts |
| Identify appropriate key planning bodies for PCP member and PCP staff participation | Map existing planning forums and scope representation | NCMPCP member agencies informed of relevant planning frameworks and their impacts |
| Continue to participate in the Planning for a Healthier North Forum Series and any additional | Attend forums and participate in ongoing developments | NCMPCP participates in the development of an area planning model |

4 Integrated Health Promotion

Strategic vision for NCMPCP Integrated Health Promotion

Coordination and leadership in integrating health promotion throughout the catchment, advocating for and applying a social model for health in planning and provision of services.

Priority setting process

Priority setting involved a review of:

- Implementation plan for the Primary Care Partnership Strategy 2004 – 2006 (DHS, 2004).
- Integrated health promotion resource kit (DHS, 2003)
- Planning for effective health promotion evaluation (DHS, 2005).
- Community health services – creating a healthier Victoria (DHS, 2004).
- 2004 -2006 Health Promotion Plans (Plenty Valley CH, Darebin CH, North Yarra CH, North Richmond CH, Panch Health Service, Women’s Health in the North)
- Current Municipal Health Plans (Yarra, Darebin, Whittlesea) (2004-2006)
- NCMPCP Community Health Plan (2004 -2006 plus amendments 2005 -2006)
- Report on Progressing Integrated Health Promotion Catchment Planning for the NCMPCP (2005-2006)
- Health Promotion Priorities for Victoria A discussion paper (DHS 2006)
- Primary Health Branch Policy and Funding Guidelines 2006-07 to 2008-09 (DHS 2006)
- Draft Planning and Reporting Framework for PCPs 2006 -2009 (DHS April 2006)

Meetings of key agencies of the NCMPCP Integrated Health Promotion (IHP) Steering Group recommend catchment health promotion priorities for endorsement by the PCP Management Group.

Program outline

Priority setting and problem definition

Strategic management and leadership

The NCMPCP is a partnership of health services and local governments from the municipalities of Yarra, Darebin and Whittlesea. The NCMPCP provides leadership and strategic direction for promoting health within a social model for health for the north central metropolitan region.

The municipalities of Yarra and Darebin both have Neighbourhood Renewal Programs which provide a priority focus for action in these communities.

An Integrated Health Promotion Steering Group set up in 2005 aimed to progress planning for the NCMPCP catchment area.

In 2005 interviews conducted with staff members of community health services identified the following as support required for IHP²:

Communication /information dissemination

- Information dissemination to PCP member agencies – newsletter, email updates, website.
- Information source for best practice in health promotion
- Clearing house re: projects, possible funding options
- Maintain links with consumer groups

Workforce development

- Staff professional development on IHP planning, implementation and evaluation
- Promote local and statewide workforce development opportunities
- Provide workforce development training

Partnerships

- To drive partnership development between agencies

The following objectives were adopted for 2005 - 2006³

- To advance integrated health promotion catchment planning within the NCMPCP
- Progress work on the health promotion priority issues
- Advocate and promote the catchment work of NCMPCP member agencies
- Strengthen the health promotion platform for the NCMPCP catchment.

The VICHealth Partnership Analysis Tool was distributed to all IHP steering group members in February 2006, to assess the status of the partnership. Of 12 survey forms distributed seven were returned.

² Report on Progressing Integrated Health Promotion Catchment Planning for the NCMPCP (2005-2006)

³ NCMPCP Community Health Plan amended 2005-2006

Overall aggregate score = 77. "The partnership is moving in the right direction but it will need more attention if it is going to be really successful."

Range was between 70 and 99

Areas that scored least well were:

Minimising the barriers to partnerships

Planning collaborative action

Implementing collaborative action

This survey provides a base line to measure progress of the partnership and the planning process for 2006-2009 offers opportunities for planning and implementing collaborative action.

It should be noted that the current partnership representation and structure had only commenced in 2005 and had experienced changes in individuals representing agencies as well as a change in the PCP health promotion officer. Results from the partnership analysis highlight the importance of organisational representation and commitment that is not dependent on individual persons.

The communication structure between the IHP Steering Group and the PCP Management Group is needed to ensure integrated priority setting and planning is incorporated into the planning process of member agencies. The differing timelines for planning and reporting can present difficulties and a catchment planning cycle and feedback mechanism is needed to help overcome this problem. (See Figure 1: Annual Catchment Planning Cycle).

