



Bendigo Loddon Primary Care Partnership

Strategic Plan

1 July 2018 to 30 June 2020



Reviewed May 2018

Approved by BLPCP Board July 2018

127 King Street, Bendigo
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Level 1 Board



Level 2



Associates



Partners

Partners

Level 1

- Bendigo and District Aboriginal Cooperative
- Bendigo Community Health Services
- Bendigo Health Care Group
- Boort District Health
- City of Greater Bendigo
- Centre for Non-Violence
- Heathcote Health
- Inglewood & Districts Health Service
- Loddon Shire Council
- Women's Health Loddon Mallee

Level 2

- Anglicare
- Annie North Inc
- Baptcare Ltd
- Bentley's Aged Care Bendigo
- Dingee Bush Nursing Centre
- Goldfields LLEN
- Interchange Loddon Mallee Region Inc.
- LifeLine Central Victoria and Mallee
- Loddon Campaspe Centre Against Sexual Assault
- Mind Australia
- North Central Local Learning & Employment Network
- Northern District Community Health Service
- Sports Focus
- The Salvation Army - Community Services
- Vision Australia

Associates

- Catholic Care Sandhurst
- Haven; Home, Safe
- LaTrobe University
- Loddon Campaspe Multicultural Services Inc
- Monash University School of Rural Health

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Introduction

From the Board

As Chairperson of the Bendigo Loddon Primary Care Partnership (BLPCP), I am pleased to present the BLPCP Strategic Plan for 2018-2020. This plan has been developed in partnership with our key stakeholders and sets the strategic direction for our partnership over the next two years.

The BLPCP has a vision to create a seamless health and community services system within the context of broader health and wellbeing to achieve an empowered, engaged and resilient community. We will achieve this through planning and partnering together to close gaps in service access, share our talents and resources, and create opportunities to better the health and wellbeing of our communities. We currently have 28 Partner agencies as members with a shared commitment and aligned values and are excited at the prospect of all of us working together to achieve the objectives of this plan.

The BLPCP Board is committed to a stronger and more sustainable local primary health care system. To this end, we will work together to inform and influence Government policy to ensure that we remain responsive to local health needs and are well positioned to deliver the right services for the local community into the future. We face challenges that affect all Australians, but through collaboration and research we have identified clear areas of concern to the residents of both the Loddon Shire and the City of Greater Bendigo.

Our Prevention Priority Areas for this plan are Mental Health, Healthier Eating and Active Living (HEAL) and Family Violence with our focus being on Access, Equity and Integration. Our interventions will be viewed through several lenses, including gender, social inclusion, health equity and diversity, and we will emphasise the importance of population health planning and a place based approach.

I would like to acknowledge the considerable contribution of our Executive Officer, Eileen Brownless, and her team in guiding the work of the BLPCP during this period of on-going reforms and uncertainty and in supporting the Board and our key stakeholders in developing this plan.

I commend the 2018-2020 BLPCP Strategic Plan to you and seek your support in achieving its objectives.

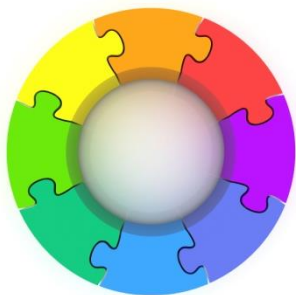
Dan Douglass
Chairperson
Bendigo Loddon Primary Care Partnership

May 2018

Our Board Members

Our Board looks forward to continuing to build the strength of our partnership and focusing our services on hard to reach and vulnerable population groups. The Board appreciates the involvement of our Partner agencies and trusts that the partnership will continue to grow and prosper.

| | |
|--|--|
| Heathcote Health | Dan Douglass (Chairperson) Chief Executive Officer |
| Bendigo and District Aboriginal Cooperative | Dallas Widdicombe (Deputy Chairperson) Health and Wellbeing General Manager |
| Bendigo Community Health Services | Callum Wright Community Programs Manager |
| Boort District Health | Darren Clarke Chief Executive Officer |
| Bendigo Health | Jenny Harriott (Finance Committee) Community Program Manager |
| City of Greater Bendigo | Chris Kelly Manager Community Wellbeing |
| Centre for Non-Violence | Margaret Augerinos Chief Executive Officer |
| Inglewood and Districts Health Service | Tracey Wilson Chief Executive Officer |
| Loddon Shire Council | Wendy Gladman Director Community Wellbeing |
| Women's Health Loddon Mallee | Tricia Currie Chief Executive Officer |



Section 1:

Strategic Planning Process and Outcomes

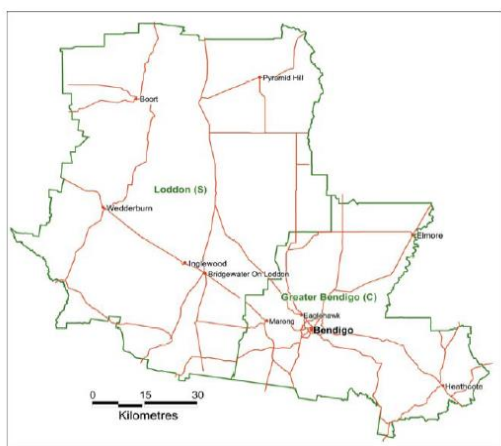
1.1 Introduction

The Bendigo Loddon Primary Care Partnership (BLPCP) was established in 2000, initiated and funded by the Victorian Government as part of the state-wide initiative to build partnership work across primary health care services. The purpose of PCPs in Victoria has been to improve access to services and continuity of care for people through improved service coordination, as well as chronic disease management, prevention, and partnership development. The guidelines for PCPs have been developed by the Department of Health and Human Services (DHHS) to support PCPs and identify accountability and reporting requirements for the program funds received. The most recent guidelines document a shift away from chronic disease management and a stronger focus in the following 3 areas.

