Primary Care Partnerships
Partnerships in Motion

Primary Care Partnerships have been a foundation of healthcare across Victoria for more than 20 years and primarily, they are about people: the people within our key services, working together to achieve outcomes beyond what they can achieve by themselves.

Partnerships are comprised of representatives of partner agencies

Primary Care Partnerships not only bring local health and community service organisations together, they are made up of them. This means those with the best knowledge of the complex challenges facing our communities are in a room together to discuss collectively how best to improve health and well-being outcomes.

Partnerships thrive on trust and relationships built over time

Those within the partnership trust each other and work together because of their ongoing history of collaboration and success, a track record which takes time to develop. We stay together, because we have consistently demonstrated that we can better achieve our organisations objectives and provide real benefit to the community through this approach, and because we trust the people involved.

Partnerships are placed-based, community organisations

Partnerships represent their catchment across sectors and can mobilise action across unconventional stakeholders. The pockets of disadvantage and specific health challenges vary across catchments, requiring different responses that can only be determined and understood by those working on the ground. Activities are driven by organisations working together to face the unique challenges of their community, its environment, and its experience.

Partnerships are independent so can broker relationships in good faith

The 850 organisations involved operate in a highly competitive space which can create challenges to working together for mutual benefit. The independence of the partnership support team and the foundation and history of the partnerships allows for good faith partnership brokering. It enables negotiation of competing priorities to ensure the best shared outcomes.

Primary Care Partnerships have spent 20 years demonstrating independence, developing trust and securing community outcomes. **Their strengths cannot be replicated overnight.**

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Case Studies

The case studies below are a selection of Primary Care Partnership (PCP) work that demonstrate recent examples of the ways the partnerships operate through formal process and through existing relationships:

In response to slow uptake of the Victorian Government's **Healthcare that Counts Framewor**k, four Gippsland PCP's, working in partnership with DHHS and other local services, utilised existing relationships with member agencies to recruit 10 pilot sites to participate in delivering the framework.

The agencies identified challenges in delivering the framework and so the PCP Project Coordinator met in person with each agency. Understanding their concerns, they introduced implementation resources and established and facilitated a Peer Learning and Support Network and central online communication platform so the agencies could work together and share insights. In partnership with participating agencies, the PCP developed the 'Healthcare that Counts Framework Implementation and Resource/Training Guide' to support agency implementation of the Framework.

→ **The PCP community connections enabled a statewide initiative to be localised by bringing together partners and multiple PCPs to support success.**

A Program Manager from Eastern Domestic Violence Service and the Senior Health Promotion Officer at Eastern Health sought Outer East PCP's support to initiate a social media campaign based on the PCP's success through the **At Home Tips and Ideas** sheets.

Despite a large number of organisations becoming involved, messages and designs were agreed within three weeks because the group had existing relationships, founded on trust, and a willingness to collaborate. The campaign gained significant coverage through access to network communications channels including the regional Prevention of Violence against Women partnership platform, the Outer East PCP network and exposure beyond the East through VicPCP.

→ **The PCP's collaborative structures and networked relationships allowed for rapid agreement and rollout of a new communications program.**

Central Highlands PCP's partners were becoming increasingly concerned that rapid changes in the emergency food relief sector at local levels, in response to COVID-19 shutdowns and restrictions, may be restricting healthy food access and food security in some cases through a lack of information about where services were available.

The PCP's impartiality and existing relationships meant they could efficiently facilitate development of a guide to current emergency food relief services, including information about food donations, meals, deliveries, community shopping and financial services, and distribute this to a broad range of local organisations that were supporting vulnerable clients.

→ **The PCP's independence and impartiality created an environment where partners could quickly work together to secure meaningful impact on food relief during COVID-19.**

Organisations within the Southern Melbourne Primary Care Partnership (SMPCP) catchment had expressed a desire to come together to address elder abuse. In late 2017, SMPCP received funding and established the **Elder Abuse Prevention Network** through existing relationships SMPCP staff had with partner organisations and the expertise they held in bringing the right people to the table.

The CEO of a partner health service involved indicates the value of participating in a network where partners could meet, work with and learn from a variety of practitioners, strong connections to community and community groups through SMPCP and the collective efforts of those involved, which are key to the success of the network and activities.

→ **The PCPs expertise in establishing functional partnerships meant they were able to bring together a variety of relevant senior practitioners including organisation leaders and establish a successful primary prevention network.**

Central Victorian Primary Care Partnership invited Sports Focus to the Mount Alexander Family Violence Prevention Network to provide input on the **"Batting for Gender Equity" project,** addressing gender inequality within the community using grassroots cricket clubs as the setting.

The project coordinator translated the 'health' language into something relevant and engaging to sporting clubs. As a result of the project, there is increased opportunity for women to play cricket in the Mount Alexander Shire and positive impacts on behaviours and attitudes towards women.

→ **The PCP's ability to connect organisations across sectors enabled them to share expertise and knowledge and access funding and extending their individual capacity and core funded roles.**

The Executive Officer of a Goulburn Valley PCP reached out to **Goulburn Valley Health**, a partnership member, to support their preparations for a COVID-19 response.

The catchment was particularly high-risk and so establishing telehealth clinics quickly was critical, but Goulburn Valley Health did not have access to appropriate IT infrastructure including laptops and high-resolution cameras to enable these clinics to be operationalised. Through the PCP, laptops and HD cameras were sourced and donated, reducing community infection risks and strain on existing health resources.

→ **The PCP's established relationships and regular communication meant a local problem could be solved quickly with local resources.**

Further relevant case studies are available on request.

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