Annual Catchment Planning Cycle

NCMPCP Catchment Planning 2006 -2009

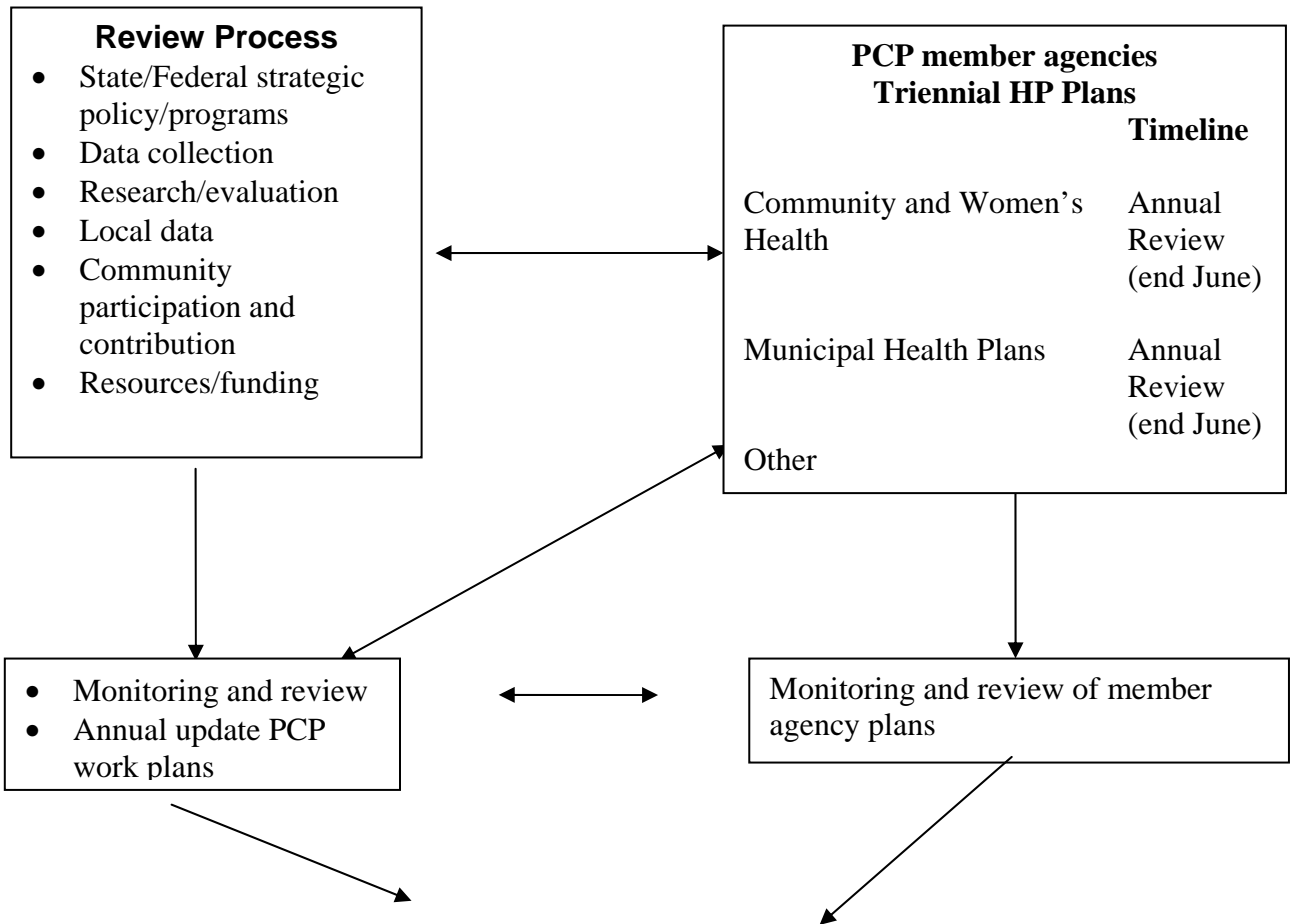


Figure 1: Annual Catchment Planning Cycle.

Defining Health Promotion Priorities for the Catchment

As part of the planning process for 2006 –2009 a review of health promotion priorities of members of the IHP steering group showed community health services and local governments are working together in some areas such as physical activity and healthy weight and neighbourhood renewal. Working with Aboriginal and Torres Strait Islander communities remains a priority for all member agencies. The NCMPCP has facilitated an Aboriginal and Torres Strait Islander (ATSI) Peer Support Network providing the opportunity for organisations working in the area of ATSI health and social support to meet with Aboriginal Health and Liaison workers to address issues related to ATSI access to services.

The North and West metro catchment area has Victoria's highest urban Aboriginal and Torres Strait Islander community. Indigenous people experience significantly higher mortality and morbidity than non –Indigenous people across Australia.

- Aboriginal life expectancy is estimated at 60 years for men and 65 years for women, which is approximately 18 years less than respective Victorian non-Aboriginal life expectancy. Life expectancy is influenced by a number of factors, including rates of morbidity and access to appropriate services.
- Aboriginal people have generally poorer health than non-Aboriginal people and are more likely to be hospitalised. Diabetes, renal failure, cardiovascular diseases and respiratory diseases are the most common chronic conditions in Aboriginal people and among the most common causes of death.
- Aboriginal people are admitted to hospital for diabetes-related illnesses more frequently and at younger ages than non-Aboriginal people.
- The rate of admissions for renal dialysis for Aboriginal women aged 45-64 is 10 times the non-Aboriginal rate. For men of that age it is almost 5 times the non-Aboriginal rate.

Aboriginal people often develop chronic diseases at an earlier age than non-Aboriginal people. The rate of hospital admissions of Aboriginal people for cardiovascular disease begins to increase steeply by 25-44 years. For non-Aboriginal people the rate increases between 45 and 64 years. The rate of admission for respiratory diseases increases from 45 years, whereas the rate of admission for non-Aboriginal people does not begin to increase until 65 years.⁴

The Aboriginal Health and Prevention and Chronic Care Partnership (AHPACCP) are funding organisations providing services to Aboriginal people. Following this funding arrangement the NCMPCP will provide links between current ATSI peer support members and partners within the AHPACCP group developing a changed role for the ATSI peer support group.

