



BNPCA

Promoting
Better Access
to Health Services

Banyule Nillumbik Primary Care Alliance

Strategic Plan 2009 – 2010 Background Paper

December 2009

Contextual Background

The Banyule Nillumbik Primary Care Alliance (BNPCA) has been a successful partnership of local agencies working to improve the health and wellbeing of residents in their local community. The production of a Strategic Plan at this point in time has a number of influences, at a Federal, State, Regional and local level.

During the last six months the Federal Government has released three papers with the potential for significant ramifications on the role and activities of PCPs and their agencies.

1. National Primary Health Care Strategy ¹
2. National Health and Hospital Reform Commission Health Reform Plan ²
3. National Preventative Health Taskforce ³

Each of these Papers is currently either being discussed or at the stage of having an implementation plan developed. Due to their status they sit in the background but have not directly influenced the content of this strategic plan.

The Primary Health Branch of the Department of Human Services released the Primary Care Partnerships - Planning and Reporting Guidelines 2009 – 2012 in July 2009.⁴ These Guidelines stipulate that PCPs produce a 3 year Strategic Plan with the focus on two or three strategic health and wellbeing priorities rather than a detailed Community Health Plan as in the past.

Towards the end of 2008 the North West Metropolitan Regional Office of the Department of Human Services (as it was at that time) raised the issue of Primary Care Partnership boundaries for discussion, predominantly in the northern area of the Region. In February 2009 a Discussion Paper was released with four possible alternatives, including status quo. As a result of further discussions with PCPs and agencies the Region ultimately considered an additional three further options. In July 2009 the Region made a recommendation to Primary Health Branch that the following reconfigured boundaries be adopted from July 2010 with a transition phase in the first six months of 2010:

¹ The aims of a national primary health care strategy are to better tackle the health challenges of the 21st century and provide a road map for the future direction of primary health care in Australia. The priorities identified for the national strategy include:

- Better rewarding prevention.
- Promoting evidence-based management of chronic disease.
- Supporting patients with chronic disease to manage their condition.
- Supporting the role GPs play in the health care team.
- Addressing the growing need for access to other health professionals, including practice nurses and allied health professionals like physiotherapists and dieticians.
- Encouraging a greater focus on multidisciplinary team-based care.

Further information is available at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/Primary+Health+Strategy-1>

² The Commonwealth Government has established a National Health and Hospitals Reform Commission to provide advice on performance benchmarks and practical reforms to the Australian health system which could be implemented in both the short and long term, to address these challenges. One key task is to provide a long-term health reform plan by June 2009, which will provide sustainable improvements in the performance of the health system. As such, the Commission has invited a range of people to develop short discussion papers on possible reforms, including the primary health care sector.

Further information is available at: <http://www.nhhrc.org.au/internet/nhhrc/publishing.nsf/Content/terms-of-reference>

³ The National Preventative Health Taskforce was established to provide evidence-based advice to governments and health providers on preventative health programs and strategies, focusing on obesity, tobacco and the excessive consumption of alcohol. The deliverables for 2008-2009 are to provide the Commonwealth Government with advice on the framework for Preventative Health Partnerships (between the Commonwealth and the State and Territories) and to develop a National Preventative Health Strategy.

Further information is available at: <http://www.preventativehealth.org.au/>

⁴ <http://www.health.vic.gov.au/pcps/about/prr.htm>

- Hume & Whittlesea
- Melbourne, Moonee Valley, Moreland & Yarra
- Banyule, Darebin & Nillumbik

Although these changes have not received formal approval, the Regional Office is confident they will be adopted and therefore this strategic plan is for a one year period, 2009 – 2010.

Strategic Plan Development

In preparation for the development of the BNPCA Strategic Plan, the Strategic Partnership Group (SPG) had a presentation and discussion in December 2008 on the topic of the implications of a Health Equity approach to their planning. After establishing why consideration of health equity is important and developing a common understanding, the following three directions to reduce health inequalities were discussed:

1. reduce the disadvantage that leads to illness
2. promote health for all
3. provide quality services to those in need

Following these considerations the group identified sub-populations of interest: early years, people with a disability, refugees, and indigenous peoples as well as some determinants of health such as family violence and education/training.

