Victorian Primary Care Partnerships

Submission to the Strengthening DET regional relationships and support: Consultation Paper

May 2015

Purpose

This submission has been prepared in response to the Consultation paper released by the Department of Education and Training on strengthening DET regional relationships and support. Primary Care Partnerships are making a submission because of the pivotal role that we play in promoting and supporting partnerships in the health and community sectors and the relevance that our role has to the principles outlined in the consultation paper.

Primary Care Partnerships (PCPs) are established networks of local health and human service organisations. PCPs work together to find smarter ways to make the health and community system work better, so the health and well-being of their communities is improved. Since they were introduced by the Victorian Government in 2000, PCPs have become a vital component of the Victorian healthcare system.

In the 15 years of operation PCPs have grown significantly, in both size and reputation, as more and more health and social services and community groups join them in the quest to deliver better healthcare outcomes for Victorians. Today, PCPs facilitate partnerships with a wide range of health and social service providers and community groups; and they support collaboration and service integration. Most importantly, they play a key role to enhance the wellbeing of people within our local communities.

There are now 28 PCPs around Victoria that connect more than 800 organisations across many different sectors. This includes: hospitals, GPs, local government, universities, community health services, disability services, problem gambling services, women's health and family violence services, mental health services, sports groups, schools, police and many more.

These diverse organisations are working together to plan around the needs of the community, to share their skills and expertise, and align their efforts. In bringing these health and social service organisations together, PCPs find new ways to collaborate and share valuable learnings, research and information. When it comes to the health needs of the community PCPs also enable more effective integrated planning, and develop the service system through co-ordination and integrated care as well as by making better use of data, evidence-informed interventions and a common planning framework.

PCPs are delivering real results – particularly, better health and social outcomes for community members – at the local level. Indeed, a recent evaluation report[1] found that PCPs have:

- Improved integrated planning
- Improved service co-ordination
- Increased organisational capacity and learning for health promotion
- Delivered economic benefits and resource efficiencies
- Contributed to healthier communities

The Primary Care Partnership platform is used extensively by the Department of Health and Human Services to roll out new initiatives in the areas of service coordination, integration and

[1] Department of Health (2011) Primary Care Partnerships: Achievements 2000-2010

chronic disease management. The platform is also pivotal in the delivery of prevention and health promotion work across Victoria. Accordingly, this submission has a primary focus in these areas.

This submission does not seek to answer all the questions posed in the consultation paper. It will focus particularly on the area of Partnership building and brokerage across sectors as identified on page 10 of the consultation paper.

This submission does focus on systemic issues that relate to the ways in which communities and organisations access, or fail to access, appropriate services, particularly those in disadvantaged communities. It will also focus on barriers and enablers to effective partnership work, with particular emphasis on the direct knowledge and expertise that PCPs have developed in these areas.

PCPs are made up of their member agencies. Across the State, more than 800 agencies and organisations have joined their local PCP. Many PCPs and member agencies are already working actively with schools and other educational settings. PCPs work in a number of key domains including:

- Partnerships
- Service coordination
- Health promotion
- Chronic disease management

Two of these domains, service coordination and health promotion will be explored in more detail as they might relate to educational settings.

Service coordination

Key messages in this section:

Early intervention is crucial to minimising harm and ensuring student and community well-being. At the current time, there are barriers to achieving greater levels of partnership between educational settings and community and health agencies.

Many children and families who experience disadvantage will come into contact with numerous health and community agencies in addition to the relationships that they develop with schools. If these different settings work together more effectively, outcomes will be enhanced.

PCPs are well placed to work with stakeholders to develop a more integrated service system and strive towards a more consistent, coordinated and timely responses for students and families at risk.

Primary Care Partnerships have 15 years of expertise in service coordination having worked extensively in this area to ensure better access to services across a range of health and community services. Our experiences have taught us that improvements in service coordination practices are critical to increasing access to services in our community.

The service coordination context

Service coordination stems from *Better Access to Services: A Policy and Operational Framework* (DHS, 2001). Implementation of service coordination is supported by policy, practice standards, training and other resources.

What is service coordination?

Service coordination places consumers at the centre of service delivery to maximise their opportunities for accessing the services they need. Service coordination enables organisations to remain independent of each other, while working in a cohesive and coordinated way to give consumers a seamless and integrated response.

Prevention

Key messages in this section:

Prevention and health promotion refer to processes which involve ensuring that populations experience the highest possible levels of health and well-being. In education settings, these concepts would involve ensuring that students remain engaged and receive levels of support required to ensure that they achieve to their maximum potential. Whether in health or education, prevention saves money and leads to better outcomes.

PCPs have been involved in health promotion for the past fifteen years. PCPs are leaders in this field and our work has included initiatives in schools to improve student health and well being. We are well placed to assist schools, other educational settings and regional Departments to enhance their partnerships and practice in this area.