Also influencing health promotion priorities for the catchment will be the requirement for all primary health funded agencies to strengthen their role in providing integrated and

⁴ Australian Bureau of Statistics 2005, Deaths Australia Cat. No. 3302.0 p. 70, Canberra
Department of Human Services, Victoria, viewed 20th June 2006
<http://www.health.vic.gov.au/healthstatus/le-97-01.htm>

coordinated services for people with chronic disease and conditions and/or complex needs. Integrated disease management encompasses the continuum of care from prevention and health promotion through care planning, treatment, management and maintenance.

The NCMPCP has received funding to support the implementation of the Early Intervention in Chronic Disease program. The IHP steering group will collaborate with this program especially in supporting agencies in their preventive strategies for chronic disease. The healthy weight program outlined below will support interventions minimising some of the risk factors in chronic disease.

Program goals:

NCMPCP IHP steering group enables strategic development and building capacity for integrated health promotion across the north central metropolitan region.

Program objectives:

1. To build capacity of the NCMPCP IHP group to support joint planning and implementation of integrated health promotion strategies across the region.
1. To identify gaps in strategic the region's health promotion priorities and incorporate into the planning processes.
2. To identify and promote workforce development opportunities that address health
3. promotion priorities of the NCMPCP.

Population target group:

Key implementation partners within the NCMPCP catchment of Yarra, Darebin and Whittlesea.

Solution generation

1 Leadership

The NCMPCP will provide a mechanism for identifying and supporting the expertise and experience across member agencies and others. This process will facilitate interagency, and catchment planning, and a mix of interventions to address identified health promotion priorities. Alignment with existing Victorian and national programs, services and structures will be used to support the planning process.

Regular meetings of key agencies in the catchment will allow the exchange of information that will aid collaborative planning and action. The NCMPCP staff will provide a venue and administrative support for these meetings and be responsible for preparing reports on the collective decisions and recommendations of member agencies to the Project Management Group.

The NCMPCP staff will facilitate information sharing and communication through use of an email communication network and website.

Participating agencies will support IHP planning and implementation by committing resources for staff to attend meetings and contribute information, knowledge and support to plan, implement and evaluate agreed priorities.

Working with the Project Management Group agencies will be invited to take a leadership role in strategy development where they have particular program mandates or funding resources to support particular health promotion priorities.

The NCMPCP has previously committed to supporting Indigenous people and recognises the importance of local partnerships with the Indigenous community and organisations. An Aboriginal and Torres Strait Islander Peer Support Group has been auspiced by the NCMPCP, via the funds holder, to develop local partnerships and to gain Aboriginal community support and involvement. The NCMPCP will continue to support the on-going planning and implementation of strategies and services by member agencies that target Indigenous people.

2 Partnership development

Partnership development through networking and information sharing at meetings and the use of NCMPCP communication channels – email and website.

Use opportunities for engagement in projects by member agencies and others to implement and sustain strategies.

3 Organisational development

The introduction of the Quality Improvement Program Planning System by the PCP and shared use across member agencies will assist in the development of integrated planning and reporting. Use of the QUIPPS by participating agencies will assist in developing a regional data base, shared information on organisational plans, health promotion initiatives and outcomes.

4 Workforce development

Developing a diverse workforce that can address the lifestyle choices made by people can result in health gains. Workforce development in both the health sector and other professions can build the capacity to improve health across a number of population targets.

Identify gaps in health promotion training needs analysis. Identify and promote workshops, courses and resources that support a range of health promotion strategies across the catchment. Support the intersectoral aspects of service delivery for Aboriginal communities.

5 Resources

The PCP provides links between Commonwealth, State and Local government, community health and other primary health services in the area. Many of the activities that contribute to a healthy lifestyle are outside the responsibility of health. Successful interventions required partnerships and ownership of issues that cross sectors. The PCP provides an integrated approach in advocating for social, community and individual change.

Summary of NCMPCP Roles and Responsibilities

Participating agencies

- Participating agencies commit funding to health promotion
- Represent their agency on the Integrated Health Promotion Steering group
- Input into the development of the community health plan which will assist in the planning and delivery of local primary health care and related services
- Input into the development of work plans
- Facilitate the implementation of the strategic directions as stated in the NCMPCP work plan within their agency
- Support key actions outlined in the work plan
- Contribute to evaluation and dissemination of learning's across agencies

PCP staff

- Facilitate the operational work of the IHP steering group
- Provide administrative support for meetings, workshops and events
- Collate information and data for reports
- Facilitate planning process in health promotion for the PCP and present documented plans to Program Management Group (PMG)
- Provide monthly progress reports to PMG
- Facilitate partnership development through networking and information sharing using meetings, email and website communication
- Promote opportunities for engagement in projects by member agencies and others
- Review literature and current strategies to inform and advise on integrated health promotion catchment planning
- Provide information on resources and funding opportunities to member agencies.

6 Evaluation

Objective 1

To build capacity of the NCMPCP IHP group to support joint planning and implementation of integrated health promotion strategies across the region

Process evaluation

- Attendance record of member agencies at IHP steering group meetings and specific project meetings
- Changes to TOR reflect changes to PCP roles and responsibilities

Impact evaluation

- Change in aggregate partnership score
- Procedures developed for links to ATSI peer support network and AHPCCP
- Uptake and use of QIPPS
- Planning process is reflected in individual agency plans
- Completion of funded projects

Objective 2

To identify gaps in strategic the region's health promotion priorities and incorporate into the planning processes.

