



BNPCA

Promoting Better Access to Health Services



Banyule Nillumbik Primary Care Alliance





Strategic Plan 2006 - 2009

The Banyule Nillumbik Primary Care Alliance (BNPCA) has developed a strategic plan for 2006 – 2009 to address its vision of “partners in health working together to promote improved health and community services leading to better health outcomes for the communities of Banyule and Nillumbik”.

Introduction

The strategic plan was developed around the previous work of BNPCA, the DHS reporting framework, the three tiered policy framework of the State Government, along with key demographic and social characteristics of the catchment.

The strategic plan is divided into the following four Portfolio areas, but there is significant cross over between the actions in each creating a matrix model.

-  Partnership
-  Integrated Health Promotion
-  Service Coordination
-  Integrated Chronic Disease Management.

BNPCA Structure

This structure was implemented from 1 July 2006 to streamline structures and processes and avoid any potential overlap of meetings. It incorporates the development of an Executive Officer role, to provide regular reports to the Strategic Partnership Group on the progress of implementing the plan and is supported by specific Portfolio Officers, who are guided by detailed portfolio implementation plans.

Partnership Portfolio

In three years time we hope to have an evolving partnership with complimentary agencies committed to working together for the benefit of the community. The Alliance will be able to deliver DHS priorities as well as locally relevant goals set by the Strategic Partnership Group. The BNPCA will be operating at a strategic level whilst also responding to new initiatives offered by the Government to enhance the current program delivery available within the catchment.

The following Partnership goals have been agreed to for the next three years:

Goal 1:

Participation in proactive planning opportunities within and beyond the Alliance.

Goal 2:

Development and expansion of the membership base with the inclusion of complimentary agencies committed to the Alliance vision.

Goal 3:






Maintain a communication and promotion strategy.

Integrated Health Promotion Portfolio

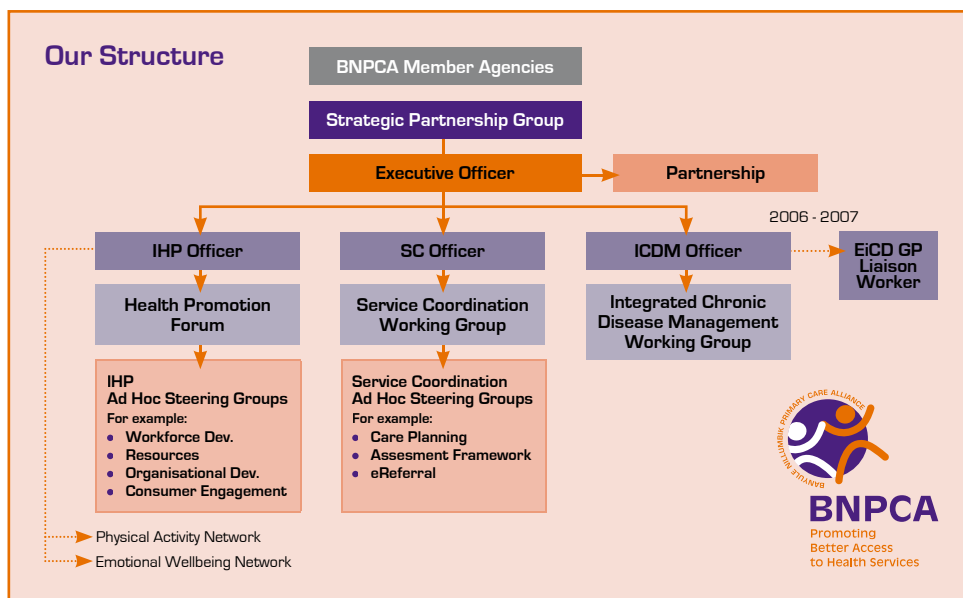
The social model of health concentrates on improving the health and well being of a population through addressing the social and environmental determinants of ill health together with biological and medical factors which influence health and well being. Using this approach the IHP vision for BNPCA is to work in partnership with key stakeholders to address the determinants of health and to impact positively on health and wellbeing outcomes in the communities of Banyule and Nillumbik. This will be achieved by maximizing the health promotion efforts of member agencies and through effective catchment planning, implementation and evaluation.

Capacity building is a key feature of the Primary Care Partnership IHP activity and involves the development of sustainable skills, organisational structures, resources and commitment to health improvement in order to prolong and multiply health gains many times over. The 5 key action areas to build capacity to promote health and well being have been identified as: organisation development, workforce development, resources, partnership and leadership.

The BNPCA has established an Integrated Health Promotion Forum that meets quarterly to address IHP initiatives across the catchment. The IHP Forum aims to

-  Implement strategies to raise awareness and facilitate early intervention.
-  Promote communities working together to enhance their social, economic and environmental wellbeing.
-  Move toward a population health approach for health promotion program activity.
-  Strengthen collaborative partnerships.
-  Improve the quality of integrated approaches to health promotion planning, implementation, evaluation and dissemination.

