



**Goulburn Valley Primary Care Partnership  
Strategic Plan  
2009-2012**

## Contents

Executive Summary	3
Message from GVPCP Executive Chair	4
Introduction	5
Our Vision	5
Local Environment	5
Overview of Governance Structure	5
Strategic Priority Areas	6
Priority Setting Process	6
Evaluation	6
Partnership	6
Service Coordination	7
Integrated Chronic Disease Management	8
Integrated Health Promotion	9
Strategic Alliances	10

## Executive Summary

Vision	<h3 style="text-align: center;">Health and Wellbeing for All</h3> <p style="text-align: center;"> <span style="color: red;">Well Communities</span>                <span style="color: blue;">Strong Families</span>                Healthy Individuals         </p>		
Strategic priority populations	We improve the health of those in our communities...		
Health outcomes	...who are older and at risk	...who are disadvantaged CALD, Indigenous, Youth*, Homeless*, Disabilities*	...who have chronic disease(s)
Process outcomes	<ul style="list-style-type: none"> <li>Improved quality of life</li> <li>Fewer preventable hospitalisations</li> <li>Improved perceptions of safety</li> </ul>	<ul style="list-style-type: none"> <li>Fewer preventable hospitalisations</li> <li>Improved health literacy</li> </ul>	<ul style="list-style-type: none"> <li>Improved satisfaction for consumers accessing ICDM projects</li> <li>Fewer preventable hospitalisations</li> <li>Improved consumer confidence to self manage conditions</li> </ul>
PCP functions	Integrated Health Promotion	Mental Health & Wellbeing	Goal: To improve the mental health and wellbeing of our community within the GVPCP catchment area Objective 1: Provide opportunities for social connectedness Objective 2: Create community awareness of issues impacting mental health and wellbeing
		Physical Activity	Goal: Reduce barriers for community groups within the GVPCP catchment area to access physical activity opportunities Objective 1: Engage targeted community members in physical activity Objective 2: Create supportive environments for physical activity
	Service Coordination/ Integrated Chronic Disease Management	Service Coordination	Goal: Consumers & carers within the Strategic Priority Areas experience enhanced engagement & access to services Objective 1: PCP members to develop & implement a consistent and effective localized approach to Service Coordination based on the principles of the VSCPM Objective 2: Greater collaboration between general practice, community based organisations & privately funded services
ICDM		Goal: Consumers consistently experience safe, effective, client centered, timely, equitable healthcare through an integrated & coordinated system Objective 1: Build a platform for the integration of current Chronic Disease Management programs Objective 2: Build the capacity of agencies and their staff in their knowledge of Chronic Disease management	

## Message from Goulburn Valley Primary Care Partnership, Executive Chair

The Goulburn Valley Primary Care Partnership Strategic Plan has been designed following extensive consultation with member agencies, the use of the best regional data available on the health and wellbeing of our community and with the revised PCP Logic (DHS July 2009) in mind. This Strategic Plan has elements of in built flexibility that will enable the PCP to respond to both identified and emergent needs within our catchment.

The Plan represents a roadmap for the provision of better coordinated and targeted care for those members of our community identified as priority areas; the elderly at risk, the disadvantaged and those with chronic disease. From this plan detailed operational plans will flow establishing clear and achievable objectives. The plan will provide members agencies with clearly identifiable responsibilities and opportunities in the provision of health and broader community services.

The evidence tells us that PCPs are improving the continuity of care, improving responsiveness of the health system and enhancing efficiency (Primary Care Partnerships Making a Difference, DHS 2007). We are confident those improvements can be sustained and improved upon. The success of the plan however will rely heavily upon the continued engagement of member agencies and the capacity of the PCP Directors and team to maintain a high level of commitment and it is that areas that the PCP team will be directing its efforts in the coming years.



*Kym Durance*  
GVPCP Executive Chair

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## Introduction

The Goulburn Valley Primary Care Partnership (GVPCP) catchment area covers the three local government areas of:

- City of Greater Shepparton,
- Moira Shire and
- Strathbogie Shire.

Primary Care Partnerships are required to focus on four main areas:

- Partnership,
- Integrated Health Promotion (IHP),
- Service Coordination and,
- Integrated Chronic Disease Management (ICDM).

The GVPCP has grown in membership since inception in 2001, with a total 50 member agencies in 2009, spanning from local and regional primary healthcare providers, welfare, education and social services.

