



About Upper Hume Primary Care Partnership

Upper Hume PCP has a considerable reputation for its local, collaborative approach to working with its member agencies, building strong partnerships for effective work in preventative health.

We provide expertise and technical knowledge to support partners to work together with community to deliver integrated, responsive health and social care systems that enhance wellbeing outcomes for our region. We collaborate with Central Hume Primary Care Partnership in work across the Ovens Murray Area while also working directly with local governments, member organisations and small communities in place-based actions.

Current Context

Our region has been deeply affected by the events of 2019-2020. Australia's most extensive bush fires and COVID-19 came after months of severe drought and record-breaking temperatures across the region. In the Upper Murray, more than 380,000 hectares of land burned with 42 primary residences destroyed, 600 properties damaged and a significant loss of livestock, animals and habitat. The health and wellbeing of both individuals and communities has been severely altered by fire and its aftermath.

While COVID-19 was largely contained in our region, rural communities, given their higher rates of population ageing, ill health and poorer access to health services, face ongoing concerns. Economically, the lack of access to reliable internet impacted productivity, coupled with border closures and the loss of tourism reduced the economic viability of small business operators that are essential to small towns.

Our state government funding remains uncertain. By June 2021, it is anticipated that UHPCP will be discontinued, or in the process of transitioning its functions to another entity. During this period of change Upper Hume PCP will gather and collate organisational knowledge while continuing core activities and supporting member agencies and staff.

This uncertainty has meant our strategic plan, usually developed in collaboration with our partner agencies, instead builds on existing priorities from our 2017-2020 Strategic Plan through this transition period. We will continue to work closely with our partners and community to maximise the health and wellbeing of our community.

Vision

An integrated, collaborative primary health system delivering improved population health and wellbeing outcomes.

Principles

- > Access and equity
- → Strong leadership and governance
- → Accountability and transparency
- → Collaboration and partnership
- Evidence based
- Person centred
- → Sustainability

Victoria's Primary Care Partnership (PCP) strategy (DHHS, 2017) brings together local health and human service providers who work together within voluntary alliances to strengthen cooperation and integration across sectors to maximise health and wellbeing outcomes, promote health equity and avoid unnecessary hospital presentations and admissions across their communities.

PCPs work in three key areas:

- → Early intervention and integrated care (including integrated chronic disease management and service coordination)
- > Consumer and community empowerment
- → Prevention (including integrated health promotion).

Our Role

Honest Brokerage

We identify issues based on evidence and data and facilitate joint response for emerging issues, particularly around vulnerability and disadvantage.

Connection

We facilitate the participation of a broad range of stakeholders, including community, to support system improvement within a social determinants of health framework. We galvanise planned approaches across the service system, enabling evidence-based early intervention for those with, or at risk of, ill health.

Capacity Building

We assist our member organisations to take a social determinants and outcomes-focused approach through skills development and collaboration in co-production, community engagement, monitoring and evaluation, and collective impact.



Our Goals

Systems Thinking	Place-based	Community Participation	Monitoring & Evaluation	Organisational Effectiveness
Advance systems thinking in all prevention approaches	Support place-based initiatives that improve the health and wellbeing of communities	Foster community engagement and codesign with communities at risk of ill health	Share skills and knowledge across member organisations and communities	Ensure continuity of organisational operations and smooth transition

Activities - What We Are Doing						
Auspice the Ovens Murray Family Violence Partnership	Work with local government and health services on age-friendly initiatives and family violence prevention	Partner with AWAHS & AWH to codesign a culturally appropriate cardiac rehabilitation for Aboriginal and Torres Strait Islander peoples	Enable the evaluation of the 'Resilience in Dry Seasons' project	Present reliable, clear information via the UHPCP website, social media and newsletters		
Deliver Family Violence MARAM Collaborative Practice online training	Organise a region-wide 'Integrating health and planning' short course	Work with Upper Murray Community Recovery Committees as requested	Conduct one monitoring and evaluation short course	Synthesise and disseminate the outcomes of the 2017-2020 Strategic Plan		
Host the Age-Friendly Northeast Victoria initiative	Provide expert support to local governments in Municipal Health and Wellbeing planning	Work with and for LGBTIQA+ communities	Deliver training on Results Based Accountability	Communicate regularly with staff, member agencies and stakeholders on state government transition of PCP Platform		
Facilitate conversations on 'Resilience, people and nature'				Support staff in navigating employment uncertainty		
Contribute to area-based, strategic committees				Run one member event		

Performance measures

- → Maintain the number of strategic and cross-sector partnerships
- → Maintain or increase in collaborative work being undertaken
- → Number of member agencies that change policies, programs or services to better align with best practice
- → Numbers of events conducted, material disseminated, online analytics
- → Level of satisfaction of member agencies and staff with UHPCP actions



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