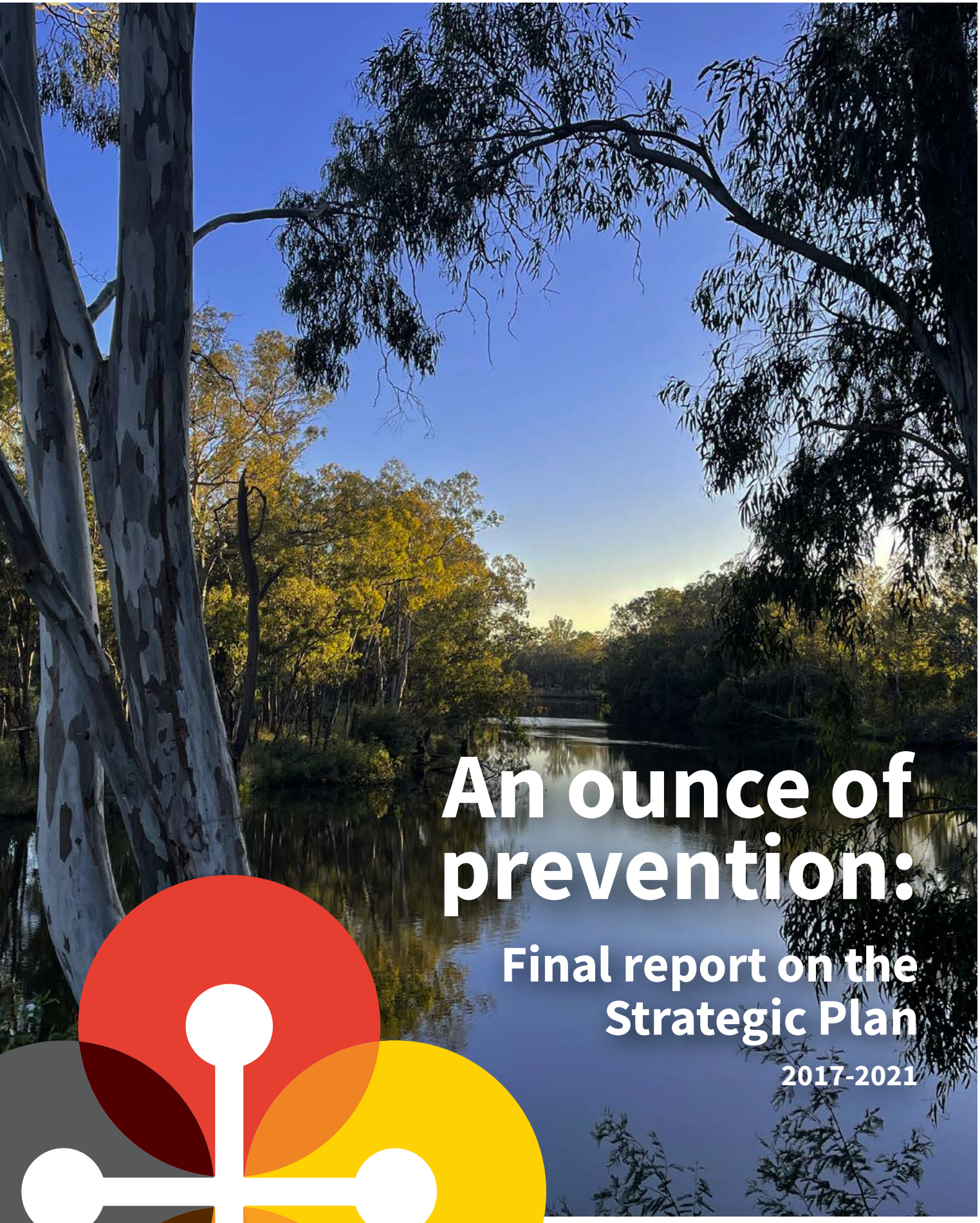

An ounce of prevention:

Final report on the Strategic Plan

2017-2021

Upper Hume
Primary Care Partnership

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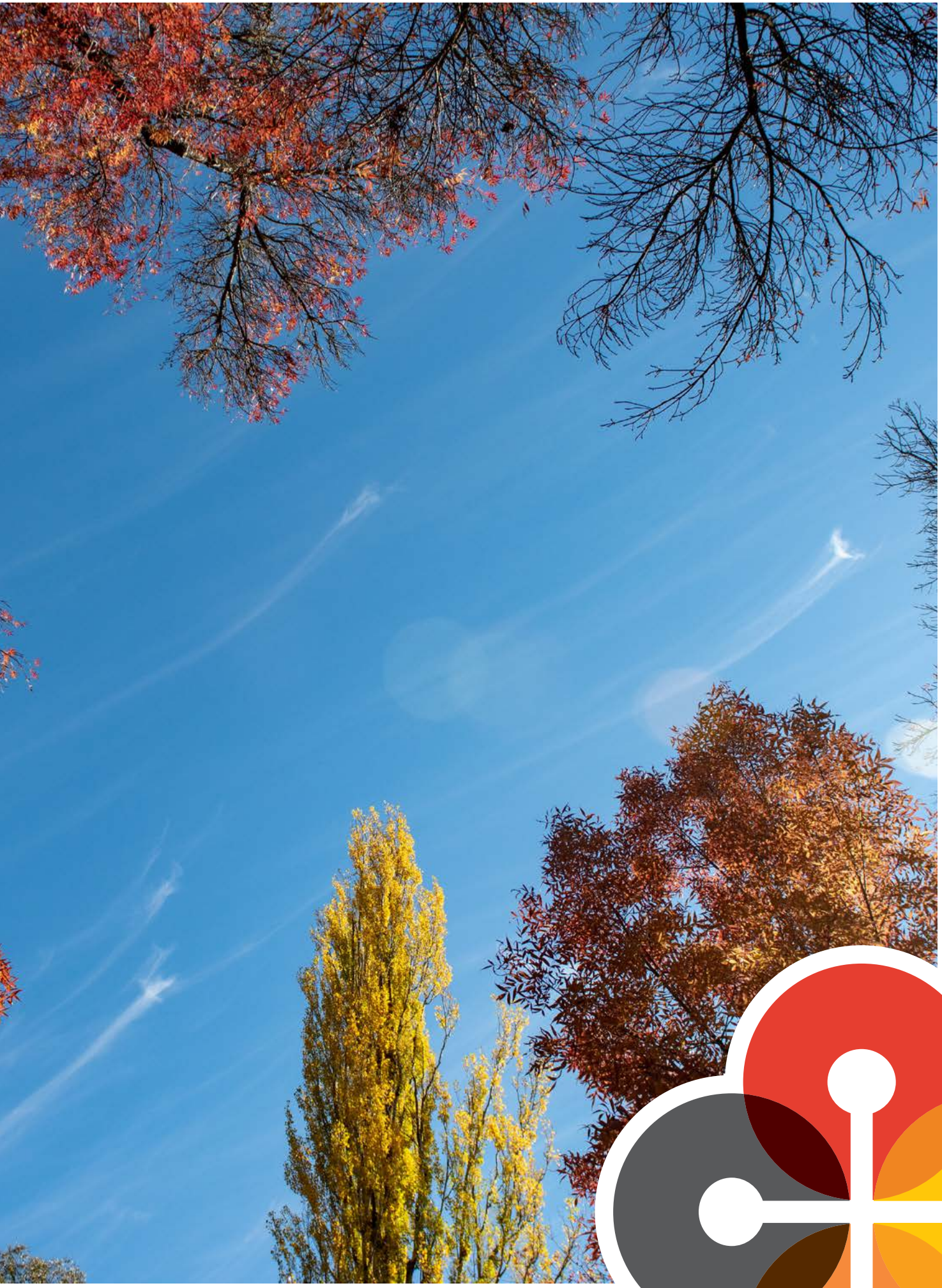
Acknowledgement