The next step was an on-line survey conducted with all the contacts in the various Portfolio activities to review our vision and role over the preceding planning period. We received 24 responses which indicated support for our current vision, with a few minor wording changes. The respondents identified the most effective roles of the BNPCA as being: partnership building, resource sharing support with planning, joint project opportunities, leadership in health service improvement and information dissemination. They nominated the examples of BNPCA support as: workforce development, partnership development, assisting with change management, information sharing, support with planning and joint funding submissions. A summary of the survey and review of our achievements and experience of completing the 2006 – 2009 CHP highlighted:

- Achievement of most of our objectives
- Survey indicated satisfaction with BNPCA activity
- Tension between using limited resources for existing services or reaching out to new sectors
- Possibility of “joining up” portfolio areas, having more of a team approach to sectors and topics

The involvement of local agencies in responding to the Bushfire Disaster in February 2009 resulted in delaying the Strategic Planning Session until the end of March 2009. This was a facilitated session that was a process of identifying the messages from the environment, which included the trends within and outside primary health and community care, as well as the BNPCA highlights and experiences from 2006 – 2009 and consideration of the potential PCP boundary shifts. Some of the day was spent identifying the priorities, which included targeted health and social issues and target population groups. The discussions identified chronic disease, mental health, as the social/health conditions and education and transport as the determinants of interest. Consideration was then given to what the primary role and function of the BNPCA was: area based planner, resource attractor, network orchestrator or data aggregator. Experience shows that the BNPCA completes each of these roles at various times. The session concluded by deciding to continue with the current style of Partnering Agreement, due to BNPCA only being operational for another twelve months, with a few amendments and to continue the strategic planning conversations during our subsequent SPG meetings.

Over the ensuing months through a process of discussion and review the three key directions of :

- Mental Health & Wellbeing,
- Chronic Disease and
- Family Violence were selected.

The BNPCA staff team developed a diagram representing a structure consistent with the outcomes of the SPG discussions. Over the next couple of months the detail of the goals and objectives for each key direction were developed in consultation with the SPG.

BNPCA Partner Agencies, Consumers & Carers

The BNPCA has a broad membership base. Members of the Strategic Partnership Group sign the Partnering Agreement, and then there are a range of health and community services that participate in our various activities as affiliated members. The BNPCA supports member agencies to include consumers and carers in planning, development and implementation of their programs with the provision of a Charter and resource kit and hosting regular updates on consumer participation topics. The BNPCA also includes consumers in their activities where possible. A table is provided at Appendix 1 detailing the agencies and consumers involved in BNPCA activities.

