Victorian Primary Care Partnerships

Helping Shape the Future of Health and Community Services

Victorian
Primary Care
Partnerships

Bendigo-Loddon,

Campaspe, Central

Highlands, Central Hume,

Central Victorian Primary Care Partnership,

Central West Gippsland, East Gippsland,

Frankston Mornington Peninsula, G21, Goulburn Valley, Grampians Pyrenees,

HealthWest, Hume Whittlesea, Inner East, Inner North West, North East,

Lower Hume, Northern Mallee, Outer East Health and Community Support Alliance,

South Coast, South East, South West, Southern Grampians-Glenelg, Southern Melbourne,

Southern Mallee, Upper Hume, Wellington, Wimmera

An overview of
PCP reports and submissions

December
2015

There are 28 Primary Care Partnerships in Victoria:

Barwon South Western Region

Southern Grampians Glenelg Primary Care Partnership

comprises the Southern Grampians and Glenelg shires

South West Primary Care Partnership

comprises the Corangamite, Moyne and Warrnambool shires.

G21

comprises the Borough of Queenscliffe, the City of Greater Geelong, and the Colac Otway, Golden Plains and Surf Coast shires.

Eastern Metropolitan Region

Inner East Primary Care Partnership

comprises the cities of Boroondara, Manningham, Monash and Whitehorse

Outer East Health and Community Support Alliance

comprises the cities of Maroondah and Knox, and the Yarra Ranges Shire

Gippsland Region

East Gippsland Primary Care Partnership

comprises East Gippsland Shire in far eastern Victoria.

Wellington Primary Care Partnership

comprises Wellington Shire.

Central West Gippsland Primary Care Partnership

comprises Latrobe City and Baw Baw Shire.

South Coast Primary Care Partnership

 comprises the Bass Coast and South Gippsland shires.

Grampians Region

Wimmera Primary Care Partnership

comprises Horsham Rural City, and the West Wimmera, Hindmarsh and Yarriambiack shires.

Grampians Pyrenees Primary Care Partnership

comprises Ararat Rural City, and the Northern Grampians and Pyrenees shires.

Central Highlands Primary Care Partnership

comprises the City of Ballarat and the Golden Plains, Moorabool and Hepburn shires.

Hume Region

Lower Hume Primary Care Partnership

comprises the Mitchell and Murrindindi shires.

Goulburn Valley Primary Care Partnership

comprises the Greater Shepparton, Moira and Strathbogie shires.

Central Hume Primary Care Partnership

comprises the rural cities of Benalla and Wangaratta, and the Alpine and Mansfield shires.

Upper Hume Primary Care Partnership

comprises the City of Wodonga and the Indigo and Towong shires.

Loddon Mallee Region

Northern Mallee Community Partnership

comprises Mildura Rural City and the town of Robinvale

Southern Mallee Primary Care Partnership

comprises Swan Hill Rural City (excluding Robinvale) and the Buloke and Gannawarra shires.

Bendigo Loddon Primary Care Partnership

comprises the City of Greater Bendigo and Loddon Shire.

Campaspe Primary Care Partnership

comprises Campaspe Shire in northern Victoria.

Central Victorian Primary Care Partnership

comprises the Mt Alexander, Macedon Ranges and Central Goldfields shires.

North and West Metropolitan Region

HealthWest Primary Care Partnership

comprises the cities of Brimbank, Melton, Wyndham, Hobson's Bay and Maribyrnong.

Hume-Whittlesea Primary Care Partnership

comprises the cities of Hume and Whittlesea

Inner North West Primary Care Partnership

comprises the cities of Melbourne, Moreland, Moonee Valley and Yarra

North East Primary Care Partnership

comprises the cities of Banyule and Darebin, and Nillumbik Shire

Southern Metropolitan Region

Southern Melbourne Primary Care Partnership

comprises the cities of Port Philip, Stonnington, Glen Eira, Kingston, Inner South East and Bayside.

Enliven Victoria

comprises the cities of Greater Dandenong and Casey, and the Shire of Cardinia

Frankston-Mornington Peninsula Primary Care Partnership

comprises the City of Frankston and the Mornington Peninsula Shire

Across Victoria over 800 organisations belong to their local PCP.

Victorian
Primary Care
Partnerships

What are Primary Care Partnerships?

Primary Care Partnerships are established networks of health, local government and community services. Theyimprove the health and wellbeing of all Victorians by finding smarter ways to deliver health and community services and health promoting activities within the community. They are a transformation agent across the Victorian health and community services system, addressing challenges such as disparities and inequalities in health outcomes. PCPs have been and will continue to be an important pillar of the Victorian health and community sector, positioning it for the future and ensuring it is sustainable for the long term.

There are now 28 PCPs across 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 for the needs of the community, to share their skills and expertise, and align their efforts. In bringing organisations together, PCPs find new ways to collaborate and share valuable learning, research and information. PCPs also enable more effective integrated planning, and work to develop the service system through co-ordination of integrated care. PCPs' focus is on making better use of data, evidence-informed interventions and developing a common planning framework with Primary Care.