Upper Hume Primary Care Partnership acknowledges Australia's First Nations Peoples – the First Australians – as the Traditional Owners and Custodians of this land and gives respect to the Elders – past and present – and through them to all Australian Aboriginal and Torres Strait Islander peoples.



Introduction

This report outlines the experience and insights gained through the work undertaken by Upper Hume Primary Care Partnership (UHPCP) staff and member organisations in implementing the Strategic Plan July 2017 to March 2021.

The report describes the context in which this work was undertaken along with the processes UHPCP developed and refined through their work to deliver meaningful, quality actions.

Six case studies are presented, highlighting the diversity of approaches taken within UHPCP's scope of practice. The report ends with a discussion of the lessons learnt and insights gained in undertaking the strategic actions in the 2017-2021 plan.

Upper Hume Primary Care Partnership would like to acknowledge the key contributors to the work described in this report.

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Albury Wodonga Ethnic Communities Council
Albury Wodonga Health
Beechworth Health Service
Corryong Health
Gateway Health
Indigo North Health
Indigo Shire Council
Mungabareena Aboriginal Corporation
Tallangatta Health Service
Towong Shire Council
Upper Murray Regional Neighbourhood House Network
Walwa Bush Nursing Centre
Wodonga City Council
Women's Health Goulburn North East
Yackandandah Health

Contents

Background

Victoria's twenty-eight Primary Care Partnerships (PCP) were established in 2000 by the Victorian Government to bring together health and other agencies through a place-based approach to improve health outcomes for their communities.

Background

The Upper Hume Primary Care Partnership (UHPCP) comprises the three local government areas of Indigo Shire, Towong Shire and the City of Wodonga, in partnership with public and private health and residential aged care services including Albury Wodonga Aboriginal Health Service, Albury Wodonga Health, Beechworth Health Service, Corryong Health, Gateway Health, Indigo North Health, Tallangatta Health Service, Walwa Bush Nursing Centre and Yackandandah Health. The UHPCP also includes the City of Albury (NSW), aligning the PCP with Albury Wodonga Health and the Murray Primary Care Network.

The UHPCP is governed by an Executive selected from member organisations. The Executive operates under an agreed Terms of Reference, providing strategic leadership, oversight and connections. Gateway Health is the auspice organisation.

An external review of UHPCP in 2016 resulted in the formation of a new executive committee and the recruitment of a new Executive Officer. The Executive for the period of this strategic plan were:

- **David Noonan**
  CEO, Albury Wodonga Aboriginal Health Service
- **Denise Parry**
  CEO, Tallangatta Health Service
- **Dominic Sandilands**
  CEO, Corryong Health
- **Janet Chapman**
  Deputy CEO, Albury Wodonga Health
- **Leigh Rhode**
  CEO, Gateway Health (2018-current)
- **Mark Ashcroft**
  CEO, Beechworth Health Service
- **Shane Kirk**
  CEO, Indigo North Health (2016–2019)

Upper Hume Region

The Upper Hume region covers a land area of 9,150 square kilometres and, in 2016, had a population of 61,288. Most of the population is concentrated on the Murray River flats in the region's west, particularly in the city of Wodonga and immediate surrounds. The eastern part of the region is more sparsely populated and includes the main townships of Tallangatta and Corryong.

Land use is dominated by agriculture, with a very large proportion of public land containing significant major environmental assets, including national and state parks, and large water bodies providing thirty-eight per cent of flow into the Murray-Darling Basin.

Health & Wellbeing in Upper Hume

Regional and rural communities have higher rates of social capital, community identity, trust, life satisfaction and resilience. However, they also have higher rates of poorer health, reduced access to services, higher levels of known risk factors for physical and mental ill health, and travel greater distances for health services.

In 2016, at the time the Strategic Plan was developed, burden of disease statistics showed a high prevalence of cardiovascular disease, Chronic Obstructive Pulmonary Disease (COPD) and Type 2 diabetes, and low consumption of recommended levels of fruit and vegetables compared to the state average.

The factors that contribute to ill health in the Upper Hume region include economic decline, financial hardship, climate events, fewer health services, and lack of access to employment, transport and housing.

Disruptions to Enacting the Strategic Plan

All strategic plans are subject to changes brought about by internal factors including changes in governance, finances, staff and operational matters, as well as external factors from the broader social, physical and political environment.

For this quadrennium, significant disruptions in the external environment profoundly shaped the ability of staff to work effectively, and impacted on the potential outcomes of the Strategic Plan.