## Our Vision

*Health and Wellbeing for all: Well Communities, Strong families, Healthy Individuals*

This was instilled by the membership in June 2008 and is the cornerstone to this strategic plan as we look to develop an integrated, collaborative approach to primary healthcare which is consumer centred and responsive to the needs of the community.

## Local Environment

In 2009, the GVPCP team developed a Community Profile of population health data for the GVPCP catchment. The Community Profile highlighted that the three local government areas of Greater Shepparton, Moira and Strathbogie each have markedly different characteristics in relation to their population and health outcomes. However, there were some health issues that were consistent across the whole catchment. For the complete document and summary of findings please go to the GVPCP website [www.gvpcp.org.au](http://www.gvpcp.org.au)

## Overview of GVPCP Governance Structure

The GVPCP has a stable governance structure that has been effective in developing partnership and showing leadership for the members of the Goulburn Valley Primary Care Partnership. Currently the membership's governance structure is made up of ten representatives of the GVPCP membership who represent a variety of portfolios or areas within the primary care sector. These portfolios are:

- Community Health
- Local Government
- General Practice
- Aged Care
- District Nursing
- Aboriginal Health Services
- Disability & Rehabilitation Support Services
- Drug Treatment Services
- Ethno-Specific Services
- Women's Health Services
- Family Violence & Sexual Assault Services
- Housing
- Acute & Sub Acute Health
- Mental Health Services
- Families, Youth and Children's Services

The GVPCP Executive Committee members represent these portfolios rather than their own organisation. A survey conducted of the GVPCP members in 2009 found that members are highly supportive of the current governance structure.

## **Strategic Priority Areas**

The 2009-2012 GVPCP Strategic Plan will focus on the following three health & wellbeing priorities based on the four main deliverables of Partnership, Service Coordination, Integrated Health Promotion and Integrated Chronic Disease Management:

We improve the health of those in our communities

1. **Who are older and at risk,**
2. **Who are disadvantaged (CALD, Indigenous, Youth, Homeless, Disabilities),**
3. **Who have chronic disease(s).**

## **Priority Selection Process for Strategic Priority Areas**

The three strategic priority areas for GVPCP were selected through a process of data collection and consultation with members and other relevant stakeholders. Initially a review of the local catchment population health data, along with previous work that had been conducted with the membership in 2008 through member's forums had seen the GVPCP team release a discussion paper. This discussion paper made significant recommendations for the strategic priorities GVPCP should focus on. These recommendations were reviewed and discussed and finally ratified by the membership.

## **Evaluation**

To ensure ongoing relevance of the GVPCP Strategic Plan, annual reviews will be conducted through membership forums. This is where the membership will determine through a raft of evaluation mechanisms, both qualitative and quantitative the progression of the plan and implement any relevant changes.

## **Partnership**

The most critical element to GVPCP is to create an environment of collaboration amongst member agencies. This will be achieved through:

- Maintaining the current governance structure which has shown to be transparent and effective in meeting the needs of the partnership.
- The development and implementation of a Partnership Agreement which clearly stipulates the requirements and responsibilities of member's involvement in GVPCP. This tool will ensure the partnership is made up of only engaged members.
- The GVPCP team will advocate for strong partnership development through a process of providing a supportive environment for members.
- Ensuring through transparent processes that the focus of GVPCP's work is on the three Strategic Priority Areas (SPA's).
- The philosophy of GVPCP is that we are a reflection of the member agencies work rather than a separate piece of work.
- The GVPCP team encouraging the development of PCP representatives within each agency, with a responsibility to engage and communicate with their agency in PCP work.
- Annual GVPCP Members Forums to review progress and achievements of the partnership.
- Annual evaluation of the strength of the GVPCP Partnership.
- Regular communication based on a effective communication strategy for all members and other stakeholders at a variety of levels, through a variety of communication channels.

## **Recruitment Retention & Training**

GVPCP will work with the membership and other relevant stakeholders to develop a strategy on the recruitment, retention and training of staff. GVPCP will seek Alternative Pathways funding from the Department of Education, Employment & Workplace Relations to support activities in developing catchment based structures of improved recruitment of options for member agencies. Initially the project will look to develop pathways in the nursing area, with the learning's from the project being transposed to other parts of the sector in the future.

## **Service Coordination**

Service Coordination is the cornerstone of creating a consumer focused primary healthcare industry. The critical work is the development of a capacity building process based on the needs of the member agencies. To ensure that we are delivering a seamless service system, GVPCP members have articulated the following goals and objectives that they will work through in partnership over the next three years:

**Goal:** Consumers & carers within the Strategic Priority Areas experience enhanced engagement & access to services

**Objective 1:** GVPCP members to develop & implement a consistent and effective localized approach to Service Coordination based on the principles of the Victorian Service Coordination Practice Manual (VSCPM).