What is VicPCP

VicPCP is a voluntary alliance of the 28 primary care partnerships in Victoria. Vic PCP was created, and is supported, by the 28 PCPs. It exists to support and promote best practice in health and community care. It does this particularly through the promotion of partnerships to achieve improvements in population health and well being.

VicPCP…

- contributes combined expertise and practice wisdom to ensure that Victorians have access to the best quality care available,
- advocates for future investment in partnerships to improve health and wellbeing outcomes for the whole community, and
- supports primary care partnerships to deliver excellent outcomes that will improve the health status of all Victorians.

Vic PCP submissions and papers 2015

In 2015, state and commonwealth governments have undertaken numerous reviews to improve and streamline the delivery of a range of health and community services. Primary Care Partnerships have contributed our expertise to these review processes with a particular focus on how improving partnership operations can enhance health and well being outcomes for the whole community. This publication presents a summary of some of our collective wisdom as it has been presented in the following submissions to government:

1. Health 2040
2. Royal Commission into Family Violence
3. Parliamentary Inquiry into Chronic Disease
4. Roadmap for Reform - Strong Families; Safe Children
5. Victorian Public Health and Wellbeing Plan
6. Victoria's 10 year Mental Health Plan

Health 2040 A discussion paper on the future of healthcare in Victoria

Health 2040

A discussion paper on the future of healthcare in Victoria

VICTORIA State Government

This Victorian Government discussion paper has been intended to start a conversation about how we can work together to build and strengthen our health system.

About the consultation:

This Victorian Government discussion paper was intended to start a conversation about how we can work together to build and strengthen our health system. It posed questions for respondents to consider when thinking about the design of our future health system. From the process, the government will create a Plan that will be a roadmap to rebuild and reshape Victoria's health system to achieve a better balance between community-based and hospital-based care over the next 20 years. The Government has committed to undertaking this work.

The discussion paper identified six broad themes as starting points for further exploration of healthcare reform direction. These are intended to be neither prescriptive nor exhaustive. At the heart of these themes is the idea that the healthcare system should be designed from the perspective of the people who use the system.

The six themes are:

1. A person-centred view of healthcare
2. Preventing and treating chronic disease
3. Improving people's health outcomes and experience
4. Improving the way the system works together
5. Better health for people in rural and regional areas
6. Valuing and supporting our workforce

The Discussion Paper identified the need to design a system that delivers what is needed, rather than merely managing the reality we have. This requires creativity and new approaches.

Vic PCP contribution:

The VicPCP submission was prepared to provide the views of Primary Care Partnerships in Victoria about the future shape of the Victorian health system and the important role Primary Care Partnerships can play in realising this.

Vic PCP welcomed the opportunity to highlight how the PCP priorities and current work is aligned with solutions to problems posed in the discussion paper, extending our reach, building on and strengthening this work. Delivering a health system that provides the best value for patients, their carers and local communities is an enduring challenge for the Victorian government, health services and stakeholders. This is a challenge that Primary Care Partnerships (PCPs) have been addressing for fifteen years.

PCPs' role as a statewide policy advocate allows for collective action towards multiple aspects of system reform. This includes service coordination, integrated health promotion and chronic disease management. PCPs maintain a focus on the overarching policy goals of maximising health and wellbeing outcomes, promoting health equity and reducing avoidable hospital presentations and admissions.

The very cornerstone of the PCP model is one in which technology, models of care, system governance, citizen engagement and accountability mechanisms come together within an independent and autonomous platform that enables system reform and capacity building, encouraging all stakeholders to have an equal voice through fair and equitable decision making. PCPs are facilitators,

not service providers, supporting collaborative action towards an integrated health system that enables continuous improvement to health outcomes.

The key factors influencing PCP success include the development of opportunities to collaborate on reform programs, focusing on reducing duplication and working to clearly define the roles of each part of the health service care continuum. PCPs specifically focus on increasing access for some of Victoria's most marginalised, including those on low incomes; those isolated by geography; those who do not speak English; refugee communities; Aboriginal and Torres Strait Islander people; people who are homeless or at risk of homelessness; victims of family violence and people with specific vulnerabilities due to mental illness and other issues.

A unique aspect of the PCP model is that it acts across all parts of the health system – primary, secondary and tertiary settings, to draw together models of care. This ensures service coordination and collaborative care approaches can be developed, researched and embedded in our health system. PCPs have achieved incremental sustainable change involving complex system issues, providing significant capacity for sharing of ideas, innovation and strategic thinking. Fundamental to their approach is the recognition that cross sector partnerships are pivotal to address these complex problems.

Over and above its unique ability to generate collaborative action has been the ability of PCPs to work with agencies across the health, human service, housing, education, justice and local government sectors. Through these relationships the broader actions of PCPs have been able to create action that targets local, sub-regional, regional and statewide priority areas targeting our most disadvantaged and marginalised communities.

Through collaborative reform PCPs and their members create a more coordinated, effective and efficient service delivery system. PCPs facilitate, guide and evaluate the development of shared processes and protocols and will continue to invest in improving health outcomes by driving service models that put the client first.

A recent evaluation report found that PCPs have:

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

PCPs encompass over 800 agencies statewide, and have done so for over a decade. PCPs have been leading reform, in areas that include improving service coordination and integrated chronic disease management, to inform how the services system can optimally meet the health needs of individuals, and improving a person's journey through the health and human services system.