Bushfire & COVID-19

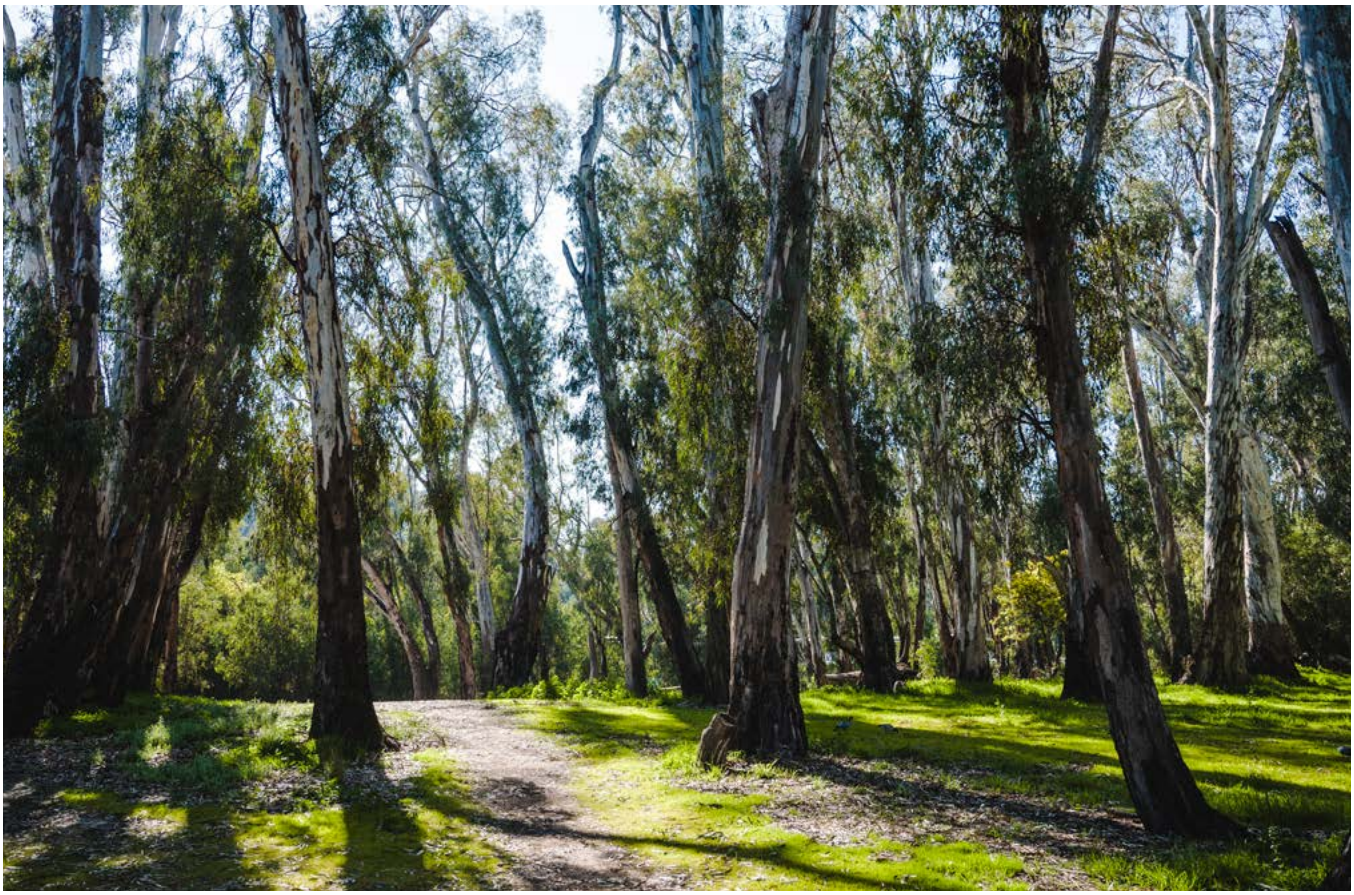
Following record-breaking high temperatures and severe drought, vast areas of northeast Victoria experienced extensive, devastating bushfires in the 2019–2020 fire season. The Upper Murray fires burned for almost a month, resulting in extensive damage to residences and farming structures, over 60 000 hectares of land burnt, including forests, conservation areas and agricultural land, with substantial livestock losses, thousands of kilometres of fencing destroyed, and disruptions to power, telecommunications, roads and basic services. On 2 January 2020, a State of Emergency was declared, restricting travel around the region. Air quality was recorded at 'very unhealthy' for weeks across the region, giving rise to hefty losses to local economies.

The impacts on the health and wellbeing of people, farming families and communities are more difficult to quantify. Multiple hospitals and aged care facilities were evacuated. Research on previous fires highlights the emotional distress, anxiety, depression, trauma and fear for safety in affected communities. People who live through these experiences also report higher levels of alcohol consumption and family violence.

The UHPCP staff were directly involved in emergency management, along with their family and community roles in fire- and smoke-affected communities. Formal meetings and activities were postponed throughout January while staff, member organisations and community groups focused on the emergency. We anticipated a return to usual activities, and a shift to provide ongoing support to the Upper Murray community, from March.

However, on 25 January 2020, a Victorian, recently returned from Wuhan, China, tested positive for SARS-CoV-2. A month later, Australia declared the SARS-CoV-2 outbreak a global pandemic. On 16 March a State of Emergency was declared in Victoria with the commencement of lockdowns across the State on 23 March.

The impact on the health sector was profound and immediate. Preparations for the capacity of our health system to care for patients affected by COVID-19 were abrupt and pressing. All face-to-face events were cancelled, ceasing many of the activities of the UHPCP. Some were conducted online, while new activities were created. For staff, member organisations and our community, the repeated lockdowns since March 2020 have compounded the negative mental and physical health impacts of the preceding heatwaves, drought and bushfires.



Government Reform

While the second half of the Strategic Plan was severely disrupted by bushfire and COVID-19, the whole plan was impacted by constant health system reform. The then Department of Health's PCP Platform 'Program Logic 2013 to 2017' required PCPs to work in three priority areas:

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

In the second half of 2017, as the Program Logic was due for renewal, the government announced a review of the PCP Platform, extending the reporting against the Program Logic by PCPs until 30 June 2018. At a statewide PCP Executive Officer Forum, a representative from the Department of Health and Human Services (DHHS) advised PCPs to plan for two years, rather than the usual three, to maintain 'business as usual', and not to start new larger pieces of work.

Concomitantly, Ovens Murray DHHS staff encouraged UHPCP to align its work with local governments' activities based on the priorities of the Victorian Public Health and Wellbeing Plan 2015–2019; in particular, healthy eating and active living. In 2018, priority areas expanded to include reducing family violence, and, in 2020, to bushfire and COVID-19 recovery. Such activities remained consistent with the 'Program Logic 2013 to 2017' goals.

In 2019 DHHS commissioned KPMG to analyse current functions and outcomes of the PCP Program and 'determine the functions of the PCP Program that remain relevant amidst a changing service landscape'. KPMG reported to the Victorian Government in February 2020. In March 2021 the government announced its decision to consider the recommendations from the KPMG Review in the context of more recent health reforms.

The corollary to this policy uncertainty was repeated short-term funding agreements. Typically, PCP funding operated in line with the three- then four-year policy cycle. In 2017, PCPs were advised that funding agreements would be provided for twelve months to June 2018. From June 2018, funding was assured in six-monthly time frames until March 2021 when PCPs were advised of further reform and one-year funding.

Such constant reform, lack of certainty and short-term funding created considerable job insecurity for staff, and partnership insecurity for organisations. Time was spent advocating for the continuation of PCPs, running social media campaigns and attending meetings to understand and influence the reform process. But, by the end of 2020, experienced, valuable staff had left UHPCP for more secure employment.

The Strategic Plan, due for renewal in June 2020, was extended until March 2021 when a Plan of Action was prepared for the remainder of 2021.

2017 - 2021 Strategic Plan

Development of the 2017–2021 Strategic Plan was a collaborative enterprise led by consultant Ms. Nicki Melville. Staff, member organisations, Ovens Murray and central DHHS and other agencies were engaged through workshops and conversations that considered health reforms in the context of local capacity and opportunities for UHPCP.

Vision

An integrated primary health system, reflecting a collaborative approach, and delivering improved population health and well-being outcomes.