**Objective 2:** Greater collaboration between general practice, community based organisations & privately funded services

### **Strategies:**

- Survey the current capacity of member agencies in terms of their implementation of the principles and practices with the Victorian Service Coordination Practice Manual (VSCPM), through the annual Department of Health (DoH) Service Coordination ICDM Survey.
- Based on the outcomes of the survey develop either regional and/or catchment specific capacity building opportunities for members to bring their services in line with the VSCPM framework. These capacity building activities may be held regionally or locally and consist of:
  - Mentoring through the ICDM project and other structures
  - Provide a platform for collaboration with member agencies to develop localised referral and care coordination protocols, based on the VSCPM principles.
- Support the work of regional projects such as No Wrong Door and Opening Doors to engage member agencies in appropriate service coordination protocols and procedures.
- Through a process of collaboration develop the capacity of member agencies to strengthen their engagement of General Practice in primary healthcare sector.
- Develop and implement a strong two way e-referral system:
  - Support the development and implementation a regional approach to r-referral.
  - Enable member agencies to access support for implementation of e-referral.
  - Develop a platform for inter agency capacity building around the implementation of e-referral.
  - Support agencies with access and capacity building opportunities to develop Connecting Care Level 2 users or “e-referral champions” internally to support their uptake of the processes required to implement r-referral.
  - Evaluate the effectiveness of e-referral system and the support from GVPCP through:
    - Connecting Care data
    - Membership satisfaction surveys
    - Service coordination strategic groups

## **Integrated Chronic Disease Management (ICDM)**

GVPCP has invested a great deal of resources in the development and implementation of the lead agency model for improved chronic disease management within our catchment. This is currently being facilitated through a partnership between Goulburn Valley Health (GVH) and Goulburn Valley Community Health Service (GVCHS) and the project is in the infant stages of its implementation. This project is pivotal to implement an effective environment of collaboration that will support integration of chronic disease management activities, as well play a leadership role in the development of the capacity of organisations to deliver appropriate services to consumers.

**Goal:** Consumers consistently experience safe, effective, client centered, timely, equitable healthcare through an integrated & coordinated system.

**Objective 1:** Build a platform for the integration of current chronic disease management programs.

**Objective 2:** Build the capacity of agencies and their staff in their knowledge of chronic disease management.

The lead agency model has outlined a four stage process to lead the membership forward in delivering these goals and objectives. These include:

<b>Stage</b>		<b>Activities</b>
Pre-project (Year 1)	Project set up and planning	<ul style="list-style-type: none"> <li>▪ Agreement upon contract, working group terms of reference, reporting, communication, engagement, consumer participation strategies and evaluation plan.</li> <li>▪ Brief and recruit project staff and participating agencies</li> </ul>
Stage 1 (Year 1)	Service System Stock take <ul style="list-style-type: none"> <li>▪ Health system organisation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Capacity analysis</li> <li>▪ Agency Chronic Care Improvement Plans</li> <li>▪ Initial 2009-2012 PCP Strategic Plan (ICDM component)</li> <li>▪ ICDM Plan evaluation &amp; amendments</li> </ul>
Stage 2 Years 1 & 2	Integration Platform <ul style="list-style-type: none"> <li>▪ Self Management Support</li> <li>▪ Decision Support</li> <li>▪ Delivery System Design</li> <li>▪ Information Systems</li> </ul>	<ul style="list-style-type: none"> <li>▪ Breakthrough Collaborative(s)</li> <li>▪ Partnership Trial(s)</li> <li>▪ Service Directories</li> <li>▪ E-referral</li> <li>▪ Best Practice Show &amp; Tell</li> <li>▪ ICDM Plan evaluation &amp; amendments</li> </ul>
Stage 3 Years 2 & 3	Workforce Capacity & Practice Change <ul style="list-style-type: none"> <li>▪ Community Support</li> </ul>	<ul style="list-style-type: none"> <li>▪ Chronic Care Workforce Capacity Plan</li> <li>▪ Chronic Care Toolkit (including best practice tools from breakthrough collaboratives and partnership trial projects)</li> <li>▪ ICDM Plan evaluation &amp; amendments</li> </ul>
Stage 4 Year 3	Forward Planning & Integration	ICDM Plan evaluation & amendments

The project will work with the members through the GVPCP ICDM/Service Coordination working group. This will ensure the avoiding of duplication and clear communication.