Since their introduction, PCPs have evolved and developed to enable them to continue to deliver value to their local communities and the Victorian health system. Over this time various new partnership platforms have been developed across the Victorian public sector. Ensuring these partnership platforms work hand-in-glove to build outcomes for individuals is important. Ensuring duplication or gaps are minimised should continue to be a focus of the entire health sector. PCPs continue to remain ready to work with all agencies to achieve goals for their communities that improve the overall experience of the patient and deliver positive health outcomes.

Submission to the Royal Commission into Family Violence

Royal Commission into Family Violence

THE HON. MARCIA NEAVE AO
Commissioner

PATRICIA FAULKNER AO
Deputy Commissioner

TONY NICHOLSON
Deputy Commissioner

The Vic PCP submission highlighted systemic issues that relate to the ways in which individuals and communities access, or fail to access, appropriate services, particularly those in disadvantaged communities.

About the Royal Commission:

On Sunday, 22 February 2015, the Governor of Victoria appointed a Chair and two Deputy Commissioners to the Royal Commission into Family Violence. In keeping with its terms of reference, the Royal Commission aims to make recommendations which:

- foster a violence-free society
- reduce and aim to eliminate family violence
- prevent the occurrence and escalation of family violence
- build respectful family relationships
- increase awareness of the extent and effects of family violence
- reinforce community rejection of the use of family violence
- ensure the safety of people who are or may be affected by family violence, by:
  - facilitating early intervention before violence occurs
  - providing fast, effective responses to those who report family violence
  - providing effective protections to adults and children who have been affected by family violence in the past, and remain at risk of family violence
- support adults and children who have been affected by family violence
- hold those who have been violent accountable for their actions
- help people who use or may use family violence to change their behaviour.

The Royal Commission is due to provide its report and recommendations to the government by Monday, 29 February 2016.

Vic PCP contribution:

The Vic PCP submission highlighted systemic issues that relate to the ways in which individuals and communities access, or fail to access, appropriate services, particularly those in disadvantaged communities. It also focused on barriers and enablers to effective prevention work, with particular emphasis on the leadership and partnership dimensions of prevention work. These are areas in which PCP staff has direct knowledge and expertise. The submission particularly acknowledged the work and perspectives of women's health services and family violence services in Victoria, many of which are members of local PCPs.

Underpinning the VIC PCP submission was the recognition that family violence is a serious, prevalent and preventable crime, gendered in nature and damaging in the consequences that it has on individuals, families and communities, particularly women and their children.

PCPs recognise that early intervention is crucial to minimising harm and ensuring a family's safety from family violence. Effective and widespread screening is a fundamental building block for earlier intervention. At the current time, there are significant connectivity barriers to achieving more comprehensive screening.

PCPs understand that family violence services provide an essential specialist response. The PCP focus on improving service coordination is to ensure that those experiencing family violence will have an increased/improved support and referral pathways. Specialist family violence services are integral to providing a safe and specialised service for women & children experiencing violence and for men who use violence against their partners and children.

PCPs recognise that the establishment of Family Violence Regional Integration Coordinators has been a positive step forward in building a more integrated family violence system.

PCPs are well placed to work with stakeholders to develop a more integrated service system and strive towards a more consistent, coordinated and timely response that result in increased safety for women and children who experience family violence. New initiatives should not be introduced independently of existing structures, as it can be counterproductive to create new partnerships, governance structures and organisations. Such approaches tend to drain funds and resources away from existing work and partnerships.

In addition to the determinants of violence against women, there are a number of contributing factors including homelessness, alcohol and drug use, gambling etc. Where evidence is clear as to how government intervention can address these issues, steps should be taken to reduce the prevalence of contributing factors as part of a broader plan to prevent violence. Preventing problem gambling is an example of an area where stronger government intervention would be cost effective.

The Vic PCP submission made the following recommendations:

1. The Service Coordination framework should be implemented across all funded agencies and issues with connectivity resolved to ensure secure and efficient practice in relation to all aspects of service coordination:

2. Ensure a well trained and competent workforce, with a particular focus on ensuring that staff in non specialist agencies is familiar with the Common Risk Assessment framework.

3. Invest sufficient resources to ensure that all agencies can meet best practice standards in relation to service coordination

4. Recognise and address the determinants of violence against women, with a particular focus on gender equity

5. Invest more resources in prevention activities and ensure that resources for prevention activities are not competing with the response system.