BNPCA Vision

**A healthy and well community;
supported by a comprehensive and accessible service system.**

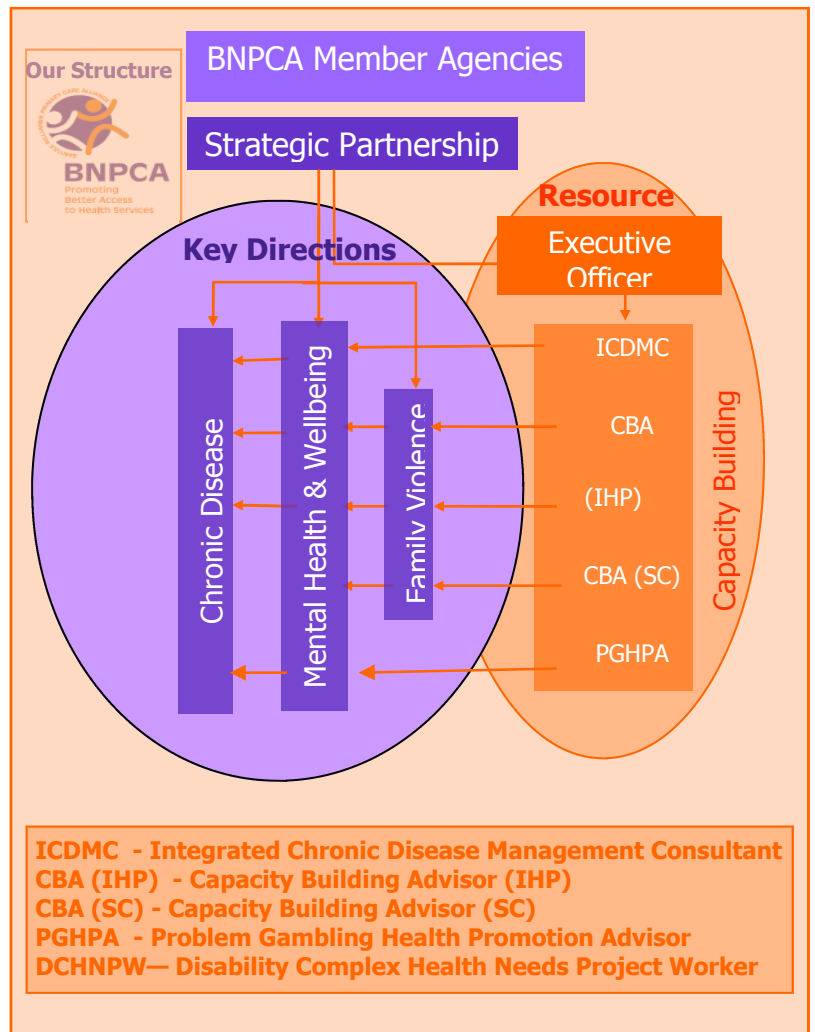
BNPCA Structure

After selecting the three key directions and keeping in mind the required deliverable areas of integrated health promotion, service coordination and integrated chronic disease management, the SPG settled on a structure that demonstrates the interconnectedness of these components.

The diagram shows that the BNPCA strength is its member agencies. The SPG come to together to set key directions. The Executive Officer reports to the SPG and in turn coordinates the work of the resource team to implement the goals and objectives described later in this document.

The contribution of BNPCA activities can be described by the five action areas of capacity building:

- Partnership
- Organisational Development
- Leadership
- Resources
- Workforce Development



Significant Features of the Strategic Plan

Key Directions

For our Strategic Plan 2009 – 2010 the BNPCA has selected three key directions:

- **Mental Health & Wellbeing**

This key direction was selected because it has been a priority area in the integrated health promotion portfolio for the last 3 years, there is an ongoing commitment to work more effectively with local mental health services, there is also interest to consider developing a local catchment mental health promotion plan and it is the major message of our vision.

- **Chronic Disease**

It is recognized that with an aging population and growing burden of disease it is essential to impact both the prevalence and management of chronic disease. BNPCA partner agencies have commenced to work on this together and it is important that this work continue into the next planning period.

- **Family Violence**

Family Violence was selected for several reasons; the impact of the experience of family violence as a major contributor to poor mental health and wellbeing, the identified high incidence of family violence in parts of the catchment, the interest of partner agencies to increase their understanding and response to family violence incidence.

These key directions intersect with integrated health promotion, service coordination and integrated chronic disease management reforms. In addition, BNPCA is fortunate to have two additional focus areas for the planning period: problem gambling health promotion (funded through the Department of Justice) and disability complex health needs (funded through the Department of Human Services, Disability Branch).

The SPG consider that the action areas of capacity building provide an apt description of the 'value add' that coming together as the BNPCA can offer. The five action areas for building capacity are identified as:

- Partnership
- Organisational Development
- Leadership
- Resources
- Workforce Development

It is envisaged that at different times one or more of these capacity building elements will be required to further the identified goal of each of the three key directions. See Appendix 2 for a more detailed explanation of the action areas and possible BNPCA activities.

BNPCA facilitated activities

Following the review of activities conducted during 2006 – 2009 under each of the Portfolio headings, it was decided to cease several of the Networks and Working Groups. The Integrated Health Promotion Networks decided to disband, and will be replaced with topic specific Task Groups focused on the BNPCA key directions, such as 'Health and Active Living in Schools' and 'Men's Health'. This shift reflects the priorities of member agencies and the importance of task orientated task groups to maintain momentum. The Integrated Health Promotion Planning Task Group that commenced at the start of 2009 to assist with the development of our Integrated Health Promotion Plan will continue to meet and provide an opportunity for evaluation progress of IHP activities and information sharing. A focus for IHP will be identifying opportunities for partnership between member agencies and maintaining information dissemination. Regular Forums will be conducted throughout the year.