Principles

The Strategic Plan was grounded in a common set of principles developed by staff and member organisations based on the World Health Organization (WHO) Ottawa Charter for Health Promotion along with a strong ethical obligation to address the social determinants of health.

These were:

- **Access and equity**
- **Strong leadership and governance**
- **Accountability and transparency**
- **Collaboration and partnership**
- **Evidence based**
- **Person Centred**
- **Sustainability**

Enablers

In creating the Strategic Plan, UHPCP sought to articulate its specific role in strengthening partnerships and collaborations in the local health and social care system. Throughout the Strategic plan, these four enablers—honest broker, connection, capacity building and communication—were more finely tuned to become the capabilities and processes guiding work with member organisations.

Honest Broker

The 'honest broker' is one of four modes of engagement for an evidence-based organisation or an individual when facilitating decisions between policy makers, funders, providers, consumers and experts. The defining characteristic of an honest broker is a desire to clarify, or sometimes to expand, the scope of options available for action.

As the non-service provider in the Upper Hume region's health and social care system, being an honest broker provided UHPCP with the methods to:

- **Identify issues based on evidence and data.**
- **Facilitate joint responses to emerging issues, particularly around vulnerability and disadvantage.**
- **Act as an independent reviewer of opportunities to enable joined-up approaches for existing and emerging policy directives.**
- **Develop and implement an operating protocol for the identification of opportunities and connection.**

Connection

Connection was at the centre of every action in the Strategic Plan—connection with member organisations, community members, policy makers, academics, local governments and community organisations. Building quality connections with people from a wide range of backgrounds required time, skill and well-considered actions. Connections:

- **Enabled the participation of a broad range of stakeholders, including community, to support system improvement within a social determinants of health framework.**
- **Enabled planned approaches across the service system.**
- **Facilitated evidence-based early intervention and coordination of care. especially for those with, or at risk of, chronic disease conditions and those most disadvantaged.**
- **Established a robust governance framework and authorising environment for the UHPCP.**

Capacity Building

As an enabler, capacity building was a strategy for achieving the vison of an integrated primary health system delivering improved health and well-being outcomes. This could only be achieved through collaboration and trust between organisations and the community.

Capacity building, through a systems approach, is multifaceted. It moves beyond providing training to include deliberate actions that strengthen relationships, change policies to support and augment collaboration, and support consumer and community organisations to improve health. As an enabler, UHPCP focused on capacity building to:

- **Facilitate a social determinants- and outcomes-focused approach across the UHPCP catchment.**
- **Build skills in monitoring and evaluation, collective impact, community engagement and health literacy.**
- **Promote and build capacity in early intervention and prevention.**
- **Facilitate and support the development of an Integrated Prevention plan for UHPCP catchment inclusive of municipal health and wellbeing strategies around regional priorities.**
- **Explore the potential of rural liveability audits to further influence action in a social determinants framework.**

Communication

Achieving the vision of the Strategic Plan was closely linked with communicating with member organisations and the community regarding the role and functions of the UHPCP. Moreover, UHPCP sought to model organisational health literacy. This strategic approach ensured communication made it easier for everyone, regardless of background and training, to navigate, understand, and use UHPCP information. Strategic communication actions enabled PCP to:

- **Develop and implement a Communication Strategy including website and social media.**
- **Communicate the role of UHPCP as a non-agency, unaligned broker for advocacy and improvement in primary health system development.**
- **Develop an engagement strategy reflecting a broad membership base that was flexible and relevant.**

The four enablers were used in varying degrees in all activities throughout the term of the Strategic Plan. They aligned actions with the principles and vision. Staff reviewed requests for UHPCP involvement through the four enablers, returning to them to stay on purpose when the inevitable project creep occurred.

Implementation of the Strategic Plan

Upper Hume PCP employed a range of approaches in a diversity of projects over this four-year period to improve collaboration, community engagement and participation, health literacy and integrated health promotion. Projects evolved over the four years as staff responded to changing circumstances and opportunities arose.

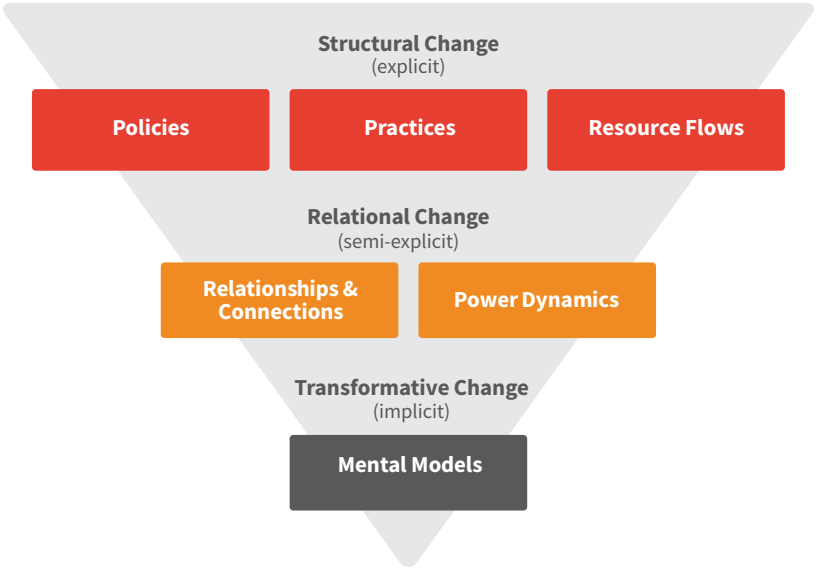
A key priority for UHPCP was to facilitate systems thinking within its own organisation and beyond. Systems thinking works to decode the complexity of a health system, then applies this understanding to design, implement and evaluate interventions that improve health and wellbeing outcomes[1]. The UHPCP staff sought clarity on what actions might achieve greatest impact in addressing complex health problems in the region.

In 2018 Kania, Kramer and Senge published The Water of Systems Change[2] , providing a framework of the six interconnecting conditions that play a significant role in holding problems in place. The framework provided clarity on the core components in a system pivotal to changing a system, their level of visibility, the nature of their interactions and capacity for transformative change.

For UHPCP, this framework provided a clear understanding of systems change, giving staff a common language for discussions and greater insight into potential actions and consequences.

Concomitantly, UHPCP staff sought to clearly describe the elements that comprise the health and social care system of the Upper Hume region. The WHO defines a health system as 'all the activities whose primary purpose is to promote, restore and/or maintain health'[3]. It identified six building blocks as 'a convenient device' for exploring health systems.