6. Build on existing plans and partnerships whilst strengthening statewide leadership, in particular ensure that preventing violence against women is listed as a priority in the Victorian Health and Well Being Plan
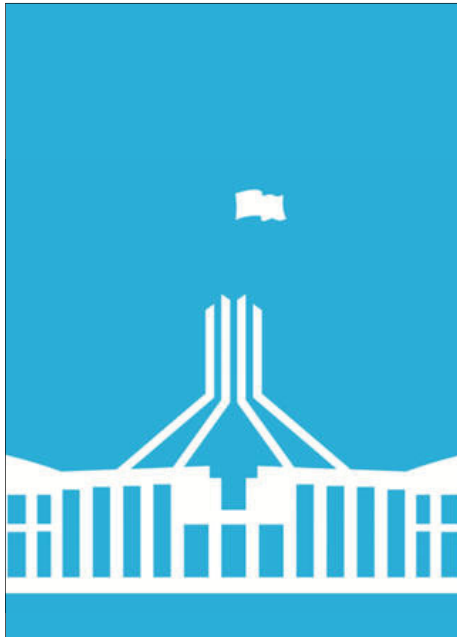
Follow up:

Vic PCPs are delighted that the in the new Victorian Public Health and Well Being Plan, prevention of family violence is now a priority. This was one of our key recommendations and it is encouraging to see that it has been adopted even prior to the findings of the Royal Commission being released. The Plan states:

"Preventing family violence is a major priority for the Victorian government. Violence and the fear of violence influence health and wellbeing… The effects of family violence are profound and disproportionately impact on woman and children. For Australian females aged 20–34 years in 2010, intimate partner violence was the second largest cause of burden of disease (Institute for Health Metrics and Evaluation 2013)."

Victorian Public Health and Wellbeing Plan 2015-2019

On Monday 12 October 2015, Susan Rennie, Manager Policy and Strategy, Emma Fitzsimon, Executive Officer Inner North West PCP and Robyn Gregory, CEO Women's Health West and Governance Group member of Health West and Inner North West PCPs presented to the Royal Commission as a panel discussing governance issues. It was great that the Commission appeared to clearly understand the roles that PCPs are taking in responding to and preventing family violence and we look forward their findings when they are handed down in 2016.

Parliamentary inquiry into Chronic Disease Prevention and Management

...the Standing Committee on Health will inquire into and report on Chronic Disease Prevention and Management in Primary Health Care with a particular focus on best practice in chronic disease prevention and management in primary health care...

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About the consultation:

Following a referral received from the Minister for Health, The Hon Sussan Ley MP, the Standing Committee on Health is inquiring into, and will report on, Chronic Disease Prevention and Management in Primary Health Care with a particular focus on best practice in chronic disease prevention and management in primary health care, specifically:

1. Examples of best practice in chronic disease prevention and management, both in Australia and internationally;

2. Opportunities for the Medicare payment system to reward and encourage best practice and quality improvement in chronic disease prevention and management;

3. Opportunities for the Primary Health Networks to coordinate and support chronic disease prevention and management in primary health care;

4. The role of private health insurers in chronic disease prevention and management;

5. The role of State and Territory Governments in chronic disease prevention and management;

6. Innovative models which incentivise access, quality and efficiency in chronic disease prevention and management.

7. Best practice of Multidisciplinary teams chronic disease management in primary health care and Hospitals; and

8. Models of chronic disease prevention and management in primary health care which improve outcomes for high end frequent users of medical and health services.

Summary of Vic PCP contribution:

Integrated chronic disease management is key to PCP work. It fits within the 2013-2017 Program Logic which has the goal to strengthen collaboration and integration across sectors by 2017, in order to:

- maximise health and wellbeing outcomes
- promote health equity
- avoid unnecessary hospital presentations and admissions.

It is a requirement that PCP action over 2013–17 is shaped by the following seven guiding principles:

1. Tackling health inequities
2. Person and family centred
3. Evidence-based and evidence-informed decision making and action
4. Cross-sector partnerships
5. Accountable governance
6. Wellness focus
7. Sustainability (including optimal use of technology)

In Victoria, Primary Care Partnerships provide an existing platform from which to deliver integrated chronic disease management programs and improve systems, processes and partnerships to achieve better health outcomes. Managing chronic conditions in hospital settings is costly to the health system and often inefficient for the patient. Most chronic diseases can be better managed in community settings leading to enhanced health outcomes and quality of life. Despite this, many people will

continue to present at hospitals and many GPs continue to refer patients to hospitals when care in the community is available.

On going collaborative work including partnership building and programs to educate the community and health professionals are needed to ensure that people get the right care, in the right place at the right time. PCPs are ideally placed to lead this work. 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 that result in enhanced care and improved outcomes for people with chronic diseases.

PCPs welcome the introduction of Primary Health Networks (PHNs) and are in the process of establishing collaborative relationships with them. PCPs can provide PHNs with contacts and partnership activities so that they can reach and work with multiple agencies within our catchments. PHNs can utilise and learn from PCP expertise in areas such as diabetes to support GPs to continuously improve care and self management practices for their patients.

PCPs have undertaken a significant amount of work and been very successful in consolidating screening processes and referral pathways. However, on-going connectivity barriers remain to achieving more comprehensive screening. Across PCPs there is a clear understanding that some services deliver tertiary responses whilst others are better placed to assist people in the community. Our focus on improving service coordination is to make sure that those experiencing, or at risk of, chronic disease will have an increased / improved support and

referral pathways, thereby ensuring that they get the right care, in the right place at the right time. To minimise duplication and ensure most appropriate care, mainstream health and community service providers need to be equipped to adequately identify and respond to chronic disease.