The Service Coordination Working Group will have its last meeting in Dec. 2009 and will be replaced with a quarterly Newsletter and Task Groups on specific areas of work, for example Care Planning. The Service Coordination representatives have also requested to meet at least once a year as a group. The Service Coordination Practitioners Network will continue as usual, including a Forum in the series "Improving Access to....." on the area of Housing Support Services. A second Forum may be conducted in the first half of 2010.

The Chronic Disease Collaborative will continue to meet on a monthly basis during the year and currently has a sub-group of interested representatives to discuss Service Access and Intake for Chronic Disease Programs. It is also envisaged that relevant topics for Workshops that arise out of the discussions at the Collaborative meeting may be conducted as needed.

In this arrangement of resource and activities, partnership becomes one of the capacity building action areas. This is not to undervalue partnership because providing a supportive environment for increased partnerships with member agencies and new partners is essential to achieve our goals.

A list of proposed Forums hosted by BNPCA across the key direction and deliverable spectrum is provided at Appendix 3.

Objectives	BNPCA partner agencies will work to improve access to mental health services for vulnerable members of our community	BNPCA partner agencies will develop a more systematic, consistent care for people with chronic conditions	BNPCA partner agencies will work with agencies to improve access to family violence services for members of our community	Service Coordination Officer
Objectives	BNPCA partner agencies will work together to address the co-morbidity between problem gambling and mental health		BNPCA partner agencies will work together to address the co-morbidity between problem gambling and family violence	Problem Gambling Health Promotion Advisor
Objectives	BNPCA partner agencies to include people with a developmental disability in mental health & wellbeing health promotion activities and service provision	BNPCA partner agencies will be supported to consider service access issues and to implement priority access to people with a developmental disability		Disability Complex Health Needs Project Worker

Priority Populations & Settings for Strategic Action

The selection of priority geographic locations and population groups were informed by the discussion on health equity at the commencement of the planning period, the community profiles that both Banyule City Council ⁵ and Nillumbik Shire Council ⁶ have detailed, and consultation with partner agencies and the priority populations and settings they were targeting during their next plan implementation period.

Priority geographic locations:

- Heidelberg West - Postcode 3081 – Neighbourhood Renewal site
- Bushfire affected communities in the Shire of Nillumbik – Strathewen, St. Andrew's, Arthur's Creek and Kinglake

Priority sub-populations:

- People with disabilities
- People at high risk of chronic disease
- People with mental illness/socially isolated

Operational Plans

To compliment this Strategic Plan 2009 – 2010 a series of operational plans have been developed. It is at this level, that strategies for the objectives and measures will be identified. Reports to the SPG will be based on the Operational Plans, and these will be used for staff workplans and accountability.

PCP Boundary Transition

In addition to implementing this Strategic Plan, from January 2010 the Banyule Nillumbik Primary Care Alliance will enter into a period of transition. preparing for the commencement of a new Primary Care Partnership from July 2010. The new PCP will include: Banyule, Darebin and Nillumbik. With the assistance of the North West Metropolitan Region, Department of Health through the appointment of a PCP Transition Project Manager, the BNPCA will participate in discussions to ensure the necessary arrangements are in place to enable the new PCP to commence in a timely manner. See Appendix 4 for a timetable of proposed transition activities.

⁵ Banyule City Council Community Profile: <http://profile.id.com.au/Default.aspx?id=132>

⁶ Nillumbik Shire Council Community Profile: <http://profile.id.com.au/Default.aspx?id=140>