Process evaluation

- Membership changes to IHP steering group based on targeted priorities
- Agencies contribute to data collection, planning and reporting
- Agencies contribute to networking and information sharing on ASTI issues

Impact evaluation

- Planning framework developed and used for annual planning
- Documented annual plans – 06-07, 07-08, 08-09 reflect the review process
- Website redesign and updates provide an effective communication channel

Objective 3

To identify and promote workforce development opportunities that address health promotion priorities of the NCMPCP.

Process evaluation

- Workshops courses and resources promoted
- Leadership and participation in an ATSI health forum
- Health promotion training attended
- Other course attendance

Impact evaluation

- ATSI forums held

Priority Area 1 - Healthy Weight

Problem definition

Eating a healthy diet and being physically active are important in the management of a healthy weight. Maintaining a healthy weight is an important factor in reducing the risk in the development of chronic disease.

Health Status of Victorians report for the North and West Metro Region indicates that more than 65% of males and 45% of females are classified as overweight or obese. The proportion of males overweight or obese exceeds 50% in all age groups except 18 – 24 year olds. The levels of overweight and obesity are slightly above the overall Victorian levels.

Overweight is caused by an intake of energy from food that exceeds energy output from physical activity. The reasons the individual is overweight are complex and are influenced by multiple factors including age, sex and genetics, individual lifestyle factors, social and community influences, living and working conditions and socio-economic, cultural and environmental conditions.

Reducing levels of obesity in the population must be addressed through a variety of coordinated activities, which include:

- Reducing the structural barriers to physical activity and selecting healthy food choices
- Promoting a wide range of food and physical activity experiences and positive attitudes to food, physical activity and body image
- Ensuring the provision of socially and culturally appropriate advice and information about nutrition, physical activity and healthy weight from health and education professionals and other community workers

The member agencies of the NCM PCP have a number of individual and cooperative strategies addressing healthy weight. The PCP will continue to support collaborative actions that address the promotion of health weight through the following:

Program goal

Support an integrated approach to a range of health promotion strategies that address healthy weight by promoting physical activity and active communities and accessible nutritious food.

Program objectives

- 1 To build the capacity of the NCMPCP IHP group to support the delivery of planned health promotion initiatives that address eating a nutritious diet and being physically active
- 2 To integrate promotion of healthy weight into services and programs within the region

Program target group

Key implementation partners within the NCMPCP catchment of Yarra, Darebin and Whittlesea.

Solution Generation

Partnerships

Facilitating partnership development through providing networking opportunities, collection and dissemination of local, state and national healthy weight promotion information and funding opportunities.

Leadership

Mapping of activities in the NCM catchment area that address nutrition and physical activity. Identify the support required and opportunities for joint activity to promote physical activity and active communities, and access to nutritious food.

Workforce development

Disseminating findings from joint activity projects: HALS, FOS, Movin' Around.

Identifying and disseminating evidence based strategies that support integration of healthy weight strategies across services and programs.

Resources

Providing and maintaining up to date information on nutrition, physical activity and weight management, smoking and alcohol services offered by community health and local government in the catchment to support the implementation of the Lifescrpts program through the Northern Division of GPs and for health professionals within member agencies. (Supporting risk reduction for chronic disease).

Evaluation

- Meeting attendance and contribution
- List and monitor interagency funded projects
- Mapping exercise documented and circulated to participating agencies.
- On-going inter agency strategy development for healthy weight evident in plans.
- Coordinated delivery of services documented in annual reports.
- Project presentations: attendance and evaluation, reports distributed.
- NCMPCP agency plans include ongoing strategies based on learning's from projects:
 - HALS
 - FOS
 - Movin' Around
- Lifescrpts website incorporated into Northern Division of General Practice and NCMPCP websites for used by GPs and for health professionals within member agencies
- List of services included on Lifescrpts website
- Access to website
- Number of Lifescript referrals presenting to Community Health Services
- Procedures for updating Lifescrpts information undertaken by member agencies

Priority Area 2 - Mental health and wellbeing: prevention of violence against women

Problem Definition

The known health impacts of violence against women include death, physical injuries, poor mental health, chronic pain, substance abuse and sexual and reproductive morbidities. The contribution of physical and sexual violence to the total disease burden for women aged 15-44 years in Victoria is estimated to be 9%, greater than risk factors such as illicit drugs, alcohol, physical activity, body weight, cholesterol, blood pressure and tobacco.

It is estimated that one in five women will experience violence in their adult lives. The Victorian government's Women's Safety Strategy: a coordinated approach to reducing violence against women (Office of Women's Policy 2002) identifies the following key areas to reduce level, and fear of violence against women in Victoria:

- Protection and Justice (reform of criminal justice and police response)
- Options for women (includes strategies for women to remain at home rather than having to leave due to domestic violence)
- Prevention of violence (includes early intervention programs targeting young men)
- Community action and coordination (includes a move towards an integrated response to family violence)

The Department of Victorian Communities, Office of Women's Policy has produced a report of the Statewide Steering Committee to Reduce Family Violence, 'Reforming the Family Violence System in Victoria Report' (2005). This report notes that the entry point for interventions that support the reduction of family violence can occur across a number of settings including police and the legal system, schools, community health and GP's.