- Prevention
- Systems Integration
- Family Violence

The BLPCP is a system of autonomous health and community service organisations and local governments in the City of Greater Bendigo and the Loddon Shire that have chosen to work as partners to plan and implement collaborative effort in the identified areas of focus. Along with DHHS guidelines, significant guiding documents for the work are the Municipal Health and Wellbeing Plans.

Our PCP covers a broad landscape, encompassing the two Local Government areas of Greater Bendigo and Loddon and 9,700 square kilometres of rural and regional Victoria. Our primary care system provides services to over 108,000 people within our catchment, including more than 1,500 indigenous people. The driving distance from Heathcote to Boort is 148kms.



Driving distances include:

| | |
|--------------------------|---------|
| Bendigo to Boort | 102 kms |
| Bendigo to Pyramid Hill | 92 kms |
| Bendigo to Wedderburn | 75 kms |
| Bendigo to Inglewood | 46 kms |
| Bendigo to Elmore | 46 kms |
| Bendigo to Heathcote | 46 kms |
| Bendigo to Dingee | 48 kms |
| Korong Vale to Inglewood | 41 kms |

1.2 Partnership Goal 2018-2020

Through alignment of planning and partnership activity we strengthen collaboration and service integration across sectors

Valuing our Partnership Work

Our Partnership work is based on the understanding that health is ‘a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity’ as described by the World Health Organisation (WHO, 2009).

The BLPCP endeavours to promote the principles of the Public Health and Wellbeing Act 2008

| | |
|--|--|
| Collaboration | The Act recognises that a comprehensive prevention effort is needed to make a significant difference to population health. This means commitment and joint planning and action from the multiple agencies that can influence the broad range of health determinants. |
| Primacy of Prevention | The primacy of prevention principle promotes prevention thinking and planning in relation to all health issues. It means that when planning interventions, opportunities to tackle preventable disease at the population level by addressing the determinants of health, should be identified as a priority. |
| Evidenced-based Decision Making | In effect, this principle in the Act promotes planning practices where interventions and the implementation of such should be informed by evidence of need and evidence of the effectiveness of the chosen intervention. Where evidence for effectiveness of an intervention is lacking, it is important to conduct a strong evaluation so that Prevention efforts add to the evidence base. |

A partnership, according to a dictionary definition, is an on-going working relationship in which risks and benefits are shared.

Partnership work is demanding but rewarding. It requires effort and resourcing from all partners to achieve system change to improve the service system. Partnerships are “an important vehicle for bringing together a variety of skills and resources for more effective health promotion outcomes.... If partnerships are to be successful, however, they must have a clear purpose, add value to the work of the partners, and be carefully planned and monitored”. (VicHealth, The Partnerships Analysis Tool).

Brokering Better Partnerships

Ten key attributes for effective partnering

1. A **clear understanding** between the partners of the word 'partnership'
2. Agreement to a **shared vision and common purpose**
3. Account and allowance being made for **individual partners' interests**
4. The **co-creation** of design, decisions and solutions
5. Commitment to **sharing risks as well as benefits**
6. Every partner **contributes resources** (whether tangible or intangible)
7. Partners **share decision-making and leadership** responsibilities
8. Partners commit to **mutual / horizontal accountability**
9. Partners work together to develop a **principled approach** to their partnering endeavours
10. Attention is paid to the **partnering process** as well as the partnership's projects

Acknowledgement

Brokering Better Partnerships by investing in the partnering process

Handbook 1st Edition (July 2017) Partnerships Brokers Association

Elements for an Authentic Partnership

Acknowledgement

Community-Campus Partnerships for Health (CCPH)

<https://ccph.memberclicks.net/principles-of-partnership>

A fundamental belief of Community-Campus Partnerships for Health (CCPH) is that health equity and social justice need to be pursued both within partnerships and through them. Over the last 15 years, CCPH has studied, examined, engaged in, and evaluated what makes partnerships work, sustain authenticity, and achieve the change they want to see in their community. The figure below aims to show how authentic partnerships best exist within a space that includes four specific elements: 1) Guiding Principles of Partnership, 2) Quality Processes, 3) Meaningful Outcomes and 4) Transformative Experience(s). These four elements represent a synthesis of the experiences of seasoned community and academic partners engaged in partnerships and on the extensive work of CCPH since its first set of principles were released on 1998. Each element is further described with the intent to guide the development of new partnerships and to support existing partnerships that do not feel they are fully self-expressed as authentic partnerships.



