

**Central Hume**  
Primary Care Partnership

# Central Hume Prevention Strategic Plan 2017 - 2021





## Central Hume Primary Care Partnership

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

The purpose of this Prevention Strategic Plan is to guide the decision making and development of the Annual Action Plans and implementation of the agreed strategies and interventions to improve healthier eating and active living in Central Hume.

The successful work from the last Central Hume PCP Healthy Eating Plan 2012-2017 between the funded and non-funded partners, local government and community organisations will continue to be built on. The success, learnings and challenges have been incorporated into the development of the objectives and strategies.

Partners (Integrated Health Promotion and Prevention funded and non-funded agencies in Central Hume)	Strategic Partners
Alpine Health (non IHP funded) Benalla Health (IHP funded) Gateway Health (IHP funded) Mansfield District Hospital (IHP funded) Northeast Health Wangaratta (IHP funded)	Valley Sport Support North East Women's Health Goulburn North East Alpine Shire Council Benalla Rural City Council Mansfield Shire Council Rural City of Wangaratta

## Vision

Central Hume catchment –free of the avoidable burden of disease and injury, so that the community can enjoy the highest attainable standards of health, wellbeing, and participation at every age (Victorian Public Health and Wellbeing Plan 2015-2019).

## Mission

Our mission is to maximise health and wellbeing outcomes for our communities in the Central Hume catchment, with a focus on equity and vulnerable populations.

We will do this by applying the place-base primary prevention principles:

- Transparent line of sight
- Leadership at every level
- Focus on equity
- Culture of reflection and adaption
- Outcomes focussed



- Prevention at scale
- Whole of community
- Whole of systems approach
- Multi-risk factor approaches
- Reducing duplication through co-ordinating mutually reinforcing activities.

Alignment of Prevention planning will occur with the partners supporting implementation of our four Municipal Public Health and Wellbeing Plans.

## Target Audience

Whole of community at different stages of life, particularly vulnerable populations and early years (0 – 8 years).

## Strategic Objectives

Our strategic objectives for 2017 to 2021 are:

- Improve healthy eating
- Increase physical activity
- Be accountable and work in partnership

## Outcomes

### Improve healthy eating

- Increase consumption of fruit and vegetables
- Increase breastfeeding rates
- Decrease consumption of sugar sweetened drinks
- Increased use of water as a beverage of choice
- Reduce the consumption of discretionary food and drink
- Reduce the number of people presenting with oral health issues e.g. cavities
- Reduce obesity and overweight rates (Long-term 10 years)

### Increase Physical Activity

- Increase physical activity rates
- Decrease sedentary behavior
- Increase participation in sport, active recreation and physical activity
- Increase in journeys which are by active transport
- Reduce overweight and obesity rates (Long-term 10 years)

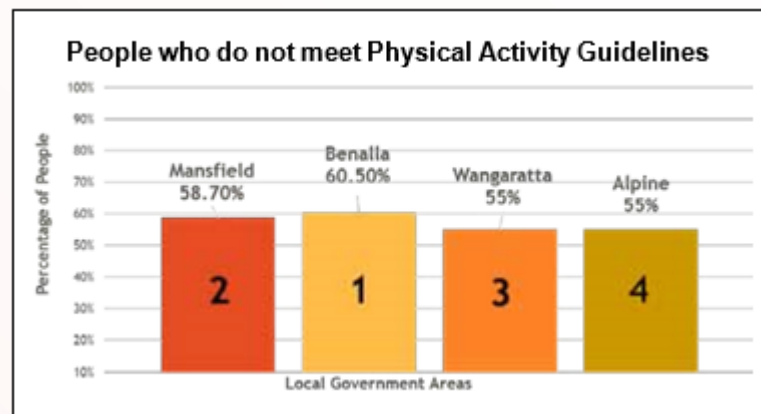
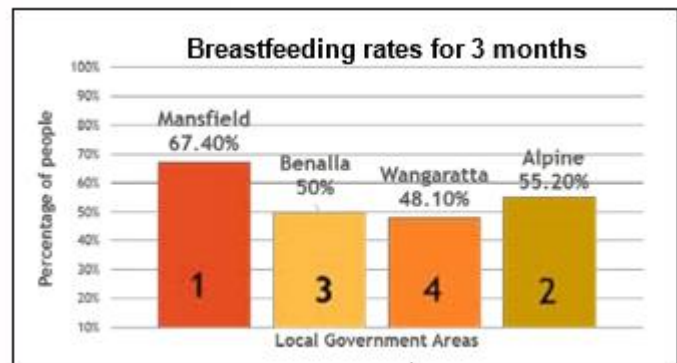
### Be Accountable and work in partnership

- Improve workforce capacity
- Promote and enable partnership work and collaboration between a wide range of community stakeholders
- Information share (evidence-based interventions and local data)
- Work within a collective impact framework