Appendix 1

BNPCA Partner Agencies, Consumers and Carers

Member Agencies	Strategic Partnership Group	Integrated Health Promotion	Service Coordination	Integrated Chronic Disease Management	Affiliated with BNPCA ⁷
Austin Health	X	X	X	X	
Araluen					X
Australian Polish Community Services					X
Banksia Palliative Care			X		
Banyule City Council	X	X	X		
Banyule Community Health Service	X	X	X	X	
Banyule Information and Support Centre					X
Baptist Community Care			X		
Berry Street Vic	X	X	X		
Carer Links North			X		
Centrelink					X
Children's Protection Society					X
Co As It					X
Community Information Diamond Valley					X
Diamond Valley Inc.					X
Heidelcare					X
Hope Springs					X
Interchange Northern Region Inc					X
Melbourne City Mission -Eltham Retirement Village			X		
Kalparrin – Early Childhood Services					X
LaTrobe Lifeskills					X
La Trobe University – School of Human Communications Science					X
Linkages Bundoora Extended Care Centre					X
Linlithgow (Community Organisation)					X
Moreland Hall					X
NEAMI	X	X			
Nillumbik Community Health Service	X	X	X		
Nillumbik Shire Council	X	X	X		
Northern CASA					X
Northern Health - BECC	X	X	X	X	
Omicare, Personal Care Agency					X
RDNS	X		X	X	
MIND					X
Rosanna Fire-station Neighbourhood					X
St. John of God- Karinya					X
Southern Cross Victoria Aged Care					X
Spectrum					X
Third Age					X
Vision Australia					X
Wesley Do Care Northern Region					X
Annecto					X
Women's Health In the North		X			

Consumers and Carers currently participate in the Steering Group for the Problem Gambling & Health Promotion Initiative, regularly contribute to forums the BNPCA facilitate and have provided case studies for the Chronic Disease Collaborative.

⁷Affiliated agencies receive regular updates on BNPCA activities and choose when the activity is relevant for them to participate in.

Note - The areas of **Austin Health** involved in BNPCA activities include the following:

- Palliative Care Service
- North East Area Mental Health Service
- Occupational Therapy Department (incl RTRC)
- Physiotherapy Department (RTRC)
- Social Work Department
- Rehab in the Home (RITH)
- Heidelberg Aged Care Assessment Service (ACAS)
- HARP Chronic Disease Management Program
- HARP Community Link Rapid Response Service
- HARP Improving Diabetes Care Program
- Post Acute Care Program
- Emergency Care Coordination Team
- Care Coordination Team
- Austin Health Extended Aged Care at Home Dementia (EACH D)
- Austin Health Transition Care Program (TCP)
- Austin Health Extended Aged Care at Home (EACH)
- Austin Health Community Aged Care Packages (CACP)
- Heidelberg Community Rehab Centre (CRC) includes - CRC Upright & Active Program, Planned Activity Group, & Home Based Therapy Program (HACC)
- Northern Metropolitan Region HACC dietetic service
- Memory Service (CDAMS)
- Continence Service
- Hospital Primary Care Liaison Unit (HPCLU)

Appendix 2

Explanation of the Capacity Building benefits that BNPCA offers

Capacity Building is ... “an approach to the development of sustainable skills, organisational structures, resources and commitment to health improvement in health and other sectors, to prolong and multiply health gains many times over.”⁸

The five action areas for building capacity are identified as:

- Partnership
- Organisational Development
- Leadership
- Resources
- Workforce Development

The following table outlines each of these capacity building action areas with a description and potential BNPCA activity:

Capacity Building Action Area	Action Area Description	Potential BNPCA Activity
Partnership	<p>The ability to build effective partnerships in order to achieve successful cooperative relationships.</p> <p><i>This requires:</i></p> <ul style="list-style-type: none"> • <i>action both from within organisations and between them</i> • <i>capacity to initiate and sustain involvement</i> 	<ul style="list-style-type: none"> • ensure time and the opportunity to build trust • Bring together key stakeholders • Recognise common and overlapping goals of partner organisations • Recognise the value of experience and divergent models • Support the identification of a shared vision • Ensure effective communication and information sharing among partners • Model the desired behaviours by leaders within the organisation so that working in partnership becomes part of the culture
Organisational Development	<p>Strengthening organisational support for the particular area of interest or issue.</p> <p><i>Ensuring:</i></p> <ul style="list-style-type: none"> • <i>structures, systems, policies, procedures and practices of an organisation adequately reflect its purpose, role, values and objectives</i> 	<ul style="list-style-type: none"> • Developing protocols or template policies • Encouraging management support and commitment • Sharing alternative organisational structures and processes • Assisting with procedural improvement • Assist agencies to improve audit performance

⁸ Hawe, P., Noort, M., King, L. and Jordens, C. (1997), ‘Multiplying health gains: the critical role of capacity-building within health promotion Programs’, Health policy, vol. 39, pp.29-42.