Guiding Principles:

1. The Partnership forms to serve a specific purpose and may take on new goals over time.
2. The Partnership agrees upon mission, values, goals, measurable outcomes and processes for accountability.
3. The relationship between partners in the Partnership is characterized by mutual trust, respect, genuineness, and commitment.
4. The Partnership builds upon identified strengths and assets, but also works to address needs and increase capacity of all partners.
5. The Partnership balances power among partners and enables resources among partners to be shared.
6. Partners make clear and open communication an ongoing priority in the Partnership by striving to understand each other's needs and self-interests, and developing a common language.
7. Principles and processes for the Partnership are established with the input and agreement of all partners, especially for decision-making and conflict resolution.
8. There is feedback among all stakeholders in the Partnership, with the goal of continuously improving the Partnership and its outcomes.
9. Partners share the benefits of the Partnership's accomplishments.
10. Partnerships can dissolve, and when they do, need to plan a process for closure.
11. Partnerships consider the nature of the environment within which they exist as a principle of their design, evaluation, and sustainability.
12. The Partnership values multiple kinds of knowledge and life experiences.

Quality processes that are relationship focused; open, honest, respectful and ethical; trust building; acknowledging of history; committed to mutual learning and sharing credit.

Meaningful outcomes that are tangible and relevant to communities. For example: eliminating health disparities, creating affordable housing, closing the education gap and revitalizing rural economies

Transformation that occurs at multiple levels, including :

- Personal transformation, including self reflection and heightened political consciousness
- Institutional transformation, including changing policies and systems
- Community transformation, including community capacity building
- Transformation of science and knowledge, including how knowledge is generated, used and valued and what constitutes “evidence” and “ethical practice”
- Political transformation, including social justice

1.3 Partnership Agreements

The Vision of Our Partnership

We will create a seamless health and community services system within the context of broader health and wellbeing to achieve an empowered, engaged and resilient community.

The Purpose of Our Partnership

To plan and partner together to close gaps in service access, share our talents and resources, and create opportunities to better the health and wellbeing of our communities.

Partnership Goal 2018-2020

Through alignment of planning and partnership activity strengthen collaboration and service integration across sectors

The Commitments of Our Partnership

Our Partnership has five commitments:

- Community Outcomes Focus
- Enabling Equity
- Accountability
- Impartiality
- Stewardship and Leadership

| Commitment | Statement |
|-----------------------------------|---|
| Community Outcomes Focus | We recognise that working in partnership demonstrates our collective commitment to working with our communities. We will continue to invest our energy, resources and time in the partnership, and through purposeful collaboration work to achieve improved health and well-being for our communities. |
| Enabling Equity | We will work with our community, clients and colleagues in a respectful and courteous manner that supports fairness and equity, and values diversity. We will engage constructively with each other, and our communities, to foster honest transparent communication and an appreciation of our individual and collective knowledge and skills. |
| Accountability | We will be honest and use our position responsibly. We commit to the highest level of accountability to our communities, funders, and each other. |
| Impartiality | We will behave in the best interests of our communities and the partnership by ensuring we make fair, objective decisions based on merit, without bias, or discrimination |
| Stewardship and Leadership | We will commit to making a positive difference to our communities through the conduct of responsible planning and management of resources, and investments that contribute to a successful future. |

The Values of Our Partnership

These values help build our common culture and guide us in all our decisions. Established forms of cooperation between partners, agencies and our communities will reflect our basic values.

| Values | |
|---------------------------|---|
| Courage | <ul style="list-style-type: none">• We dare to go down new roads and challenge accepted wisdom• We place clear demands on one another and promote change• We are active in our partnership• We are eager for innovation in all aspects of our work |
| Openness | <ul style="list-style-type: none">• We share knowledge and information with each other• We are inquisitive and receptive to ideas• We give and receive constructive feedback• We confront ethical problems immediately |
| Cooperation | <ul style="list-style-type: none">• We work as a team to ensure the mutual benefit and success of the whole partnership• We cooperate to reach our common goals• We focus on the priority issues for the partnership• We choose solutions which are in the best interests of the partnership and our communities |
| Integrity | <ul style="list-style-type: none">• We keep our promises• We take responsibility• We instil confidence in our staff, communities and other stakeholders• We are clear in all communications so that we generate assurance |
| Equity and Respect | <ul style="list-style-type: none">• We show consideration for one another• We recognise each other's differences• We understand the community needs and expectations and strive to meet these |

1.4 Evidence Based Priorities

Prevention

The Prevention Priority review in February 2016 aligned the Prevention Priorities with the Victorian Public Health and Wellbeing Plan 2015-2019. The identified priorities from January 2016 are: Mental Health, Healthier Eating and Active Living and Family Violence. It has been confirmed that these 3 Prevention priority areas will continue for the 2018-2020 period

Access, Equity and Integration

Three areas will be worked under the Access, Equity and Integration Focus. The Client and Community Empowerment work of the last 4 years will be built upon and extended in the areas of Consumer Engagement and Health Literacy. Service Integration will be supported redirected from previous Service Coordination and Chronic Disease systems management.