The NCM PCP through its participating agencies has the opportunity to improve the access to appropriate responses to physical and sexual violence in the catchment by supporting an integrated response. The NCM PCP will investigate ways that various health promotion strategies can support the prevention of violence against women and plan appropriate action across agencies in the catchment by undertaking the following:

Program goal

Support for an integrated approach in developing health promotion strategies that address the prevention of violence against women through coordinated planning and policy development across the catchment.

Program objective

Set up a coordinated approach to planning and policy development across the catchment that addresses the prevention of violence against women.

Program target group

Key implementation partners within the NCMPCP catchment of Yarra, Darebin and Whittlesea.

Solution generation

Partnerships

Identifying existing networks addressing violence against women. Supporting partnerships between organisations.

Workforce development

Identifying and disseminating evidence based strategies that address the prevention of violence against women and identify ways agencies can best work together.

Leadership

Developing a workplan for 2007-2009 including a range of health promotion strategies as identified in the VicHealth model for Prevention of Violence Against Women.

Resources

Disseminating information on local initiatives on the Prevention of Violence Against Women.

Evaluation

- Mapping exercise documented and circulated to participating agencies
- Attendance/participation in planning process, including diversity of agencies
- Contributions to IHP meetings
- Agreed inter agency strategy developed and included in on-going plans
- Coordinated delivery of services documented in annual reports
- Items included on NCMPCP website
- Access to website

Planning for quality

- Annual progress reporting using the IHP PCP reporting framework, (See separate attachment N& W Metro Region – IHP PCP Reporting), and Annual Planning Cycle review (See page 3).
- Introduce and use QIPPS for planning, evaluation and reporting for PCP programs.

IHP Operational Plan 2006-2007

Strategic management and leadership

| Program goal NCMPCP IHP steering group enables strategic development and building capacity for integrated health promotion across the north central metropolitan region. | | | | |
|--|--|---------------------------------|---|--|
| Objective | Key actions | Timelines | Expected outcomes | Key performance indicators |
| Provide support and strategic advice on development, implementation and evaluation of NCMPCP Health Promotion | <p>NCMPCP to facilitate Partnership development through networking and information sharing</p> <p>Promote opportunities for engagement in projects by member agencies and others</p> <p>Workforce development through identification of workshops, courses and resources that support health promotion strategies</p> <p>Review of literature and current strategies to inform and advise on integrated health promotion catchment planning</p> <p>NCMPCP representation at appropriate forums and circulate of relevant information on resources and funding opportunities to member agencies</p> | July 06-07 On-going activity | <p>Staged development of health promotion plans for the three year period 2006 – 2009 within agreed and supported catchment priorities</p> <p>3 municipal plans, 4 CHS and Panch HS involved in evaluation of the catchment priorities and commitment to disseminate learnings</p> <p>NCMPCP website redesigned and further developed and used as a communication channel for relevant health promotion information including: dissemination of agencies plans and programs, funding opportunities, relevant literature, reports and conferences.</p> | <p>Plans documented: 06 -07 07-08 08-09</p> <p>Agencies contribute to evaluation and reports</p> <p>Website redesign completed Number of 'hits' to website</p> |

| Objective | Key actions | Timeline | Expected outcomes | Key performance indicators |
|--|---|--|--|---|
| Cont: Provide support and strategic advice on development, implementation and evaluation of NCMPCP Health Promotion | Facilitate the introduction and shared use of the Quality Improvement Program Planning System (QIPPS) by NCMPCP member organisations Planned introduction and use of QIPPS by member agencies in establishing regional data bases of organisational plans and HP initiatives | July 06 – June 07 Jan 07 - June 07 | QIPPS forum for NCMPCP member agencies and their staff Information and costing of QIPPS, training and support collected and disseminated. Agencies budget and schedule introduction of QIPPS Develop process for sharing QIPPS program reports and evaluation across the PCP | The extent of a common understanding by NCMPCP member agencies of the evidence base and evaluation strategies used for their HP programs using the QIPPS planning Number of agencies using QIPPS Number of staff using QIPPS for program planning and evaluation. |
| 1. NCMPCP enables strategic development and building capacity for health services and health promotion for ATSI communities | | | | |
| Provide support and strategic advice on development, implementation and evaluation of the ATSI Peer Support Network's workplan | NCMPCP to facilitate <ul style="list-style-type: none"> • Partnership development through networking and information sharing • Promote opportunities for engagement in projects by member agencies and others • Links to the Aboriginal Health Prevention and Chronic Care Partnership (AHPACCP) • Workforce development through forums focusing on intersectoral aspects of services delivery for ATSI communities | Three forums per year: Nov March June | Membership of ATSI Peer Support Group represents a diverse membership of Indigenous and Non-Indigenous agencies whose services impact on ATSI health and well-being. Three intersectoral forums hosted by each PCP municipality are held each year. NCMPCP website is used as a communication channel for promotion of ATSI projects | Number of events and diversity of agency attendance at workshops, courses etc. Number of 'hits' to website. |