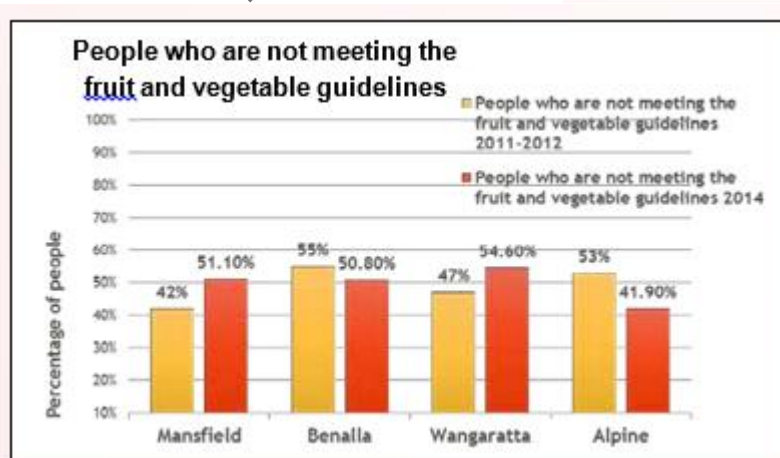
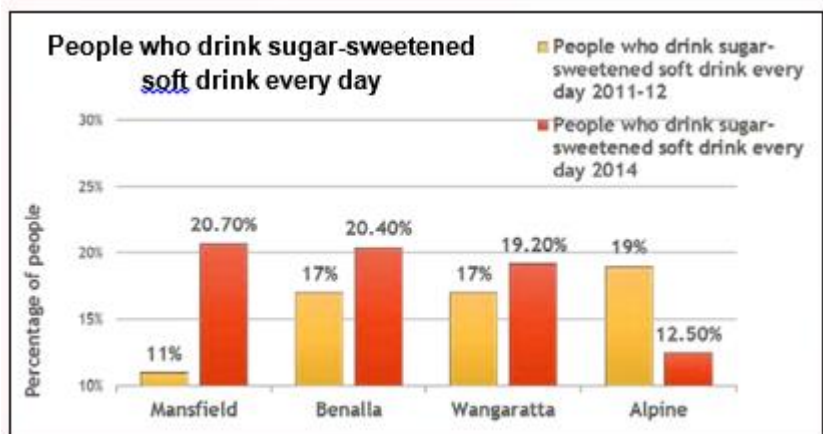
# DATA SNAPSHOT

## Where are we now?



Source: Victorian Population Health Survey 2014 (published July 2016)

Source: Victorian Population Health Survey 2014: Modifiable risk factors contributing to chronic disease (published July 2016)





## Central Hume Prevention Strategic Plan 2017-2021

Strategic Objectives	Outcomes	Strategies
<p>Improve healthy eating</p>	<ul style="list-style-type: none"> <li>▪ Increase consumption of fruit and vegetables</li> <li>▪ Increase breast feeding rates</li> <li>▪ Decrease consumption of sugar sweetened drinks</li> <li>▪ Increased use of water as a beverage of choice</li> <li>▪ Reduce the consumption of discretionary food and drink</li> <li>▪ Reduce the number of people presenting with oral health issues e.g. cavities</li> <li>▪ Reduce obesity and overweight rates</li> </ul>	<p>1.1 Deliver a range of <i>initiatives</i> to increase <i>access</i> to healthy food and drink in multiple settings</p> <p>1.2 Support <i>community initiatives</i> that promote fruit and vegetable intake, reduce sugary drink consumption and promote water as the beverage of choice through supportive policies and social, environmental and educational initiatives.</p> <p>1.3 Promote healthy food and drink messages to raise awareness at events and campaigns (social marketing).</p>
<p>Increase physical activity</p>	<ul style="list-style-type: none"> <li>▪ Increase physical activity rates</li> <li>▪ Decrease sedentary behaviour</li> <li>▪ Increase participation rates in sport, active recreation and physical activity</li> <li>▪ Increase in journeys which are by active transport</li> <li>▪ Reduce overweight and obesity rates</li> </ul>	<p>2.1 Deliver a range of <i>initiatives</i> to increase engagement in sport, active recreation and physical activity that are aimed at the different life stages.</p> <p>2.2 Support <i>community initiatives</i> that promote participation in sport, active recreation and physical activity (e.g. local governments, community groups, school etc.).</p>
<p>Be accountable and work in partnership</p>	<ul style="list-style-type: none"> <li>▪ Improve workforce capacity</li> <li>▪ Promote and enable partnership work and collaboration</li> <li>▪ Information share (evidence-based interventions and local data)</li> <li>▪ Work with a collective impact framework</li> </ul>	<p>3.1 Improve workforce capacity through</p> <ul style="list-style-type: none"> <li>- Community of Practice</li> <li>- Professional Development training (Skills Audit)</li> <li>- Sharing of information/networks</li> </ul> <p>3.2 Promote and enable partnership and collaboration, e.g. integrated approaches/networks</p> <p>3.3 Develop Catchment Plan. Monitor and submit to DHHS the reporting (annual).</p> <p>3.4 Evaluation of the Plan's implementation</p> <p>3.5 Build capacity in Prevention by information sharing (local data, evidence-based initiatives, frameworks and resources).</p> <p>3.6 Coordinate and provide the governance structure (Central Hume Strategic Implementation Network – Governance) to ensure outcomes are achieved and are on target.</p> <p>Central Hume PCP and the network members will provide the strategic direction and leadership to operationalise the Annual Action Plans.</p>