1.5 Approaches and Lenses

The Board identified a number of lenses through which interventions should be viewed in formulation of initiatives. By applying these views to our planning we work to ensure that the social determinants of health are addressed within the intervention.

Gender Lens

Understanding the unique challenges women and girls face pursuing equality and the ways in which systems, institutions and policies must change to advance women's equality.

Social Inclusion Lens

Analysing legislation, policies, programs, and practices to determine whether they promote the social and economic inclusion of individuals, families and communities.

Health Equity Lens

Understanding inequities in health arise because of the circumstances in which people are born, grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.

Diversity Lens

Understanding that each individual is unique, and recognizing their differences. This includes the dimensions of race, ethnicity, gender identity, sexual orientation, socio economic status, age, physical abilities, religious beliefs, political beliefs or other ideologies.

Population Health Planning Approach

A population health approach to planning assesses needs at the population level. The capacity of current services to meet population demand and gaps in the service system are then evident. Planning that takes a population health approach requires information gathering and sharing including:

- population health data to enable planning to meet population needs for varying levels of care.
- information that reveals a local area's need for services.
- information available to consumers, families and carers, and service providers regarding the range and type of services that are currently available to a local community.

When needs have been identified and matched with services provided, it becomes evident which needs are currently met, partly met and unmet. These needs can then be prioritised for funding and action.

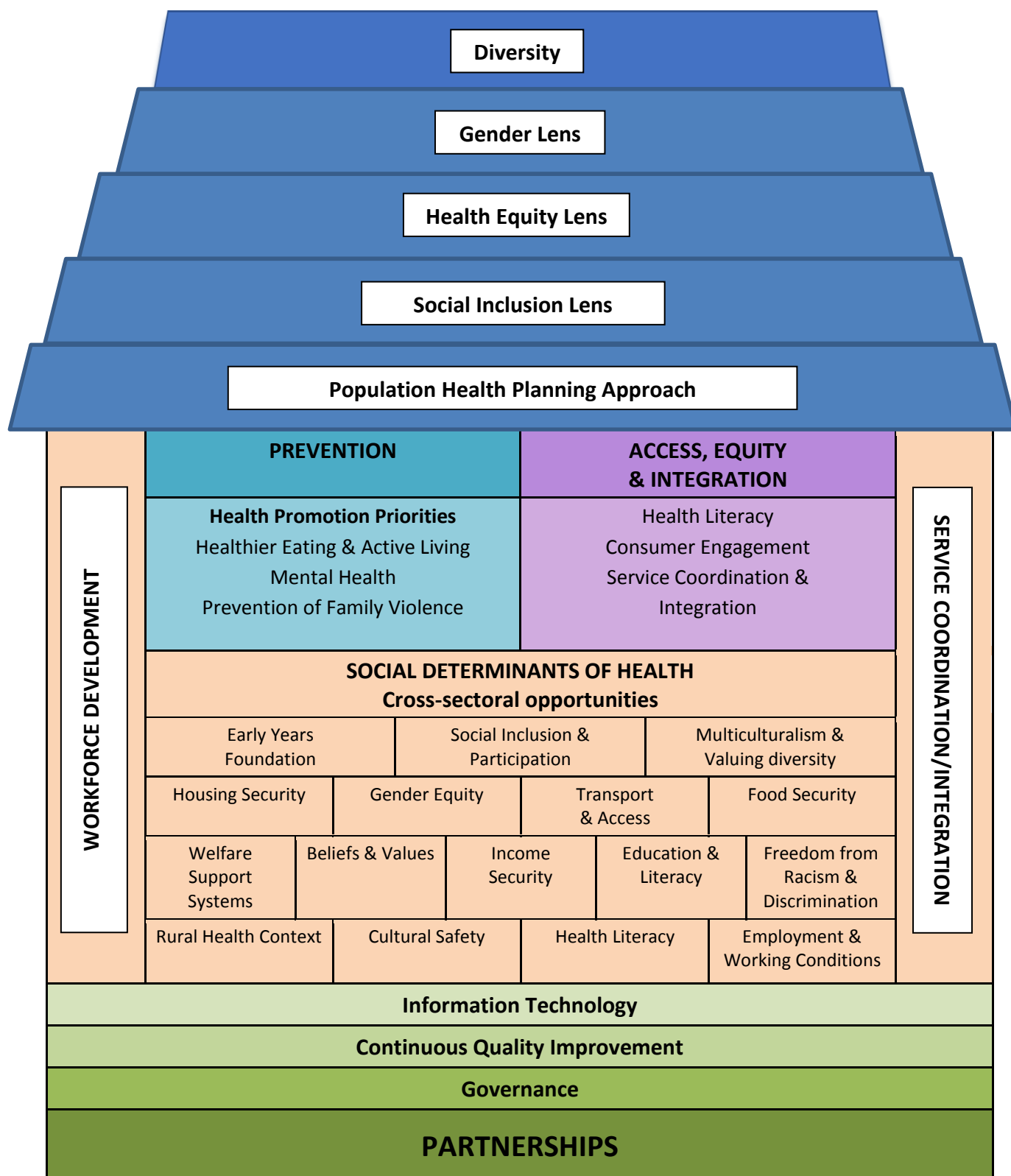
Place based Approach

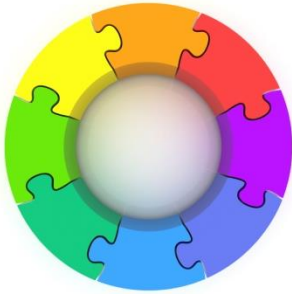
People are often faced with a range of different, complex health and psychosocial problems. Place-based approaches aim to address these complex problems by focusing on the social and physical environment of a community and on better integrated and more accessible service systems, rather than focusing principally on the problems faced by individuals.