Six Conditions of Systems Change



[1] Savigny D & Adam T, for Alliance for Health Policy and Systems Research, 2009 Systems Thinking for Health Systems Strengthening. World Health Organization

[2] Kania J, Kramer M, & Senge P. 2018 The Water of Systems Change. FSG

[3] World Health Organization, 2007 Everybody business: strengthening health systems to improve health outcomes: WHO's framework for action. WHO

The WHO Health System Framework

System Building Blocks

- Service Delivery
- Health Workforce
- Information
- Medical Products, Vaccines & Technology
- Financing
- Leadership/Governance

Overall Goals/Outcomes

- Improved Health (Level and Equity)
- Responsiveness
- Social & Financial Risk Protection
- Improved Efficiency

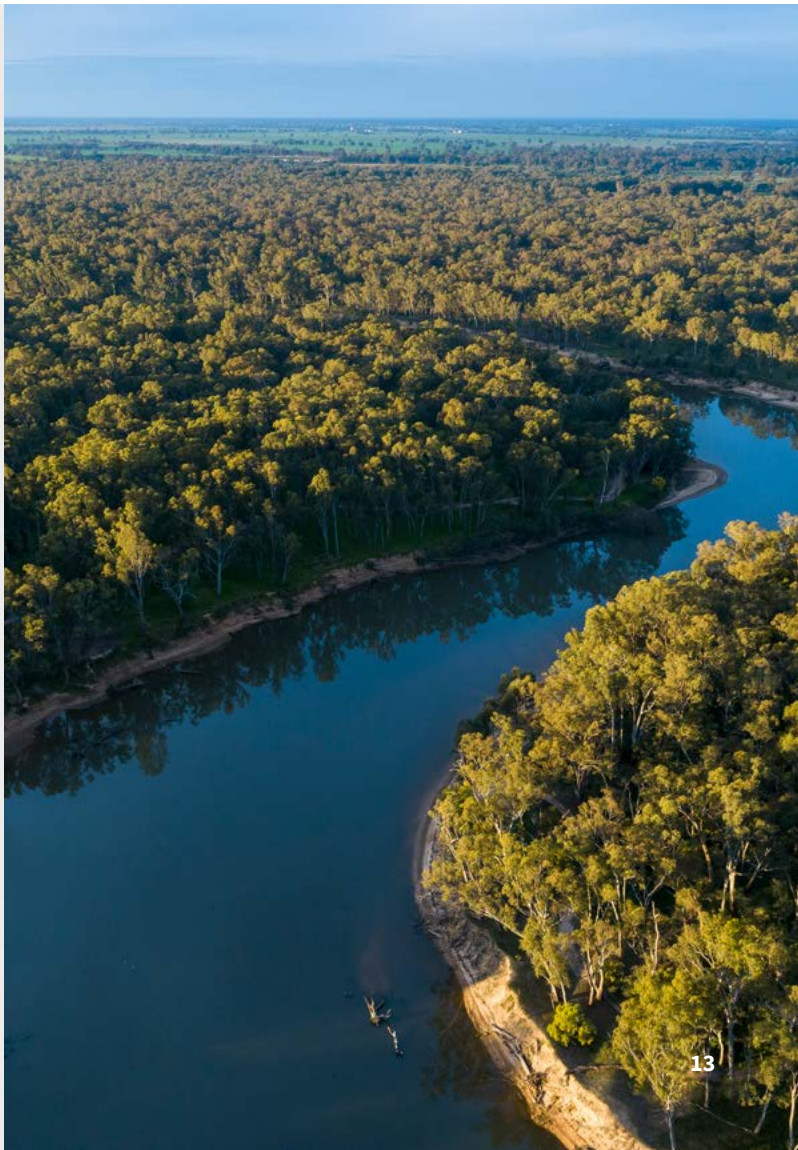
The UHPCP worked with its member agencies to identify the elements of each building block that influence the health and wellbeing of our community. This visual representation, when overlaid with the six conditions of system change, created a more sophisticated yet straight-forward map for activities.

Review of the Strategic Plan

Members' Forums were held annually to review the Strategic Plan and confirm priorities for the year ahead. The forums were attended by consumers and staff from member and partner organisations. The forums were highly interactive, showcasing particular projects being undertaken by member and partner organisations supported by UHPCP. Participatory processes were used to identify priorities for the coming twelve months.

The forums were a source of monitoring and evaluation. Through the forums, UHPCP reported back to its collaborators, making adjustments where necessary to future work. Additionally, the forums strengthened relationships between members, providing further opportunities for collaboration and connection.

The combined experience of UHPCP over the four years yielded a greater sophistication in developing and maintaining partnerships, coordination of activities and the participation of community members. Appendix One offers a list of activities and projects undertaken by UHPCP staff. The case studies that follow illustrate the range of work undertaken.



Case Study 1

Improving Access to Pulmonary Care

Progressive, chronic lung conditions, including emphysema, chronic bronchitis and chronic asthma, are the leading cause of hospitalisations throughout the Upper Hume region. Moreover, lung disease commonly coexists with other chronic health conditions.

Pulmonary rehabilitation, a six-to-eight week exercise and education program, is recognised as essential to improved health outcomes. However, it focuses solely on lung disease and requires specialist health providers to deliver the course, limiting its relevance and availability in the region.

In an earlier project, UHPCP found an absence of coordinated and collaborative catchment-wide response to chronic lung disease. With collective impact and codesign, this project developed an evidence-based, primary health model of care to improve the prevention, early intervention and self-management of lung disease.

Partnerships

The establishment of a collective governance process was critical to the project's success. Two committees were established:

- **A steering committee, comprising consumers, health and psychosocial services' CEOs and senior managers, and DHHS representatives, provided strategic governance and an authorising environment. Consumer participation was vital, as was the commitment by the steering committee to work towards catchment-wide improvements.**
- **A working group explored the key components and pathways of an inclusive model of care. Working group membership was based on people's experiences and knowledge. It included people with lived experience and a diversity of health professionals from health and community services. This proved to be the lifeblood of the project.**

What We Did

The steering committee established an iterative, ninety-day action-reflection cycle informed by rich feedback from the working group's activities. This was a vital link in the project.

The working group participated in a series of education sessions to provide a shared knowledge and language of local services that matched formal pulmonary rehabilitation. These sessions included the use of telehealth, lung health screening, codesign and systems change. The group sought the input of a large range of stakeholders by holding consumer forums in Wodonga, Tallangatta, Beechworth and Corryong; running focus groups; meeting with key informants and circulating a survey.

With current knowledge of the health system, and the needs of consumers with complex health needs, the working group led the development of a Model of Care to assist with early identification, self-management and referral pathways for people diagnosed with lung disease.

Making a Difference

Best practice guidelines for working with consumers were developed that reflected the holistic needs of people living with chronic lung disease, and the health professionals who provide their care. Moreover, the process of doing the project led to an awareness of the skills of health professionals locally to provide the components of pulmonary rehabilitation, and for consumers to manage and improve their health.

> *The PCP working group I've been a part of for the last two years, really has helped me accept the condition that I've got. I couldn't get my illness out of my head, and then Glenda from PCP got in my head; I went from not wanting to get up in the morning and now because of her and this working group, I'm back at work, and I've started a veggie garden.*

Case Study 2

Ovens Murray Chronic Care Steering Committee

‘Transforming Care: Ovens Murray & Goulburn Chronic Care Strategy’ was released in 2019 to guide the actions of a wide range of public and private organisations and health professionals to improve the support, care and management of people living with chronic conditions in the Ovens Murray and Goulburn areas.