	<ul style="list-style-type: none"> • <i>that any change is managed effectively</i> 	
Leadership	<p>Demonstrating particular expertise or skill in given area of work.</p> <p><i>Including:</i></p> <ul style="list-style-type: none"> • <i>development of strategies to engage managers in effective decision making processes and</i> • <i>recognition of the multiple sources of authority</i> 	<ul style="list-style-type: none"> • Provide advice in respect of work under consideration or source appropriate expertise elsewhere • Model motivating behaviour that engages, mobilises and inspires both managers and staff • Be a strong advocate for key issues • Effectively draw on the expertise and skill of staff within member agencies • Clearly communicate the principles into the particular context • Encourage the maintenance of the momentum
Resources	<p>Developing and ensuring that there are resources to support the area of interest and allocating them strategically.</p> <p><i>Resources can include:</i></p> <ul style="list-style-type: none"> • <i>people</i> • <i>equipment</i> • <i>administration. support</i> • <i>planning tools</i> • <i>financial assistance</i> • <i>'in kind' allocations.</i> 	<ul style="list-style-type: none"> • Specialist advice on Integrated Health Promotion, Service Coordination, Chronic Disease Management and Problem Gambling Health Promotion • Knowledge of decision making tools and models • Assistance in sourcing funding opportunities • Provision of a small amount of financial resource to support work eg. Health Promotion, Health Coaching training • Provision of health planning information (eg. health status, risk factors, national goals and targets, literature reviews, information about effective practice) to support action on issues of interest
Workforce Development	<p>Development of skills and knowledge in the workforce related to identified strategic priorities to ensure staff have the abilities and commitment to contribute fully.</p> <p><i>Can be achieved by learning that is:</i></p> <ul style="list-style-type: none"> • <i>incidental</i> • <i>informal or</i> • <i>formal learning</i> 	<ul style="list-style-type: none"> • Facilitation of training sessions, • Provision of forums and workshops • Mentoring / professional support • Opportunity for secondments • Linking practitioners across different agencies • Information sharing

Appendix 3

Proposed BNPCA Forums 2009 – 2010

July 2009	Streamlined Chronic Disease Referral Framework Launch
August 2009	The role of Local Government in reducing vulnerability to problem gambling - Local Government Forum
October 2009	Gender and Diversity Lens Workshop Working with people who have a Developmental Disability (NEVDGP Lunchtime Lecture to local General Practitioners)
November 2009	Improving Access to the Housing Sector Working with people who have a Developmental Disability (Banyule Community Health Staff Meeting Session)
February 2010	BNPCA Celebration
March 2010	Mental Health Services Directory Launch Mental Health Promotion Workshop
April 2010	Health Equity – Where are we up to?
May 2010	Improving Access to Cancer Services
June 2010	Local Family Violence Prevention Framework

Appendix 4

Banyule, Darebin & Nillumbik PCP Transition Timetable

Task	Sep 2009	Oct 2009	Nov 2009	Dec 2009	Jan 2010	Feb 2010	Mar 2010	Apr 2010	May 2010	Jun 2010	Jul 2010	Aug 2010	Sep 2010	Oct 2010
NWM Region DHS announces new PCP Boundaries														
Minister of Health agrees to new PCP Boundaries	?	?	?	?										
BNPCA & NCMPCP Staff Team collaborate on transition plans														
NWM Region DH notifies of resourcing for new PCPs														
Banyule and Nillumbik LGA data and service mapping														
BNPCA Celebration														
New Partners meet and greet opportunity – History of PCP experience; Current interests & activities														
New PCP Demographics / Features – Overall and place based disadvantage														
New PCP Governance Arrangements – Partnering Agreement, PCP Executive inc. PCP Lead agency, PCP Structure, Strategic Planning														
Development of Strategic Plan														
Staffing requirements – PD development, selection & recruitment														
Commencement of new PCP														