A place-based approach targets a geographically definable community and aims to address issues that exist at the neighbourhood level, such as poor housing, social isolation, poor or fragmented service provision that leads to gaps or duplication of effort, and limited economic opportunities. By using a community engagement approach to address complex problems, a place-based approach seeks to make families and communities more engaged, connected and resilient.

Governments also seek to integrate services so as to improve access and thereby improve outcomes. However, while integrating services is important, it is also important to build more supportive communities. This may be achieved through interventions that support client and community empowerment.

Our House – Strategic Model





Section 2:

Objectives and Strategies

2.1 Objectives and Strategies

Prevention

Access, Equity
and Integration

Partnership
Building

Reporting

Objective 1

To support prevention work and development of Integrated Health Promotion Plans in health priority areas and with alignment across sectors to Municipal Health and Wellbeing Plans

Strategies

Evidence Based and Informed Collaborative Prevention Planning, monitoring and evaluation

Partners to develop evidence based and informed action plans, data collection and evaluation strategies, implementing systems-based approaches informed by the Social Determinants of Health and supported by BLPCP staff

Municipal Health and Wellbeing Plan alignment

Consider and where possible align Partner agency strategic planning to support collective effort

Objective 2

To support continuous quality improvement and workforce development in Prevention

Strategies

Workforce Development

Partner agencies to build capacity in the area of Prevention and the Prevention Priority areas supported by BLPCP staff.

Workforce Development Focus Areas may include:

- Evaluation
- Co-design
- Prevention priority areas capacity building
- System change

Quality Improvement

Evaluation and Shared measurement development

Maintain and enhance involvement in Regional and Statewide Networks

Access, Equity and Service Integration

Objective 1 ACCESS

Strategies

Organisational Health Literacy

Partner organisations to access BLPCP resources to review quality of organisational health literacy and develop quality improvement implementation plan and actions

Consumer Engagement

Partner organisations to access BLPCP resources to review quality of consumer engagement and develop quality improvement implementation plan and actions

National Human Services Directory and the Connecting Care Services Directory

Partner agencies participation in maintaining and improving the accuracy of service information available to consumers

Workforce Development

Develop capacity in areas to enhance consumer access to services and information

Workforce Development Focus Areas may include:

- Co-design
- Health Literacy
- Consumer Engagement
- Technology
- Cultural Competence
- Family Violence
- Healthcare that Counts Framework

Objective 2

EQUITY

Strategies

Strengthen understanding of health outcomes and impact of inequality and inequity

Build strategies and place based responses to work towards improving

- Health Equity
- Rural Health Equity
- Gender Equity
- Social Inclusion
- Intersectionality of disadvantage

Systems planning incorporating social model of health and cross sector integration to support client centred care

Objective 3

SERVICE INTEGRATION

Strategies

Service Coordination and Integration

Enhance cross-sector service coordination and integration opportunities between partner organisations

- Service Coordination and Integration Committee
- Service Coordination and Connecting Care Workforce Development

Develop opportunities to strengthen understanding and relationships across sectors

Service Planning

Take up opportunities to enhance service systems and health outcomes through evidence based service systems planning and design.

Planning would incorporate social model of health and cross sector integration to support client centred care, enhanced access and support equity

Partnership Building

Objective 1

Strengthen collaboration and integration across sectors and maximise health and wellbeing outcomes

Strategies

Cross Sectoral Partnership Work

Broaden the Board membership to support cross-sectoral participation and partnership building

Identify and support cross-sectoral networks of interest/hubs to participate in shared planning and the development of action plans that address the health priorities.

Resource and support the networks of interest /hubs to build capacity to undertake partnership work.

Health and Wellbeing Outcomes

Guided by the Municipal Health and Wellbeing Plans support the identification of shared goals and collaborative activities in Greater Bendigo and Loddon

Support collaborative work in the implementation of the Integrated Health Promotion Plans and Service Coordination strategies.

Objective 2

Health equity

Strategies

Health Equity

Promote health equity through a focus on:

- Access to Services
- Access to Prevention Initiatives
- Health Literacy
- Gender Equity
- Intersectionality of disadvantage
- Workforce Development
- Cultural Competency

Objective 3

Consumer
Participation

Strategies

Consumer Participation

Build the capacity of the partnership to support consumer participation in health across PCP Partner agencies.

Workforce Development

Support workforce development activities in the area of consumer engagement and participation.