Priority areas for action 2006-2009 have been determined as Physical Activity and Emotional Wellbeing and Social Connectedness.








Specific goals and objectives have been identified and will be progressed through the operations of the BNPCA Physical Activity Network and BNPCA Emotional Wellbeing Network.

The following Integrated Health Promotion objectives have been agreed to for the next three years:

Physical activity

Objective 1:

Increase opportunities for people experiencing lower levels of, or barriers to their, participation in Physical Activity. This incorporates:

-  To raise awareness of how to get involved in physical activity
-  To determine barriers to participation and improve access to physical activity opportunities
-  To ensure the provision of improved infrastructure to support increased opportunities for physical activity

Objective 2:

Establish strong sustainable links between member organisations ensuring an increased capacity to organise, plan, deliver and evaluate effective physical activity interventions.

Emotional wellbeing and social connectedness

Objective 1:

Increase opportunities for community members to enhance their skills, knowledge and understanding of ways to improve/promote emotional health and wellbeing.

Objective 2:

Increase opportunities for socially isolated members of our community to participate in social and community based activities.

Objective 3:

Establish strong, sustainable links between member organisations with an increased capacity to organise, plan, deliver and evaluate interventions that reduce social isolation.

Service Coordination Portfolio

The Better Access to Service strategy, introduced 5 years ago sets out a framework which aims to place the consumer at the

centre of service delivery and to ensure that they have access to the services they need, as well as opportunities for early intervention, health promotion and improved health and care outcomes; this is referred to as Service Coordination. The BNPCA has encouraged and supported a diverse range of agencies in working towards improved Service Coordination across the catchment. The range of agencies represented in this endeavour include: acute and sub-acute hospitals, community health services, local government, district nursing, Division of GP's, and other non-Government agencies including smaller regional services. Each agency has determined for itself the most suitable way to implement the Service Coordination process. There has been extensive work undertaken including: organisation structural changes to accommodate implementation of Service Coordination, the development of a local Service Coordination protocol which has evolved into the Victorian Service Coordination Practice Manual, embedding the Service Coordination Tool Templates (SCTT) into agency procedures, and the introduction and increased use eReferral.

Through enhanced Service Coordination we aim to improve consumers' health and well being outcomes. We will achieve this by ensuring their access to information and the services they require in a timely manner avoiding unnecessary barriers or duplication.

The following Service Coordination goals have been agreed to for the next three years:

Goal 1:

Maintain quality practice in Service Coordination.

Goal 2:

Continue to encourage GP participation in Service Coordination.

Goal 3:

Introduce 'new sectors' to Service Coordination.

Goal 4:

Ensure information systems are appropriate to support quality practice.

Integrated Chronic Disease Management Portfolio

Care for people with chronic disease usually involves multiple health care providers in multiple settings. To provide this care within an integrated system, health care providers must work collaboratively to coordinate and plan care and services.

It requires a commitment by agencies to working together to achieve shared goals. In particular, people with chronic disease need a responsive, person-centred and effective system of care. The PCP will work to help achieve this for the Banyule Nillumbik area.

During 2001–2004 BNPCA auspiced a very successful pilot project called "Take the Pressure Down": implementing a Self-Management and Hypertension Program in the Community. This project promoted co-ordinated and planned care, based on evidence of best practice along with care pathways including engagement of all players and early intervention and prevention of hypertension with a health promotion focus on physical activity and awareness of hypertension. During the project staff were trained in Better Health Self Management programs.

In 2006 Banyule Community Health Service was funded to implement an Early Intervention in Chronic Disease Initiative.

Over the next three years a clear strategy for integrated chronic disease management throughout the catchment will be developed by utilizing all that has been learned from the previous work in chronic disease programs. Progress in this Portfolio area has clear links with both Service Coordination (SC) and Integrated Health Promotion (IHP). Whilst SC will focus on creating a streamlined and coordinated service system for individuals who fall under its umbrella along with the development of a comprehensive assessment and care planning process; IHP will aim to influence entire populations to enhance their health and wellbeing through various capacity building strategies.

The following ICDM goals and objectives demonstrate that the first year of activity will be directed towards the implementation and commencement of the Banyule EIICD initiative. The goals in this Portfolio will focus on facilitating service system integration and change management.

The following goals have been set for the next three years:

Goal 1:

Develop an integrated approach in the use of self management across the catchment.

Goal 2:

Ensure that suitable service coordination occurs for clients with chronic disease.

Goal 3:

Expand the availability of early intervention in chronic disease initiatives across the catchment.



Contact Details

Executive Officer, Banyule Nillumbik Primary Care Alliance: 21 Alamein Road, Heidelberg West, Victoria 3081
Phone: (03) 9450 2614 **Fax:** (03) 9459 5808 **Mobile:** 0408 359 079 **E-mail:** bnPCA@bchs.org.au **Web:** www.bnPCA.org.au