Most chronic disease are preventable. Evidence is clear that the determinants of chronic disease are tied up with social, economic and health inequalities. Effective upstream prevention work needs to address these issues. Preventing chronic disease saves money and improves quality of life which is why PCP work in this area is so important.

PCP Recommendations

1. The Commonwealth Department of Health and Ageing should closely examine models for chronic disease management that have developed in Victoria. The fifteen year investment in the PCP strategy in Victoria has resulted in it being particularly well positioned in this area.

2. Primary Health Networks in Victoria should be strongly encouraged to work collaboratively with, and leverage off, the existing PCP platform to achieve enhanced outcomes especially in the area of chronic disease management with a particular focus on reducing avoidable hospital admissions.

3. Invest sufficient resources to ensure that all agencies can meet best practice standards in relation to chronic disease management.

4. Wherever clinically possible, care in the community should be the preferred option and funding models should be directed to ensuring that there are no impediments to this being achieved.

5. The Commonwealth should work with the States to ensure that IT platforms and systems offer interoperability and enable effective care coordination.

6. Tertiary education providers in the health sector should ensure that future health professionals have skills in the areas of care planning, care coordination and case conferencing.

7. Implement the Service Coordination framework across all funded health agencies and resolve issues with connectivity to ensure secure and efficient practice in relation to all aspects of service coordination

8. Ensure a well trained and competent workforce, including by ensuring that Service Co-ordination is included within the curriculum at university to all medical, health and social students with some detail about the secure messaging, privacy and systems.

9. Invest sufficient resources to ensure that all agencies can meet best practice standards in relation to service coordination

Follow Up:

VicPCP prepared a similar submission to the Primary Health Care Advisory Group Better Outcomes for People with Chronic Disease and Complex Conditions through Primary Care. We look forward to Commonwealth initiatives in this area and expect to work closely with PHNs in the future.

Submission to Roadmap for Reform: strong families, safe children
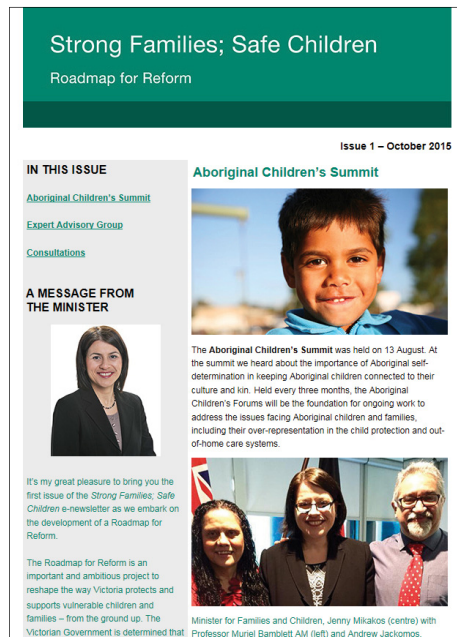
The **Roadmap for Reform: Strong Families, Safe Children** project (the Roadmap) is a Victorian Government initiative that will set the directions and practical steps for long term reform of the Victorian child and family services system.

About the consultation:

The **Roadmap for Reform: Strong Families, Safe Children** project (the Roadmap) is a Victorian Government initiative that will set the directions and practical steps for long term reform of the Victorian child and family services system. This includes child protection, early intervention services and out-of-home care.

The project will set out how the Victorian child and family service system can be improved to help prevent neglect and abuse, intervene early, keep more families together through crises, and secure better futures for children who cannot live at home.

The Roadmap will consider how the service system can:

- provide the best possible outcomes for children and their families
- promote wellbeing and family functioning
- intervene early to reduce risk
- better target services and support
- restore safety and wellbeing to our most vulnerable children through the statutory service system.

It is anticipated that the first stage of the project will be completed by December 2015.

Summary of Vic PCP contribution:

Vic PCP prepared a submission to inform the Roadmap for Reform process of work undertaken by PCPs that has a bearing on the wellbeing of vulnerable children and families in this State. The submission focussed on systemic issues that relate to the ways in which individuals and communities access, or fail to access, appropriate services, particularly those in disadvantaged communities. It will also focus on barriers and enablers to effective capacity building work, with particular emphasis on the leadership and partnership dimensions of this work.

PCPs recognise that the past decade has seen a number of partnership platforms develop, including Child First, Services Connect, Integrated Family Services Alliances and Children and Youth Area Partnerships. We believe this has been a strategic error and that greater strength and capacity would be achieved by the consolidation of partnership platforms so that the health and community sectors are able to work more closely together. When new platforms are established to roll out new initiatives, additional demands are placed on the existing workforce. The same group of senior managers and agency leaders are asked to attend more and more leadership, governance and advisory groups leading to a phenomenon that might be described as partnership fatigue. The merger of the Departments of Health and Human Services presents a unique and timely opportunity to review the community based partnership platforms that have grown up in response to the previously siloed structures.