Workforce Development Focus Areas may include:

- Co-design
- Health Literacy
- Consumer Engagement
- Technology
- Cultural Competence
- Family Violence
- Healthcare that Counts Framework

Objective 4

Leadership and
Governance

Strategies

Governance

Board and Executive Board Members supported by BLPCP staff

Board Meetings including BLPCP staff reports

Annual Board Partnership Review

Accountability for reporting to DHHS and other funding bodies

Finance Committee with Independent Chair reports to Board

Annual budgeting and Budget Mid-Year Review

Leadership Workforce Development

Development of leadership Workforce Development Calendar

- Organisational development
- Leadership outcomes for partner organisations

Board Orientation processes

Objective 5

Participation and
Communications

Strategies

Participation at Regional and State-wide levels

- Regional Department of Health and Human Services Forums
- Regional Primary Care Partnerships
- Victorian Primary Care Partnerships (VIC PCP)
- Bendigo Loddon Primary Care Partnership Board

Partner Agency communications

- Board Bulletin
- Newsflash
- Social media
- Website
- Minutes support from BLPCP staff

Reporting

Objective 1

To provide concise and timely reports to DHHS in accordance with the Service Agreement signed by the PCP

Strategies

To meet all timelines and requirements of the Department of Health and Human Services PCP Reporting requirements.

Summary of Anticipated PCP Reporting Requirements to Department of Health

| Deliverables | Report format | How | When | Comment |
|----------------------------------|---|---|--|--|
| Building Partnerships | Partnership report Optional | Strategic membership report | 28 September 2018 | PCPs report on their current partnerships and the domains of activity to which these partnerships relate. The report contains information only about significant partnerships that were active, ongoing and for a particular purpose. |
| | Financial statement Mandatory | Governance board approves financial statement | Upon approval of the 2017-18 annual financial statement by the PCP governance group. | PCPs are required to submit their annual financial statement in accordance with the Department's monitoring framework. ¹ PCPs need to provide both an income statement (income and expenditure) and a balance sheet (assets and liabilities). Surplus or deficit relating to DHHS PCP funding needs to be made clear. Outstanding project commitments must be clearly identified. Any proposal to carry over of PCP funds will be assessed by the Regional Office. |
| Prevention | Overview of activity in prevention Mandatory | PCP to complete Prevention reporting using template | 28 September 2018 | PCPs are required to submit information about their key activities in prevention. |
| Service Coordination | E-referral reporting tool Mandatory | PCP completes E- referral using report template | 28 September 2018 | PCPs are required to report against their e-referral activity. (Some changes have been made to the template.) |
| Client and Community Empowerment | Case study Optional | PCP to complete reporting using template | 28 September 2018 | PCPs may opt to prepare a short case study which demonstrates a key system change or outcome resulting from PCP action. Only activities with majority funding provided by the Department should be reported. |

¹ More information is available online at: < <https://www2.health.vic.gov.au/primary-and-community-health/primary-care/primary-care-partnerships/pcp-reporting>

Agencies Using Electronic Communication

Health and community services agencies within the City of Greater Bendigo and Loddon Shire that have sent and/or received e-communication from **1 July 2017 – 21 May 2018**.

| Agencies | Sent | Received |
|--|------|----------|
| Amicus Group Inc – Bendigo (includes HACC) | Yes | |
| Bendigo District Aboriginal Cooperative | Yes | Yes |
| Bendigo Community Health Services | Yes | Yes |
| Bendigo Health | Yes | Yes |
| Boort District Health | Yes | Yes |
| City of Greater Bendigo | Yes | Yes |
| Dingee Bush Nursing Centre | Yes | Yes |
| Haven - Bendigo | Yes | Yes |
| Heathcote Health | Yes | Yes |
| Inglewood & Districts Health Service | Yes | Yes |
| Interchange Loddon Mallee Region Incorporated – Bendigo Office | Yes | Yes |
| Loddon Shire Council | Yes | Yes |
| MEPACS your personal Assistance Call Service | Yes | |
| Rights Information & Advocacy Centre | Yes | |
| St John of God Hospital | Yes | |
| Anglicare Victoria, St Luke's region - Bendigo | Yes | Yes |
| Vision Australia | Yes | Yes |

Review

This Strategic Plan will be reviewed annually.



Section 3:

Partnering and Processes

3.1 How We Developed this Strategic Plan

The development of our Strategic Plan occurred under the guidance of the PCP Board. The documentation of the Plan was developed and supported by the PCP staff. The development of this Strategic Plan was informed by the following:

- Development of a current statistical picture of health and wellbeing in the Greater Bendigo and Loddon Local Government areas (LGAs)
- The Annual Strategic Plan Review
- Board Partnership Analysis (conducted annually)
- Level One Partner attended Partnership Brokering Workshop
- Operational Plan Review
- Partnership Alignment Mapping
- Key messages from the DHHS

A Strategic Planning Workshop was conducted on 2 May 2018 with representation from Level One, Two and Associate partners participating in a review and reflection of the previous strategic plan. Achievements were acknowledged and areas for further development agreed upon. The recommendations included “a renovation only of both the strategic plan and strategic model” to support the achievement of the partnership priorities 2018 – 2020.