## MEASURES

Improve healthier eating	Increased physical activity	Be accountable and work in partnership
<ul style="list-style-type: none"> <li>▪ Proportion of adults, adolescents and children who consume sufficient fruit and vegetables</li> <li>▪ Mean serves of fruit and vegetables for adults, adolescents and children</li> <li>▪ Proportion of adults, adolescents and children who consume sugar-sweetened beverages daily</li> <li>▪ Discretionary food consumption of adults, adolescents and children</li> <li>▪ Proportion of infants exclusively breastfeed to three months of age</li> <li>▪ Proportion of children and adults presenting with at least one decayed, missing or filled primary (baby) or permanent (adult) teeth for adults and children attending public dental services</li> <li>▪ Proportion of events/functions/forums offering water as a beverage of choice</li> </ul> <p><i>Source: Victorian Public Health and Wellbeing Outcomes Framework Data Dictionary, March 2017</i></p> <p><i>Victorian Population Health Survey, 2011 - 2012</i></p>	<ul style="list-style-type: none"> <li>▪ Proportion of adults, adolescents and children who are sufficiently physically active</li> <li>▪ Proportion of adults, adolescents and children who have increased physical activity in the last 12 months</li> <li>▪ Proportion of journey's that use active transport</li> <li>▪ Proportion of people participating in organised sport or recreation</li> <li>▪ Proportion of adults sitting for seven or more hours per day on an average weekday</li> <li>▪ Proportion of adolescents and children who use excess electronic media for recreation for more than (x) hours per day*</li> <li>▪ Proportion of adults, adolescents and children who are overweight and obese</li> </ul> <p><i>Source: Victorian Public Health and Wellbeing Outcomes Framework Data Dictionary, March 2017</i></p>	<ul style="list-style-type: none"> <li>▪ Health Promotion Workforce Audits</li> <li>▪ VicHealth Partnership Tool</li> <li>▪ Mapping / footprint of catchment wide (whole of Central Hume) initiatives</li> <li>▪ Shared Measures for evaluation and progress measures for reporting</li> <li>▪ Measure the effectiveness of the Central Hume Prevention Working Group and the Central Hume Strategic Implementation Network</li> </ul> <p><i>Source: Central Hume Healthy Eating Plan 2012 - 2017</i></p>



## Actioning our Strategic Objectives

Annual Actions Plans for Prevention will be developed to support the implementation process with actions and resources committed through joint planning of the partners.

The Central Hume Prevention Strategic Plan 2017 – 2021 will be used as the overarching document for the Annual Action Plan. The development and implementation of these action plans will be the responsibility of the collective of Health Promotion and Prevention Workers in Central Hume (Central Hume Prevention Working Group) using a collective impact framework and place-based approach. Sign off of the Annual Action Plan will be by the Central Hume Strategic Implementation Network of Central Hume PCP.

## Governance – Partnership structure and backbone

The Central Hume PCP works through both a catchment approach and through the four Health and Wellbeing Partnerships.

### Catchment level

The Central Hume Strategic Implementation Network (meets quarterly) will oversee implementation of the Prevention Plans.

The collective of Health Promotion and Prevention Workers in Central Hume will report back to this Network as a collaborative whilst reporting day to day activities to their agencies.

Place-Based model established in Central Hume PCP since 2010: Local Government Area Health and Wellbeing Partnerships

The Central Hume PCP's 4 Health and Wellbeing Partnerships – Alpine, Benalla, Mansfield, Wangaratta (who meet bi-monthly) will oversee implementation of the Municipal Public Health and Wellbeing Plans and local interventions in Prevention.

### Backbone structure for Collective Impact

A small team based in the Central Hume PCP office in Benalla support the governance structures and organisations that form the Central Hume Primary Care Partnership.

### References/Resources

- Victorian Public Health and Wellbeing Plan 2015-2019
- Victorian Public Health and Wellbeing Outcomes Framework
- Implementing the Victorian Public Health and Wellbeing Plan 2015-2019
- Central Hume Primary Care Partnership Strategic Plan 2016-2018
- Central Hume Healthy Eating Plan 2012-2017
- Advice for public health and wellbeing planning in Victoria: planning cycle 2017-2021
- DHHS East Division Ovens Murray and Goulburn (OMG) Place-Based Prevention Strategy Discussion Paper
- Victorian Public Health and Wellbeing Outcomes Framework Data Dictionary
- Victorian Population Health Survey 2011-2012



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