The submission did not answer every question that was posed as part of the consultation process. Rather it focused on the following questions:

1. What changes are required to how the service system delivers the following:
   - Identification of vulnerable children and families
   - Access of services
   - Case management and monitoring

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2. What changes are required to how we work?
   – Workforce collaboration
   – Workforce tools and enablers
3. What changes are required in how the service system is structured, governed and funded considering:
   – How Service Providers (including the Department) work together

PCPs consider early intervention to be crucial to maximising wellbeing and building a family's capacity to offer safe and nurturing environments to children. Effective and widespread screening is a fundamental building block for earlier intervention. However, at the current time, there are significant connectivity barriers to achieving more comprehensive screening and to ensuring more effective linkages between universal health services for children, community support services and tertiary services linked to the Child Protection system.

Most families with children who are struggling come into contact with numerous health and community agencies rather than, or before they seek help from, Child Protection or specialist agencies. To mitigate risk, mainstream health and community service providers need to be equipped to adequately identify and respond to child protection issues, including family violence. Effective partnerships are critical to ensuring that people receive the right care, in the right place at the right time. 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.

Full implementation of service coordination guidelines would deliver significant benefits to the State's vulnerable children and families. PCPs are available to assist family and children's services to undertake this work. PCP work has been critical to improving consumer pathways and access to services in the health sector. PCPs have expertise with electronic systems for secure referral, case management and care planning. The SCTT tools and associated electronic platforms for secure referrals, information sharing, case management and care planning have been developed based on evidence and years of practice wisdom. In their submission, PCPs invited the DHHS to consider how SCTT tools and existing electronic platforms could be adapted and improved so that they could extend to the family and children's services sector rather than adopting approaches that effectively mean starting from scratch.

The PCP governance model provides an independent and autonomous platform for system reform and capacity building that encourages all stakeholders to have an equal voice through fair and equitable decision making. Through their focus on facilitation, not service provision, they support collaborative action towards an integrated health system to promote better health outcomes for local communities. Community engagement is a fundamental building bock for the platform.

Finally, the PCP submission highlighted the importance of supportive funding and service agreements. Funding and service agreements present a real opportunity to embed better practice with regards to earlier identification and support of vulnerable children and families. Whilst better alignment between tertiary services and mainstream service is critical, enablers for this must be embedded in all service agreements across all government sectors. Across the State, PCP member agencies have service agreements with multiple government departments and statutory bodies including: Justice, Police, Housing, Education, Health and Human Services, Local Government, the Victorian Responsible Gambling Foundation, VicHealth, the Office of the Public Advocate, etc. There is a major opportunity to improve alignment and achieve a whole of government and whole of community approach to responding to vulnerable children and families but this will not occur without interdepartmental leadership at the highest levels.

Victorian Public Health and Well Being Plan

The primary objective of the **Public Health and Wellbeing Act 2008** ("the Act") is the "achievement of the highest attainable standard of public health and wellbeing for the community of Victoria"

About the consultation:

The primary objective of the **Public Health and Wellbeing Act 2008** ("the Act") is the "achievement of the highest attainable standard of public health and wellbeing for the community of Victoria". One of the major requirements of the Act aimed at achieving these objectives is the preparation of a State Public Health and Wellbeing Plan every four years. The first Plan was released on 1 September 2011, with the new plan due on 1 September 2015. Each plan is required to identify Victoria's public health and wellbeing needs based on an examination of data relating to health status and health determinants; to establish objectives and policy priorities for the promotion and protection of public health and wellbeing based on available evidence; and to specify how the State is to work with other bodies undertaking the public health initiatives, projects and programs needed to achieve the objectives. This consultation provided an opportunity for the Government to seek initial feedback from key stakeholders.

Summary of Vic PCP submission:

Victorian Primary Care Partnerships (PCPs) generally welcomed the directions suggested in the Consultation Paper for the next Victorian Public Health and Well Being Plan (the Plan).

PCPs were positive about the scope and narrative of the Plan. In particular, highlighting:

- the use of evidence and knowledge about best practice in health and well being

- the strong emphasis on social determinants of health and their impact on inequalities

- the need for a "whole of system, whole of society" approach involving all sectors of government, non-government organisations, businesses, communities, families and individuals

- the relationship between physical and mental health and well-being, education and social and economic participation

PCPs are concerned that health and wellbeing outcomes are not equally shared by all Victorians. In particular, Aboriginal people, people residing in rural areas, people from lower SES groups, women and members of the GLBTI community may experience health outcomes which are not optimal as a result of their status. The Plan must seek to remedy this situation with explicit objectives and measures.

PCPs are confident that key objectives were captured in the consultation plan are important, in particular:

Reducing health and wellbeing inequalities is of fundamental importance to any society that believes in social justice. Gaps in life expectancy driven by social and economic inequalities are unacceptable. Addressing them should be a major priority. At the same time as being a potential objective, this equity lens should sit across all areas of work. It may be possible that overlaying all objectives and priorities with an equity framework is a more effective way of achieving a reduction in health and wellbeing inequalities than having this as a stand alone objective.

[2] World Health Organisation (1986) The Ottawa Charter for Health Promotion

Individual and community engagement is seen as a vital tool or lens which should inform all public health and wellbeing work. Health promotion is founded on the "process of enabling people to increase control over, and to improve, their health"[2]. This is not possible without high levels of community and individual engagement. For this reason, PCPs applaud the explicit focus on individual and community engagement.