Healthy Weight

| Program goal | | | | |
|---|--|-----------------|--|--|
| Support an integrated approach to a range of health promotion strategies that address healthy weight by promoting physical activity and active communities and accessible nutritious food. | | | | |
| Objective | Key actions | Timeline | Expected outcomes | Key performance indicators |
| Support the 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 | <ul style="list-style-type: none"> • Map activities by services and organisations in the NCM area addressing nutrition and physical activity • Identify the support required and opportunities for joint activity to promote physical activity and active communities and accessible nutritious food • Disseminate findings from joint activity work eg: HALS, FOS, Movin' Around | On-going | <p>Map of activities</p> <p>Greater awareness of the skills, knowledge, resources and capacity to address obesity across municipalities and the opportunities to work together</p> <p>Community health and municipal health plans include integrated initiatives that address eating a nutritious diet and being physically active</p> <p>Roles and responsibilities of agencies within integrated strategies are outlined in the community health and municipal plans</p> | <p>Map documented and circulated to participating agencies</p> <p>Shared work identified including on-going plans</p> <p>Coordinated delivery of services identified in annual outcome reports</p> |

| Objective | Key actions | Timeline | Expected outcomes | Key performance indicators |
|--|--|---|--|---|
| Integrate promotion of healthy weight into services and programs within the region | <ul style="list-style-type: none"> Identify evidence based strategies that support integration of healthy weight across services and programs and dissemination this information across PCP agencies | November 06 | Literature review Update by DHS/VicHealth on funded projects through reports or progress presentations | Report on strategy review circulated to agencies Project presentations |
| | <ul style="list-style-type: none"> Investigate best method for dissemination of information on services targeting Lifescripts priorities and keeping up to date Provide and maintain up to date information on nutrition, physical activity and weight management, smoking and alcohol services offered by community health and local government in the catchment to support the implementation of the Lifescripts program through the Northern Division of GPs Implement data base for services Establish method for updating information | July – Sept 06 Sept 06 Dec 06 Dec 06 | All agencies contribute information on services offered Use HP student(s) to develop a comprehensive list of services Improved relationship between ND GPs and primary care agencies A functioning data base in operation | List of services Access to data base or number distributed Number of Lifescript referrals presenting to CHS |

Mental health and well-being: prevention of violence against women

| Program goal | | | | |
|--|---|-----------------|---|--|
| Support for an integrated approach in developing health promotion strategies that address the prevention of violence against women through coordinated planning and policy development across the catchment. | | | | |
| Objective | Key actions | Timeline | Expected outcomes | Key performance indicators |
| Set up a coordinated approach to planning and policy development across the catchment that addresses the prevention of violence against women | <ul style="list-style-type: none"> Identify existing networks addressing violence against women | Dec 06 | Map of networks, initiatives and services | Map documented and disseminated |
| | <ul style="list-style-type: none"> Host sessions across municipalities to disseminate information on local initiatives and identify ways for agencies to best work together | April 07 | Workshop recommendations | Number of workshops, attendance numbers and diversity of participating organisations |
| | <ul style="list-style-type: none"> Develop workplan for 2007 –2009 including a range of health promotion strategies as identified in VicHealth’s Public Health model for Prevention of Violence against Women. | July 07 | Based on community mapping data and workshop recommendations develop a workplan for building the capacity of agencies in health promotion and prevention violence against women | Workplan 07-09 Number of agencies with identified health priority for the prevention violence against women in organisational plans |

5 Service Coordination

| Priority Area 1 - Service Coordination Systems Development | | | |
|--|--|-----------------------|---|
| Aim: To facilitate and support a systemic approach to service coordination across member agencies | | | |
| Objective | Key Actions | Timeline | Outcome |
| Analyse current member agency service coordination status | Develop and implement service coordination audit, in conjunction with DHS service coordination audit tool. | November 06 | Report detailing findings, analysis and recommendations for further actions. |
| Implement recommendations of Service Coordination audit | <ul style="list-style-type: none"> Develop individual agency plans based on Service Coordination audit results Site visits | November 06 - ongoing | Recommendations implemented. |
| Support State-wide PPPS development | <ul style="list-style-type: none"> Participate in regional consultations, as per project requirements Resource and support NCMPCP representative on State-wide PPPS Project Steering Group Implement state-wide PPPS initiatives as required | July 06 - ongoing | <ul style="list-style-type: none"> NCMPCP representation and participation in project. NCMPCP Service Coordination Steering Group informed on State-wide PPPS protocols |
| Support member agencies to review assessment processes and systems. | <ul style="list-style-type: none"> Review assessment section of BATS strategy via SCSG Support member agencies to participate in the HACC Assessment Framework review | October 06 - ongoing | <ul style="list-style-type: none"> NCMPCP Service Coordination Steering Group able to make recommendations for future action on assessment |
| Support member agencies in the implementation of SCTT 2006. | <ul style="list-style-type: none"> Establish NCMPCP Practitioner Network to provide forum for discussion, troubleshooting and support Provide a forum for discussion through Service Coordination Steering Group for troubleshooting and support Site visits if required | July 2006 - ongoing | SCTT 2006 implemented in member agencies |
| Support member agencies in the development of care planning frameworks and protocols | <ul style="list-style-type: none"> Information session/s for staff Participate in regional/state initiatives to further work of the pilot project NCMPCP representation on working groups. | July 2006 - ongoing | <ul style="list-style-type: none"> Number of member agency representatives attending information session. Member agency participation |
| Support agencies in the ongoing support and maintenance of E Referral | <ul style="list-style-type: none"> Provide a forum for discussion through service coordination steering group and practitioner network for troubleshooting and support Advanced training to agency resource people to enable implementation of "train the trainer" model Site visits to assist agencies in introduction of E Referral to new staff. Development of E Business rules for inclusion in agency training materials | July 2006 - ongoing | <ul style="list-style-type: none"> Number of E Referrals sent by member agencies Number of E Referrals received by member agencies Number of staff attending advanced training Number of staff trained by internal agency trainers Number of new staff inducted into use of E Referral E Business rules embedded within agency training manuals |