The UHPCP received funding from Ovens Murray DHHS to coordinate the implementation of the Chronic Care Strategy across the Upper Hume region. Through collective impact, the planning approach selected the ninety-day sprint cycle as its method.

Partnerships

A steering committee provided not only leadership and governance; it was also the means by which the Chronic Care Strategy was implemented. It comprised service providers, community members and strategic workforce representatives. The work of the steering committee was reported to local catchment committees by the UHPCP coordinator.

The ninety-day method proved to be essential in this complex project, providing a genuine, appropriate time frame for a collaborative focus, breaking down complex challenges into simpler steps, and delivering a clearer identification of achievements. All these conditions helped to maintain enthusiasm and direction.

What We Did

The Ovens Murray & Goulburn Chronic Care Strategy comprised three key objectives with twenty-four multilayered strategic action areas. Given the limited time frame for the coordination role to support implementation, it was crucial to build a shared outcome for the committee for collective action, and as an example of how to guide collaboration in the other strategic action areas.

Participatory processes engaged the steering committee in determining one priority for future work: Outcome 1.3.1 Demand management frameworks are used and the provision of publicly funded services to priority populations is regularly reviewed.

A range of activities was employed both to develop mutually reinforcing activities by individual health services, and to model how to do so for subsequent priority areas. One activity was instrumental in starting to effect systems change in the deeply held beliefs about demand management. Presentations by guest speakers, including community members, showed how existing local projects are impacting on demand management.

Critical to the engagement of the steering committee was the transparent process of monitoring both the processes and actions of the steering committee itself and the actions being taken by members of the committee in the priority area. All committee members regularly completed a survey with the results plotted on a matrix against the WHO building blocks and the six conditions of systems change. Data were returned to the committee for further discussion in the ninety-day cycle. This was instrumental in ensuring committee members remained cognisant of the less visible actions for systems change, while also ensuring their active participation in explicitly monitoring the work of the committee.

Making a Difference

While short-term funding of the coordination role limited this work’s capacity to directly influence demand management within our health system, the collective approach and the engagement processes had multiple benefits. For example, relationships were enhanced between sectors and organisations, an awareness of the importance and contribution of multiple actors to demand management was built and, importantly, an acceptable and useful framework from which health services could consider systems reform was provided.

Case Study 3

Building Multicultural Partnerships

Culturally and linguistically diverse (CALD) communities comprise peoples whose languages, ethnic backgrounds, nationalities, religions, health beliefs, social structures and customs differ from the majority. These differences are often not considered by our health system, which can lead to inappropriate care. Equally, to ensure the whole population receives quality healthcare, health services and health professionals must deliver culturally responsive and equitable services.

To build bridges between CALD communities and health services in Albury Wodonga, UHPCP staff employed co-design, action learning and appreciative enquiry in a single project with a two-fold purpose: to foster the capacity of CALD communities to understand their local health service system, and, concurrently, to raise the capacity of health services' staff to better serve CALD communities.

Partnerships

A planning group, consisting of CALD community members, and representatives from Albury Wodonga Health (AWH), Gateway Health, Albury Wodonga Ethnic Communities Council (AWECC) and the Department of Premier and Cabinet, codesigned the project.

What We Did

Working with AWECC, twenty-six representatives from CALD communities, including people from Bhutan, Democratic Republic of Congo, Philippines, India and Iran, came together for a series of interactive, experiential workshops to learn about Australia's western health system, the local pathways to services at AWH and Gateway Health, and consumer participation and feedback mechanisms.

To ensure community members and their children felt culturally safe and welcomed, the workshops were held on Saturday mornings with qualified childcare providers from the CALD community and appropriate food.

Staff from the two health services came together on three occasions during working hours to learn about the health customs of CALD communities in Albury Wodonga. Presentations were given by CALD communities with time set aside to explore how this new knowledge will bring about changes within the health services to deliver responsive health care and to expand the participation of CALD community members in community advisory processes.

Making a Difference

Since the completion of the project, a number of CALD community participants have taken part in Gateway Health's strategic planning consultation, while many have become health advocates in their communities.

Both Albury Wodonga Health and Gateway Health committed to proactively improving engagement with CALD communities and to improving organisational health literacy to support diverse cultures.

Despite the evaluation of this project being impacted by the COVID-19 pandemic, a video was produced by a member of the CALD community highlighting its success. The pandemic also prevented the commitment from the health services being realised. However, one unexpected outcome from the collaborative, codesign approach with AWECC and the health services was the rapid response to providing information and support to CALD communities.

Case Study 4

Monitoring & Evaluating Short Courses

Recognising the lack of a consistent approach to evaluation, and the increasing importance placed on reporting measurable outcomes to funders, UHPCP established a monitoring and evaluation short course to assist partner organisations to develop an effective approach to monitoring and evaluation.

The short course aimed to provide a sound theoretical basis for monitoring and evaluation, along with practical skills, tools and approaches.

Partnerships

Local monitoring and evaluation experts with national and international experience in evaluation designed a short course for UHPCP which was delivered in 2018 and 2019.

The program consisted of:

- **Two sequential days of theoretical and practical sessions exploring the core components of evaluation with a focus on participatory methodologies and tools.**
- **One full day three months later. During the interval, the experts were available for advice and support.**
- **Four informal, brief sessions at the completion of the formal course work where participants came together to discuss their monitoring and evaluation activities.**

What We Did

Member agencies were invited to nominate individual staff members or a team of staff to attend with costs heavily subsidised by UHPCP. Twenty participants took part in 2018, with a further sixteen in 2019. The UHPCP staff provided all the event management and coordination.

In the practical sessions, participants worked in small teams to design an evaluation framework for a place-based scenario. Interactive sessions taught hands-on skills with practical participatory methods including the 10 seeds technique. Further sessions allowed teams to work on their own monitoring and evaluation framework. The evaluation of the course reflected the techniques being taught.

Making a Difference

In March 2019 the members' forum modelled the material taught in the course. Moreover, two of the six presentations demonstrated how their involvement in the short course directly contributed to more effective monitoring and evaluation methods, and enhanced involvement of consumers in project design and monitoring outcomes.

This has been the most valuable training I have ever done. It has opened new areas of practice and increased my knowledge. Without PCP these opportunities would not be available regionally and we would have to travel to Melbourne, which would cost more.

The short course gave me the opportunity to listen and learn from and with everyone in the room, in applying and using those approaches we were learning about. Doing activities to help learning, group discussions and sharing were wonderful as was having the presenters to call upon between workshop[s]. It was impressive to have the very high calibre of presenters and they were locals!

Case Study 5

Building an Age-Friendly Indigo Health System

The Indigo Consortium, facilitated by UHPCP, provides collective governance for health and well-being initiatives within the Indigo Shire. With a significant proportion of the Indigo population over sixty-five years of age, the Consortium recognised the need for an integrated health and social care system that meets the needs of older residents, their family and their health providers.