## **Integrated Health Promotion**

The GVPCP Integrated Health Promotion (IHP) Planning Group selected the health promotion catchment priorities for 2009 – 2012 through the process of analysing local and state wide data. Through this process Goulburn Valley PCP identified two health promotion catchment priority areas for Integrated Health Promotion in 2009 – 2012:

1. **Promoting Mental Health & Wellbeing &**
2. **Promoting Physical Activity & Active Communities.**

The Integrated Health Promotion Plan for GVPCP for the next three years will reflect the mix of interventions and health promotion activity being led by a range of partner agencies for these two health promotion priority areas. The GVPCP team will facilitate health promotion capacity building opportunities for member agencies. Selection of these activities will be undertaken by a process of consultation with member agencies. This process will be outlined in the Integrated Health Promotion Plan.

The member agencies have devised the following goals and objectives for IHP within the GVPCP for the next three years. The population target group selected for both priority areas are those who are disadvantaged in our community and older persons at risk.

### **Promoting Mental Health & Wellbeing**

*Goal:* To improve the mental health and wellbeing of our community in GVPCP catchment by 2012.

*Objective 1:* To provide opportunities for social connection via a range of health promotion interventions by 2012.

*Objective 2:* To create awareness in the community of issues impacting on mental health & wellbeing via a range of health promotion interventions by 2012.

### **Promoting Physical Activity & Active Communities**

*Goal:* Reduce barriers for community groups within GVPCP catchment to access physical activity opportunities by 2012.

*Objective 1:* To provide a range of programs and activities for physical activity to engage the disadvantaged in our community by 2012.

*Objective 2:* To provide a range of health promotion interventions that creates supportive environments for physical activity by 2012.

*For a summary of interventions from funded agencies please refer to Integrated Health Promotion Plan 2009-2012.*

## **Strategic Alliances**

Critical to the success of GVPCP is the evolution of partnership through a variety of mechanisms. As stated many times the vision of the GVPCP is “Health and Wellbeing for All” a visionary statement that encompasses the underpinning principles of GVPCP. The reality of this vision is that GVPCP team does not have the functional capacity to support all this work, work which is crucial to our overarching aims. The GVPCP will propose that we will invest time in developing specific strategic alliances with currently formed groups and or organisations that are deemed suitable and effective to assisting GVPCP meet its strategic goals.

### **Strategic Alliance 1: The Homelessness Network**

The Homelessness network consists of a range of local agencies who are already members of the GVPCP. Homelessness was identified at the GVPCP Members Forum in 2008 as one of the four top priority health issues in our catchment. It is also realised that GVPCP does not need to replicate what structures are already in place within the catchment as the homelessness sector already have a regionally based approach in place. The Opening Doors Project, a service coordination focused project, has begun to integrate its work with the GVPCP.

A strategic alliance between our groups will see improved and targeted Integrated Health Promotion, Service Coordination (Referral Pathways) & Chronic Disease Management support to this sector. A Memorandum of Understanding will be established between GVPCP and the homelessness sector and this will see improved partnership building & better outcomes for consumers in our community.

### **Strategic Alliance 2: Goulburn and Murray Local Learning and Employment Network (GMLLEN)**

The Goulburn Murray Local Learning & Employment Network [or GMLLEN] is an independent not-for-profit community based organisation designed to work across all government, business and community sectors to improve the education and employment outcomes for people in the 15-24 age group.

Many members of the GVPCP are also members of the GMLLEN, this creates a synergy to develop a strategic platform for integration and avoid duplication of interventions targeting disadvantaged youth in our catchment area. The development of this alliance will see improved access for the education and welfare sectors in accessing support for the development of Integrated Health Promotion, Service Coordination and Chronic Disease Management. Further to this we will see that member agencies will avoid duplication and ensure a more seamless approach is delivered for improved consumer outcomes.

### **Strategic Alliance 3: Centre of Excellence in Rural Sexual Health**

As a State-wide health promotion priority area, sexual health and the lack of access to support for the community is a significant issue for our catchment. Based on the outcomes from the Partnerships in Safer Sex and Testing Project (PSST!!) project that GVPCP was funded for in 2008 by Family Planning Victoria, it is apparent that the level of access available to, especially young people in our community for sexual health information and resources is quite poor. It is our desire to secure a Memorandum of Understanding with the Centre of Excellence in Rural Sexual Health to ensure that the most effective outcomes are achieved.