| Priority Area 2 – To increase the scope of service coordination practices to newly mandated agencies, DHS funded initiatives and general practitioners. | | | |
|--|--|------------------------------|---|
| Objective | Key Actions | Timeline | Outcome |
| Assist Drug and Alcohol support services in the adoption of service coordination strategies including PPPS, use of SCTT and e Referral. | Develop and circulate an information package (in addition to DHS information), for the 25 identified drug and alcohol agencies within the catchment, containing the service coordination survey, NCMPCP structure, service coordination strategies and contact details. | October 2006 – November 2006 | <ul style="list-style-type: none"> • Drug and Alcohol agencies informed of NCMPCP approach to service coordination strategies. • Report to NCMPCP SCSG on D&A service coordination readiness. |
| | Information session for D&A agency managers and senior staff including representations from NCMPCP member agency service coordination leaders/champions. | February 2007 | Number of D&A Agency representatives attending forum |
| | Develop and implement staged buddy system with members of NCMPCP SCSG to provide information and support including e Referral support. | March 07 – December 08 | Buddy system program developed and implemented. |
| Implement a plan for joint work with BNPCA to further Service Coordination within newly mandated agencies | Develop communication strategy to formalise working relationship and guide practice with BNPCA | December 2006 | Communication strategy signed off by NCMPCP PMG |
| Assist NW Palliative Care Consortium agencies in the adoption of SCTT and E Referral | Provide support to NW Palliative Care Consortium Service Coordination Project | June 2006 - ongoing | Project implemented in NCMPCP catchment |
| Deliver the Refugee Nurse Project | In conjunction with NDGP develop a plan to: <ul style="list-style-type: none"> • Assist with the implementation of the newly developed Refugee Health assessment form; • In conjunction with the Refugee Nurse, increase the number of generalist GP clinics seeing refugee clients (now an MBS item). • Increase service coordination practices within GP clinics seeing refugee clients | May 06 – May 07 | <ul style="list-style-type: none"> • NDGP engaged to deliver the project • Steering Group comprised of GP's, RHN, CHC's in NCMCP and BNCPA, established to oversee the project • Project implemented in NCMPCP catchment |
| Implement the GPs in community health E Referral project. | In conjunction with NDGP develop a plan to increase the uptake of the GP State-wide Referral tool within GP in CH | August 2006 | Plan signed off by NCMPCP PMG |
| Assist GPs in the adoption of service coordination strategies including PPPS, use of SCTT and the GP State-wide Referral tool | Liaise with MDGP and NDGP to develop a planned approach to working with GP practices | June 2006 – ongoing | Engagement plan drafted and circulated to SCSG |

| Priority Area 3 – Information Technology | | | |
|--|---|---------------------|--|
| Aim: To advocate for IT systems that support service coordination between and for member agencies. | | | |
| Objective | Key Actions | Timeline | Outcome |
| Advocate functional interoperability between existing electronic platforms. | <ul style="list-style-type: none"> • Liaison and support DHS Interoperability Infrastructure project • Participation in interoperability forums and initiatives | July 06 - ongoing | Information exchanged relating to interoperability progress and initiatives |
| Procurement of high speed connection to support the electronic transmission and storage of SCTT referrals by member agencies | <ul style="list-style-type: none"> • Participation in Regional ITC committee | July 06 - ongoing | <ul style="list-style-type: none"> • NCMPCP participation in regional ITC initiatives • Information provided to member agencies regarding regional ITC initiatives |
| Provision of information and resource base relating to Healthsmart project | <ul style="list-style-type: none"> • Participation in HealthSmart initiatives | July 2006 - ongoing | <ul style="list-style-type: none"> • Information provided to member agencies regarding HealthSmart project |

| Priority Area 4 - Evaluation | | | |
|---|--|-----------------|--|
| Aim: To ensure that NCMPCP service coordination strategies are effective and efficient | | | |
| Objective | Key Actions | Timeline | Outcome |
| Develop an evaluation strategy | <ul style="list-style-type: none"> • Source Department requirements • Investigate evaluation approaches Develop NCMPCP plan. | October 06 | <ul style="list-style-type: none"> • Evaluation plan developed and implemented. |

6 Integrated Chronic Disease Management

Introduction

NCMPCP has decided to employ a consultancy for the first year of our IDM project. This decision reflects a diminished work force pool in the current environment and a belief that the project would be better served by a consultancy which is able to commence work immediately following an agreed plan with timeline.

This expression of interest will be placed in Melbourne papers, on employment website and distributed to key stakeholders. It is anticipated that a consultancy will be appointed before Christmas, commencing early in the New Year.

Integrated Chronic Disease Management (ICDM) Project

Brief for Expression of Interest

October 2006

We seek expressions of interest from suitably qualified consultants or individuals to devise and implement an approach to deliver Year 1 of our Integrated Chronic Disease Project.

Background

The Primary Care Partnership (PCP) Strategy is a major reform in the way services are delivered in the primary care and community support services sector in Victoria. The Primary Care Partnership Strategy aims to improve the overall health and well-being of Victorians by:

- Improving the experience and outcomes for people who use primary care services.
- Reducing the preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by responding to the early signs of disease and/or people's need for support⁵.