An introduction to prevention and integrated health promotion in PCPs

In Victoria, the term 'integrated health promotion' refers to:

> 'Agencies and organisations from a wide range of sectors and communities in a catchment (local area) working in collaboration using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues.' [2]

In order to achieve effective integrated health promotion program delivery in the current Victorian context, PCPs apply the following elements:

- Effective partnerships
- A mix of interventions and common planning framework
- A broad range of sectors

In recent years, there has been a shift in language towards wider use of the term "prevention" to cover a broad range of health promotion activities intended to keep populations healthy. Sometimes language around "public health approaches" may also be used interchangeably as a public health approach denotes all organised measures (whether public or private) that might be undertaken to prevent disease, promote health, and prolong life among the population as a whole.

Every PCP develops a catchment plan which generally has between one to three health promotion priorities which align with the priorities of the Victorian Pubic Health and Well-Being Plan 2011-2015. The priorities are as follows:

1. increasing healthy eating
2. increasing physical activity
3. controlling tobacco use
4. improving oral health
5. reducing misuse of alcohol and drugs
6. promoting sexual and reproductive health
7. promoting mental health
8. preventing injury
9. preventing skin cancer.

The Department of Health and Human Services (DHHS) has specific requirements of PCPs for their planning activities and documents, which are linked to PCP funding and service

[2] IHP Resource Kit (2012) Department of Health http://docs.health.vic.gov.au/docs/doc/Integrated-health-promotion-resource-kit--Entire-practice-guide

agreements with DHHS. Total funding to PCPs across Victoria to undertake Integrated Health Promotion is modest and is in the vicinity of $2 million.

PCP response to questions posed in the Consultation Paper

Question 7: Are the areas of expertise listed above of value? Why?

The Paper lists a number of areas of expertise that schools could benefit from via increased regional support. The first area, partnership building and brokerage across sectors, is of particular interest to PCPs and **we commend the inclusion of this area of expertise, as per question seven in the consultation paper**.

The Consultation paper notes that this area:

> This could include a broker to oversee local coordination of services and support to schools, alongside local government and community support and services; facilitation of school networks; advocacy on behalf of schools, early childhood and other providers and communities; collaboration with local training providers, ACFE, Local Learning and Employment Networks (LLENs), industry and employers to effect strong transitions to work and further study.

Many PCPs around Victoria, currently act in brokering and facilitation roles to achieve stronger partnership outcomes. We urge DET to consider the PCP model when seeking to strengthen partnership building between the education and community and health sectors. Our experience over 15 years of working to promote and support partnerships for well-being leads us to be wary of new initiatives that set up new structures and partnerships as a way of engaging with existing players within the health and community sectors. Health and community services may experience “partnership fatigue” when they are asked to participate in new initiatives. In our experience, new initiatives work best when they add resources and value to existing structures and partnerships.

Some PCPs have significant involvement with programs that target student health, well-being and transitions. In different regions, PCPs have worked closely with LLENs, School Focussed Youth Services and the Healthy Together Achievement program. PCPs have an excellent overview of the system and can assist schools and regional departments to navigate the complex world of health and community services.

Question 11: What characteristics, experience and expertise are required of the workforce?

Partnership building and facilitation skills are complex and high level competencies that may be lacking in some parts of the education sector. Many PCPs have partnership advisors (or similar roles with other titles) whose primary focus is on facilitating linkages so that all members of the community get access to the right care, in the right place and at the right time. Competency in this area is not easily acquired. PCPs may be in a position to assist schools and other education providers in this area. Across the State, we run training and development activities but may also offer consultation and support to organisations and institutions looking to partner more effectively with health and community services.

Case study

The Lower Hume Primary Care Partnership (PCP) Integrated Health Promotion Plan 2012-2017 requires member agencies to implement prevention strategies to address the regional priority of healthy eating. A key intervention to address healthy eating in the 0-12 year age group is working with the local Primary Schools to support a whole school approach to healthy eating through the Healthy Together Achievement Program. The three other PCPs in the Hume region, Goulburn Valley, Central Hume and Upper Hume, also work in partnership with schools to improve the healthy eating environment.

Engagement with DEECD has been vital to efforts of building prevention into the school setting. In 2013, the Hume PCP IHP Coordinators facilitated an Engaging Schools in Health Promotion workshop. The Senior Engagement Officer from DEECD North-Eastern region presented to member agencies on where healthy eating fits in school requirements and essential links back to the Victorian Essential Learning Standards (VELS). Moreover, the DEECD Senior Advisor Regional Policy and Planning has attended Lower Hume Health Promotion Collaborative meetings to understand what the health services are working on with the schools, and offered support for school engagement. The partnership with DEECD is crucial for health promotion programs in schools, and PCPs are facilitating this relationship with local health and community services through workshops, meetings and email communications.

Conclusion

Primary Care Partnerships are well placed to assist schools, other education service providers and the Department of Education to further their connections and relationships with health and community agencies. At local, regional and Statewide levels we welcome further discussions to see how we can value add to the work that is currently being undertaken to DEY regional relationships and support.

We have attached a list of PCPs and their member agencies as Appendix 1 to this submission.

For more information or to discuss any of the issues raised in this brief paper, please contact:

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