PCPs support **minimising preventable conditions and eliminate public health risks** that are within reach whilst noting that it is very broad objective. We anticipate multiple activities and priority areas fitting under this umbrella, including some which were explicitly listed in the last plan but which appear to have been omitted from this plan. Dental decay and STIs are two examples of preventable conditions which we would anticipate fitting under this objective, alongside other more commonly mentioned areas such as cancer.

Protecting health and well being from existing and emergent threats is particularly broad and all encompassing. This has benefits because it leaves the door open to work in a broad range of areas, including those that have not yet been envisaged.

Improving the mental health of individuals and strengthening the inclusiveness, respectfulness and resilience of communities is an important area of work which PCPs frequently contribute to. We noted that the objective is twofold and suggested that careful consideration needs to be given to how this is operationalised through priorities because so much work has occurred under this umbrella in the past perhaps without a demonstrable corresponding improvement in associated health status.

PCPs particularly commend the inclusion of the objective to **enhance natural and built environments to protect and promote health, and improve liveability**. It lends itself to whole of government and systems based approaches. PCPs are well placed to assist in this area with existing partnerships which include organisations from outside the health sector. At the same time, we note that this objective is unlikely to be met without genuine commitment, and potentially mandated activity, from non health government departments (especially Land, Environment and Planning) and stakeholders.

The list of priorities has generally been well received by PCPs. As with the objectives, PCPs have noted that there are a mixture of issues based priorities and principle based priorities.

Primary Care Partnerships are very keen to continue to work across existing and new member agencies to generate, enhance and evaluate work to improve the health and wellbeing of all Victorians. We consider this to be our core business and therefore, see our partnership platform as a key stakeholder and contributor to this plan. The value that PCPs are able to add to the resources that they receive directly from DHHS is very significant. As a result of PCP efforts, local agencies in 28 catchment areas work more effectively together on the ground to plan, implement and evaluate health promotion, prevention and public health work. PCP member agencies and other stakeholders have better access to local data and research to determine needs and generate solutions to complex heath issues.

Follow up:

PCPs welcomed the launch of the new Plan in September 2015. We are confident that we will be in a position to continue to contribute significantly to the Plan. Not only does it capture existing areas of PCP work, it has introduced new objectives and priorities that a number of PCPs have already started addressing.

PCPs would like to advocate for expanded use of the PCP platform to deliver initiatives under this plan. We may be in a position to roll out and scale up many initiatives as we have in the past. For example, many PCPs have adopted elements of the Healthy Together Victoria strategy including by supporting and promoting the Achievement Program. PCPs are responsive and flexible. The principles and objectives articulated in the proposed Plan align very closely with our own and for this reason we envisage high levels of positive collaboration in the future as we work with government to implement the Plan and subsequent Actions Plan.

We anticipate working closely within the framework articulated by the Victorian Health and Wellbeing Plan 2015-19 in the development of our own Strategic Plans. In this way, we anticipate being able to add maximum value to the Victorian Plan whilst also maximising our own effectiveness.

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Discussion Paper on Victoria's next 10-year mental health strategy

Victoria's next 10-year mental health strategy
Discussion paper

The new strategy will provide a long-term vision for mental health. It will complement and build on other important and more immediate strategic work, including the review of mental health community support services, transitioning to the National Disability Insurance Scheme and the development of the next Public Health and Wellbeing Plan.

About the consultation:

The Victorian Government's 10-year strategy for mental health will provide a strategic long-term vision, articulating the outcomes we want for Victorians, guiding the continuous improvement and transformation of the way we support social and emotional wellbeing, enable recovery, and work with partners to achieve this.

The new strategy will provide a long-term vision for mental health. It will complement and build on other important and more immediate strategic work, including the review of mental health community support services, transitioning to the National Disability Insurance Scheme and the development of the next Public Health and Wellbeing Plan. The discussion paper that PCPs responded to:

- outlines a vision to guide mental health policy and strategic investment
- proposes key outcomes that we can work toward to realise this vision
- identifies some strategic investment and activities required

Summary of Vic PCP submission:

The PCP submission primarily focuses on responding to the Discussion paper rather than technical papers. However, we do note repeated themes in many of the papers e.g. calls for

- More early intervention/detection
- A move from fragmented and siloed services to integrated care approaches
- "No wrong door"; improved access to, and continuity between services, seamlessness across all health and welfare services,

- Better communication, coordination and collaboration
- Addressing the social determinants of health in at-risk communities
- Well-resourced services and staff

PCPs strive for communities where all people are able to reach their health and wellbeing potential. Accordingly we support the 10-year mental health strategic vision of all Victorians to have the opportunity and right to experience their best mental health.

PCP work is underpinned by the knowledge that maximising the health of Victorians requires consolidated action targeting statewide priorities. This strengthens the primary health system as well as empowering individuals to live a healthy lifestyle.

This would involve…

- More meaningful involvement of consumers and carers in the development and evaluation of services
- More resources being used in the prevention space for longer periods of time with evaluation being used to understand what does work. This includes action that reduces stigma and builds greater community understanding and mental health literacy
- More focus on community connections as mental health promotion
- Timely access to appropriate services; right care-right time-right place.
- Shared decision making
- Effective care coordination; collaborative relationships between clinicians and consumers working together to create and implement consumer centred shared care plans.