Strategic Planning Session Summary **May 2, 2018**

The session was attended by participants from 16 agencies representing all partnership levels of Bendigo Loddon PCP. There was an agenda set ahead of the session and circulated to participants, and an agreement on the day that this format would enable the discussion, information sharing and planning to occur in an informal manner that encouraged active participation.

Methodology

The session was facilitated drawing on the methodologies of appreciative enquiry to support reflection, review, shared dialogue, and collaborative thinking to assist the group to:

- acknowledge achievements
- identify gaps and areas that may require further work
- revisit the priorities
- contextualise the current environment
- examine ways of working together – as partners
- identify and reach agreement around next steps / actions to continue the planning process.

The Executive Officer provided the group with a review of the past three years which highlighted the achievements, examples of success and recommendations for the future. Key messages from the Department of Health and Human Services regarding the direction of PCPs were outlined which essentially advised the group to:

- Continue to do what they were doing well – do more of it
 - Maintain the same priorities – do not add any additional
- and that a review of the Primary Care Partnership strategy would occur in 2020.

Facilitated discussion enable a range of topics to be explored. This included:

- The language of the partnership and the plan
- The priorities and the current population groups
- The way the partnership activity is described
- The benefit and challenges of working in partnership
- The values of the partnership

Focused group work was facilitated through providing the opportunity for Loddon and Greater Bendigo service providers to break in to two groups. The purpose of this discussion was to enable a “place based discussion and exchange of ideas” under the three current priority areas; Mental Health, Family Violence, Health Eating Active Living.

What did we learn?

- Some great achievements – need to celebrate these
- The partnership has continued to mature and trust continues to build
- There is genuine good will and agencies see the benefit of “working together”
- There are opportunities to test the thinking around “broadening of priority population groups”
- The language of the partnership is extremely important – needs to be positive, less jargon and simple. An example of this – the current values and value statements
- The need to make more overt the context for and shared understanding of how Family Violence and CALD can be positioned in planning for the partnership.
- The experience of the Partnership Brokerage training was very positive – people are committed to building on this
- Genuine service integration is a priority – how to do this
- Alignment with Municipal Health and Wellbeing Plans supports proposed partnership activities over the next two years
- Partners need to be able to “see their work” in the plan (could be in implementation plan)
- Need to build capacity in a range of areas including consumer engagement and participation, culturally sensitive practice and a model that supports the partnership to understand the opportunities to work across the health continuum in the area of family violence

The small group activity provided some valuable insights in to what had been achieved, what was currently working, how additional work could occur. Whilst time was limited, more “free ranging conversations” led to a greater understanding of what each agency was engaged in and the opportunities for less duplication and greater collaboration and coordination of effort. The content of these discussions will provide the initial input to the Implementation plan.

What did we agree?

- A renovation only of the strategic model and strategic plan to reflect the “collective thoughts generated within the session” as a starting point
- A review of the partnership values, descriptive statements and inclusion of partnership principles. Two options will be presented
- Refine priorities and objectives with the view of simplifying language and providing a positive aspiration and context for the work
- Focus on developing “ways of working together” to optimise alignment and genuine service integration
- More opportunity for “shared conversations” and collaborative thinking to support the partnership to apply the principles and processes of co –design in all of its activities.

3.2 How We Make it Happen

The Bendigo Loddon Primary Care Partnership Strategic Plan 2018-20 will be supported by an Implementation Plan to be developed during September-December 2018.

The Implementation Plan directs the partnership work as to how the objectives will be achieved, what resources are required to undertake the work, who are the people that will form the partnership groups to drive the work, where the work will take place, and how the outcomes will be measured.

The Implementation Plan will have a two year outlook and will be reviewed annually.