The UHPCP generated interest within the Consortium to work with the regional Age-friendly North East Victoria initiative to develop a shared response to improve the care of older people. This led to the development of a successful grant by the Consortium, led by Beechworth Health Service, to Better Care Victoria to build an age-friendly Indigo health system.

Partnerships

The eighteen-month Building an Age-Friendly Indigo Health System project used a co-design approach, informed by the National Health and Medical Research Council's (NHMRC) advice on the development of guidelines. Central to the success of the project was the commitment of the Indigo Consortium to operate as the Project Board.

In addition, UHPCP worked with its member organisations and community members to establish a Project Control Group that provided governance and the authorising environment for the project.

What We Did

The UHPCP staff provided a number of essential roles across the life of the project:

- **Contributed to the governance of the project with positions on the Project Board and Project Control Group.**
- **Prepared a discussion paper 'Strategic community and consumer engagement in co-design' for the Project Control Group that specified best practice in engaging older people, their carers and family in the project.**
- **Recruited, trained and supported community members as Project Control Group members and codesign contributors.**
- **Contributed to the codesign of the Indigo 4Ms Framework through their knowledge of health and social services.**

Making a Difference

The project generated the Indigo 4Ms Framework, which brings together the essential elements of best care for older people—What matters, Medications, Mobility and Mental wellbeing. The Indigo 4Ms can prevent decline, and maintain or improve the health and well-being of older people in hospitals, residential aged care and in the community.

The project was completed on time and on budget, with over sixty older people, clinicians, academics, policy makers and health executives contributing to the codesign.

In early 2021 La Trobe University and UHPCP with the support of the UHPCP Executive successfully submitted an application to the Commonwealth Government's Primary Care Rural Innovative Multidisciplinary Models grant scheme to fund the development of collective model of primary care based on the Indigo 4Ms Framework for the region.

Case Study 6

Resilience for Dry Seasons in Agricultural Communities

Climate change poses significant, multiple risks to family farming in the Upper Hume. Regional climate projections indicate variable and declining rainfall combined with increasing temperatures will give rise to twice as many very high fire danger days and increasing frequency of drought.

The Ovens Murray Resilience for Dry Conditions project was funded by DHHS to build the area's capacity to respond and adapt to dry weather conditions by strengthening the well-being and resilience of farming communities. The project employed place-based planning, co-design and community engagement to explore local solutions to this complex issue.

Partnerships

A governance committee, led by UHPCP, provided strategic direction for the Ovens Murray region with representatives from Agriculture Victoria (AgVic), Albury Wodonga Health, Central Hume PCP, DHHS Ovens Murray Area, Murray Dairy, Murray Goulburn Catchment Management Authority, North East Catchment Management Authority and AgBiz (which includes the Rural Financial Counselling service).

What We Did

The community engagement strategy was fundamental to the relevance and capacity of this project to work with farmers, farming families and farming communities. Within the Upper Hume catchment, UHPCP staff consulted with over thirty agricultural service providers, Landcare groups and farmers. In addition, mental health providers, including Rural Access/Mental Health clinicians at AWH, the Black Dog Institute, rural and remote mental health service providers and Northern District Community Health, were consulted to identify appropriate programs for farming communities and to understand gaps in local service delivery.

Through codesign with farming community groups, a program of activities was implemented which built skills while providing opportunities for farmers to mix with health and service providers in an informal setting.

Due to extensive bushfires across the Upper Murray in December 2019 and January 2020, then the COVID-19 pandemic and subsequent lockdown of communities, all activities in this work effectively ceased.

Making a Difference

Despite significant disruptions to this work, an external evaluation revealed that the partners in this project recognised the value of UHPCP's capacity to bring together organisations that did not usually work together in an environment that enabled productive relationships to be established. This gave farmers and service providers personal pathways for the key supports that are the basis of resilience. Moreover, the role of UHPCP staff in their careful engagement with communities and coordination of meetings and activities was deemed essential, emphasising the importance of funding a backbone structure.

In September 2020, with the support of the DHHS, funds and associated activities were transferred to the Albury Wodonga Health Integrated Primary Mental Health Program, which was providing community outreach directly to affected farming communities.

Lessons Learnt & Insights Gained

Across the four years of this Strategic Plan, the combined experience gained in the breadth of work undertaken by UHPCP staff, in partnership with member organisations, community members, policy makers, academics and civil society, generated constructive insights into effective strategies for systems change and into the strengths and challenges of the PCP model.

The essential role of a backbone organisation

The backbone organisation is critical to the success of collective impact. Collective impact is a place-based framework for systems change. In contrast to a single organisation attempting to address complex problems, collective impact brings stakeholders from a range of sectors together to meet five conditions that have been shown to bring about population-level change: a common agenda, continuous communication, mutually reinforcing activities, backbone support and shared measurement.

It was found that work flourished when UHPCP put into practice the majority of the functions of a backbone organisation such as guiding vision and strategy, supporting aligned activities, establishing shared measurement practices, building public will, advancing policy, and mobilising funding. Often, however, these functions were only partly met. Moreover, while collective impact is often cited by organisations and government as the operating model, in some instances it was more like a buzz word for bringing a range of stakeholders into a meeting. This hampered the development of a genuine shared agenda.

Systems thinking in the everyday

Many people who live and work in the Upper Hume region can be characterised as being pragmatic, adaptable and great detectors of bullshit[1]. They are also sensitive to being considered slow, or uneducated, and having their lives described as wicked, difficult, intractable, complex problems. Health services, local governments, community partners and member organisations want to roll their sleeves up and take the next step forward.

Systems thinking is an effective way to understand how to improve health outcomes; however, the theories, language and techniques of systems change can be equally opaque and complex, generating aphorisms instead of solutions—'an answer is a question's way of asking a new question', or 'the easiest way out is the fastest way back in'[2] —making it difficult to work effectively with organisations.

The UHPCP has drawn on expert knowledge, professional skills and training to bring together the theoretical and empirical evidence on systems change into a clear organising approach to their work. This clarity has enabled meaningful, purposeful conversations to be converted to effective action.

[1] Frankfurt HG. 2005 On Bullshit. Princeton University Press

[2] Wilkinson R. 2001 10 Useful Ideas on System Thinking https://preventioncentre.org.au/resources/learn-about-systems/

Working with community

The UHPCP staff were deliberate in including community members in the design, implementation and evaluation of projects, and doing so in a meaningful, respectful manner. This ensured the work reflected the experiences of living with a chronic disease, or trying to access services. Establishing this culture of inclusion encouraged staff from other organisations to become more empathic in their work. This led to some member organisations proactively embedding health promotion activities into their practice.

The use of, and training in, participatory approaches to involve community members in project implementation and evaluation proved instrumental in assisting staff to develop innovative, inclusive methods suitable for their specific needs.