- Better shared care planning that involves all services that interact with the client
- Effective case conferences
- The ability to communicate efficiently and effectively via secure and reliable technologies.
- Willingness and trust to share information; respecting confidentiality
- Time allocation to follow through on activities,
- Greater use of community based services that are linked to other key services that are crucial for wellness
- Staff trained and connected to local service systems to support timely and effective assessment and communication
- Resources that would enable follow through on activities and ideas generated by partnerships.
- Cross-sector working relationships that support staff working outside their perceived expertise or "comfort zone".
- Stronger focus on integrated recovery models that create independence and strength. These models would be tailored for different age, demographic, settings and based on evidence based practice or assist in building the evidence base.

Better coordinated and integrated care, and ensuring continuity and quality between services, and across other service sectors was identified in many technical reports. In Victoria over the past 15 years there has been significant work to improve service system response for people with chronic or complex health conditions (including mental health). Much of this work in

Service Coordination has been led by Victorian Primary Care Partnerships. While there is still much work to do in these areas, PCPs provide an existing platform from which to deliver integrated care programs and improve systems, processes and partnerships to achieve better outcomes.

The most critical element to improving outcomes lies in the meaningful inclusion of consumers, family and communities in decision making (*Developing Pathways: using patient and carer experiences* https://www.networks.nhs.uk/nhs-networks/smart-guides) People who are well-informed and well-supported are more likely to make healthy lifestyle choices; they tend to adhere better to medication regimes, they make informed and personally relevant decision about their treatment and they use less health care. Empowering consumers may be the most effective way to manage demand, as well as being an essential component of mental health care. This must be a key priority for improving the care of people with mental health conditions.

E-health as a domain is now moving beyond secure messaging into the complex area of shared care planning. Being able to access, contribute and use 'live' documents in partnership with consumers and service providers is something we need to strive for, and requires greater support (and pressure) from the Victorian Government. Care coordination is greatly enhanced where there are high levels of IT connectivity which comply with the National E-Health Transition Authority (NEHTA) Standards. There are a number of electronic client management systems that enable better connectivity for supporting

services. S2S and Connecting Care are the ones that are used by the majority of PCP member agencies in Victoria. S2S and Connecting Care enable secure messaging between agencies. s2s also has the capacity to have an interactive shared support plan between agencies supporting a consumer. PCPs are well placed to assist local health providers to become more e-referral literate. The PCP submission made the following recommendations:

1. Implement the Service Coordination framework across all funded health agencies and resolve issues with connectivity to ensure secure and efficient practice in relation to all aspects of service coordination:
2. Ensure a well trained and competent workforce
3. Invest sufficient resources to ensure that all agencies can meet best practice standards in relation to service coordination
4. Address health equity and the determinants of mental health
5. Actively pursue greater levels of community and consumer empowerment and participation in the planning, implantation and deliver of mental health services

Figure 1: PCP program logic 2013–17

Partnership goal 2013–17

To strengthen collaboration and integration across sectors by 2017

In order to:
- maximise health and wellbeing outcomes
- promote health equity
- avoid unnecessary hospital presentations and admissions.

Guiding principles
- Tackling health inequities
- Person and family centred
- Accountable governance
- Evidence based and informed
- Wellness focus
- Sustainability
- Cross-sector partnership

Client and community empowerment

Support member agencies to deliver the following areas:
- Meaningful community participation
- Self management (including Wagner approach)
- Health literacy

- Right care – right time – right place
- Goal-directed self-management
- Health and community service information

Client focus
- Early intervention
- Care planning
- Monitoring and review
- Clinical guidelines
- Mapping care pathways

Prevention

Support member agencies in:
- integrated health promotion planning with key agencies – must include local government and community and women's health
- primary and secondary prevention activities
- use of integrated health promotion indicators.

Early intervention and integrated care

System focus
- Integrated system (including the Wagner model)
- Respond to access demands and community need
- Service coordination
- Multidisciplinary care
- Local agreements

Enablers
- Governance
- Partnerships
- Workforce
- Client and community engagement
- e-Health
- Continuous quality improvement

Social determinants of health

Upstream
- Early years
- Education (including literacy)
- Food security
- Employment and working conditions
- Income
- Housing
- Transport

- Social inclusion and participation
- Gender equity
- Beliefs and values
- Health literacy
- Welfare support systems
- Racism and discrimination

Prevention priorities

Midstream
- Healthy eating
- Physical activity
- Tobacco control
- Oral health
- Alcohol and drug misuse
- Sexual and reproductive health promotion
- Mental health promotion
- Injury prevention
- Skin cancer prevention

Priority conditions

Downstream
- Arthritis
- Heart disease
- Cancer
- Osteoporosis
- Stroke
- Diabetes
- Depression or anxiety
- Respiratory conditions (including COPD and asthma)
- Renal conditions

Example stakeholders
- Commonwealth, state and local government
- Health and human services, non-government organisations, peak bodies, researchers, private sector, education providers and others
- Local communities, families, individuals, carers

Why

How

What

Where

Who

www.vicpcp.org