PCP's have four key deliverable areas namely:

- Partnerships
- Service coordination
- Integrated health promotion
- Integrated chronic disease management

About North Central Metropolitan Primary Care Partnership (NCMPCP)

The 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.

⁵ <http://www.health.vic.gov.au/pcps/>

The successful consultant detail how they will:

- Devise and implement a process for the audit of self management interventions operating within the NCMPCP catchment and provide a written report
- Propose a staged plan for consultation with catchment private practitioners about referral pathways, care planning and expectations when referring to community health settings in consultation with the Northern Division of General Practice,
- Assist Darebin Community Health in the establishment and delivery of an integrated chronic illness model
- Devise and implement a year 1 response to the implementation plan in Community Health Chronic illness Response Report.
- Devise and implement a communication strategy to inform stakeholder's catchment wide about the Integrated Chronic Disease project progress.
- Report to an Integrated Chronic Disease Management Steering Group on project progress.

Expressions of interest in this project should include a resume of relevant qualifications and experience of the consultant, examples of written work for similar projects and address the following key selection criteria:

- Current knowledge about public policy and health trends internationally and domestically about chronic disease management
- Knowledge of primary health sector policy, primary care partnerships and broader state health policy
- Knowledge and experience in liaising with General Practitioners and GP Divisions
- Demonstrated research skills
- References for recent work
- Demonstrated ability to work with a diverse group of stakeholders and meet project key deliverables.
- Ability to commence and complete this work within a 12 month period, commencing early in 2007, for a total cost of less than \$56,000

Key deliverables

1. Completed audit of self management interventions operating within the catchment
2. A detailed approach to consultation with general practitioners and completion of 15 consultations
3. Involvement in Darebin Community Health Early Intervention into Chronic Disease Project
4. An implementation plan for Year 1 of Community health Chronic Illness response
5. A successful communication strategy

Expressions of interest should be forwarded by 5 pm November 10, 2006 to Kath O'Donnell, Project Manager, NCMPCP. PO Box 1681, Preston South, 3072 or by email to kodonnell@ncmpcp.org.au

The attached information and web page links are provided to assist in the preparation of expressions of interest.

Context for Integrated Chronic Disease Management

(From DHS Primary health Chronic Disease Guidelines – August 2006)

Chronic diseases currently make up more than 70% of Australia's overall disease burden due to death, disability and diminished quality of life. This is expected to increase to 80% by 2020⁶. Evidence suggests that people who participate in chronic disease management programs have a better quality of life, experience fewer complications and reduce their overall use of health care resources.⁷

Strengthening the role of CHCs and PCPs in integrated chronic disease management responds to the following issues:

- An increasing prevalence of preventable chronic disease,
- CHCs across the state already see a large number of people with chronic and complex conditions (approximately 60% of all registered clients).
- Demand pressures on CHCs challenge their capacity to support multidisciplinary care coordination and integrated service provision for people with chronic disease and complex needs,
- Major public hospital costs in Victoria (2003-04) for four chronic conditions alone (suffered by 62,000 people), diabetes, chronic obstructive pulmonary disease (COPD), chronic heart failure (CHF) and asthma is estimated at \$200M,
- Significant evidence in Australia and internationally demonstrates the value of partnerships in improving the delivery of primary health care services and programs,⁸
- The vision for PCPs supports more integrated responses to clients with chronic disease and complex needs.⁹

The NCMPCP ICDM has direct links with other key deliverables specifically service coordination and integrated health promotion. Chronic disease management projects such as HARP are considered in the model. The following website will assist in understanding PCP directions and the development of a project brief.

⁶ Australian Institute of Health and Welfare (AIHW) (2002), *Chronic Diseases and Associated Risk Factors in Australia*, 2001, Canberra.

⁷ Institute for Public Health Services Research, Monash Medical Centre, and Centre for Community Child Health, Royal Children's Hospital (2000). *Literature review of effective models and interventions for chronic disease management in the primary care sector*. Victorian Government Publishing Service.

⁸ Gillam, Abbott, Banks-Smith (2001) 'Can primary care groups and trusts improve health?' *BMJ* 323 14th July 2001. Evans D, Killoran A (2000) 'Tackling health inequalities through partnership working: learning from realistic evaluation', *Critical Public Health* 10(2) 2000. Rae Walker, *Collaborations and alliances: a review for VicHealth*, Victoria, <http://www.vichealth.vic.gov.au>.

⁹ Department of Human Services (2004) *Primary Care Partnerships strategic directions 2004-2006*, Victoria, www.health.vic.gov.au/pcps

Useful website for developing an expression of interest

NCMPCP

www.ncmpcp.org.au

Primary Care Partnerships relevant sites

www.health.vic.gov.au/pcps

Community health

www.health.vic.gov.au/communityhealth

www.health.vic.gov.au/communityhealth/AHPACC

Chronic Disease Management

<http://som.flinders.edu.au/FUSA/CCTU/home.html>

<http://patienteducation.stanford.edu/programs/cdsmp.html>

www.health.gov.au/internet/wcms/publishing.nsf/Content/pcd-programs-epc-chronicdisease

HARP

<http://www.health.vic.gov.au/harp-cdm/#harp>