Community members grew in knowledge and confidence during their involvement with projects, with the added benefit of often injecting humour, curiosity and openness into interactions with health services. After one such project, a manager of a service noted that 'PCP has opened doors for us to engage in frank and meaningful conversations about doing better as a sector'.

Time needed to build relationships

Developing interdisciplinary, cross-organisation, collaborative partnerships between people from health services of various sizes with complex histories, differences in status, and existing organisational power relationships is challenging; doing so on an equal footing with consumers and policy makers takes time, energy, a high level of emotional intelligence and communication skills from all those who participate. It is inevitable that there will be misunderstandings, a lag time for openness to develop, and a sense of caution when putting views forward. In rural communities there is always the added challenge of geographical distance.

When given time, and the goodwill, skill and capacity of UHPCP staff, purposeful partnerships were established and maintained. Collaboration between different types and sizes of health and social care services is vital if we are to improve health outcomes for people across our region. It is often the implicit attitudes, values and cultures that disrupt the ability to do so. Partnership development and engagement is dynamic, fluid and ephemeral; it needs to be recognised and nurtured.

Sustainability of projects

'Short-term funding hampers long-term change' was an adage that came to be too often observed in the life of this Strategic Plan. While many projects and activities established strong partnerships, generating enthusiasm and passion for change, short-term funding brought the role of UHPCP to an end, and with it, the opportunity to embed new practices, policies and, most importantly, a change in mindset as staff from member organisations often described a lack of internal capacity to effect change, or the authorising environment to do so.

Reporting on measurable outcomes, though essential, fails to account for the intangible benefits and hard work of partnerships and collaboration to the sustainability of projects. It also fails to generate the funding needed to support change across multiple organisations.

Adjusting to policy and service system needs

The considerable disruption brought about by the lack of policy direction, and hence the very existence of the UHPCP, required constant flexibility, resilience and good humour by staff and member organisations. While the rhetoric of government continued to espouse the need for place-based, collective impact approaches to the deep health inequalities and inequities in the Upper Hume region, this was at odds with the relentless funding uncertainty.

Member agencies, however, remained steadfast in their recognition of the important, pivotal work undertaken by UHPCP recognising that would not be possible without the capacity and capability of staff, and this was deeply appreciated.

Appendix 1: List of major activities and projects

Advanced Care Planning

To ensure the sustainability of the ACP initiatives in the Upper Hume catchment and to share up-to-date information in relation to Advanced Care Planning, and successful strategies including in relation to cross-border anomalies and concerns.

Bridges out of Poverty training

The Bridges out of Poverty Workshop gives both the social service provider and the community member further insights into understanding, working and communicating with individuals from backgrounds of generational disadvantage.

Committee Membership

- **Age-friendly Northeast Victoria Alliance (Regional)**
- **Albury Wodonga Health Primary Care and Population Health Advisory Committee (Sub-committee of the Board)**
- **Alcohol and Other Drugs and Resilience Governance Group**
- **Behind the Scenes at the Neighbourhood House Advisory Group (Regional)**
- **Dry Seasons Resilience (Regional)**
- **Ovens Murray Family Violence Partnership Executive and Operations Committee (Regional)**
- **Towong Alliance**
- **Towong People and Wellbeing Recovery Committee**

Community views on telehealth attitudes and knowledge of telehealth

Conversation Hour

'Upper Hume PCP Conversation Hour' took place between April and August 2020 via the Zoom platform as a response to the COVID-19 pandemic, particularly to the isolation that occurred as a result of people working from home. Overall, 18 sessions were held covering a diversity of topics with 132 individual people participating, and we shared the stories and thoughts of 39 different presenters.

COVID-19

Working from home survey enabling organisations to access data through which they could monitor the health and wellbeing of their own staff.

Family Violence Prevention project

Working with community to build capacity and understanding of gender-based violence. This included facilitating, in partnership with Women's Health Goulburn North East, a series of small, local community forums led by FV prevention advocate Phil Cleary.

Indigo Consortium

The Indigo Consortium focuses on two areas: to provide collective governance for health and well-being initiatives within the Indigo Shire, and to identify and support enterprises that contribute to an 'Age Friendly Indigo'.

Liveability Indicators through an age-friendly lens

Towong and Indigo Shires with RMIT University and Age-friendly North East Victoria. Working with RMIT University and communities to develop Indicators of Rural Liveability, with an age-friendly lens to enhance the capacity for measuring and monitoring the liveability of rural communities.

Murray Consortium

partnership with the Albury Wodonga Aboriginal Health Service, Mungabareena Aboriginal Corporation, Gateway Health and UHPCP to improve access to services for Aboriginal and Torres Strait Islander peoples.

MyAgedCare

'Gathering rural voices about My Aged Care' with the Health Issues Centre—to investigate the experiences of rural Australians in their dealings with the federally funded My Aged Care service.

Organisational Health Literacy

Forums for health services staff, community advisory groups, health promotion officers and clinical educators to learn about and improve organisational health literacy .

Ovens Murray – Family Violence Partnership Principal Strategic Advisor

The OM–FVP Principal Strategic Advisor (PSA) was a regional strategic leadership role responsible for the promotion, development and enhancement of effective prevention of and response to family violence across the service system including people with lived experience and providers of services across the prevention–crisis response continuum in a place-based, systems response. As part of this role, the PSA oversaw the collaborative strategic planning process undertaken by the OM-FVP as well as a number of MARAM Collaborative Practice training sessions.

Participation and engagement workshops

Introduction and exploration of the International Association of Public Participation (IAP2) framework.

Primary Health Collaboration Project Phase 2: COPD project

To develop a catchment-wide, evidence-based model of care for the prevention, early intervention and management of COPD with multiple health professionals including pharmacists, health services and General Practitioners.

Reflexive Evidence and Systems interventions to Prevent Obesity and Non-communicable Disease (RESPOND)

Working with Deakin University to support the involvement of communities and organisations in developing localised responses to prevention and improving health outcomes in children

Strengthening Hospital's Response to Family Violence

Supporting our local rural health services to build partnerships with community and community-based organisations and identify local responses to the challenge of family violence.

Supporting Community Recovery Committees in the Upper Murray

Collected community stories, analysing the data to assist recovery efforts to recognise the need for individual and community recovery actions. We delivered a series of workshops to Local Area Recovery Officers on community engagement principles and practice and a strengths-based approach to asset mapping. Facilitated Community Recovery Committee's priority setting.

Upper Hume Healthy Eating and Active Living Catchment Plan (2017–2021)

Upper Hume Chronic Care Working Group

Comprising health professionals and community members, this group collaborated to identify challenges and options for addressing chronic conditions. The group developed a detailed foot health pathway, accurately documenting appropriate options for foot care in the catchment.

Women's health and wellbeing in Towong Shire

This project aimed to understand the key attributes that make and keep women healthy though the perspectives of local women.

Upper Hume
Primary Care Partnership

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