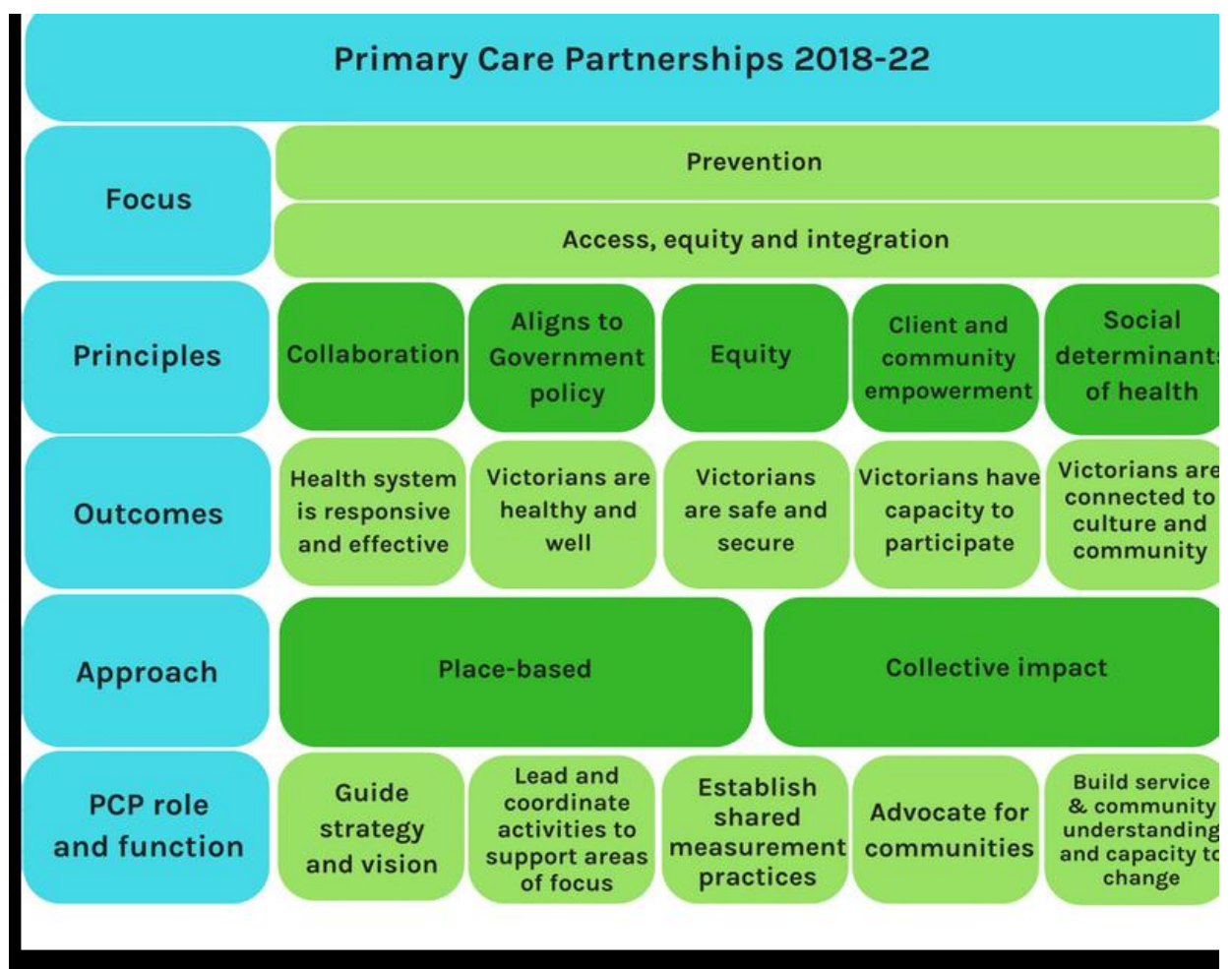


3.3 Department of Health and Human Services (DHHS) Guidelines 2018-2020

Background

In early 2017 Victorian Primary Care Partnerships (PCPs) submitted a Future Directions paper outlining a proposal for DHHS to consider for the development of the PCP strategic directions for 2017-21.

The Future Directions Framework, outlines key focus areas, clearly defines PCP role and function, is underpinned by key principles, and focuses on outcomes which align with the key Pillars in Health 2040 and the Department of Health & Human Services Strategic Plan 2016. This is outlined the model below.



Current DHHS Guidelines

In November 2017 advice was received from DHHS that the Priority areas for PCP work for 2018-2020 are to include:

1. **Prevention**
2. **System Integration** in particular integration between health and social service sectors
3. **Family Violence**

DHHS communicated that 2018 will be a mixture of “business as usual” and a process of dialogue with DHHS, other parts of government and other stakeholders about how the work of PCPs can be carried forward into a changing health and human services environment from 2020 onwards.

In the absence of DHHS provision of further written guidance and definitions for priority areas, the following information has been developed by VicPCP as a guide for the 28 PCPs across the state to support future directions and planning.

1. Prevention

PCP prevention planning should align directly to the Victorian Public Health and Wellbeing Plan 2015 – 2019 and its outcomes framework.

The health and wellbeing priorities for 2015–2019 are:

- healthier eating and active living
- tobacco-free living
- reducing harmful alcohol and drug use
- improving mental health
- preventing violence and injury
- improving sexual and reproductive health.

The plan also identifies platforms to deliver health benefits for all Victorians:

- healthy and sustainable environments
- place-based approaches
- people-centred approaches.

Underpinned by a social model of health, planning systems have a strong equity focus on primary prevention and the upstream social, economic and environmental determinants of health.

2. Systems Integration

Systems integration in this context focus particularly on the integration between the health and social service sectors

Ultimately system integration aims to improve access to services. Health and social service integration efforts coordinate access to services across multiple delivery systems and disciplinary boundaries such as primary health, family violence services, housing and homelessness services, disability services, alcohol and other drug services, mental health, child welfare, and workforce services etc.

System integration could be system or sector-based, agency-based, or client or family-based.

Efforts can focus on improving collaboration across sectors, client pathways to service, or coordination and resource sharing across different levels of government.

Consideration should be given to the Victorian government's policy guidelines for the future of the health and wellbeing of Victorians and for the Victorian healthcare system *Health 2040: Advancing health, access and care presents a long-term vision for improved health and access to quality care.*

Health 2040 is built around three pillars:

1. **Better health:** focuses on prevention, early intervention, community engagement and people's self-management to maximise the health and wellbeing of all Victorians.
2. **Better access:** focuses on reducing waiting times and delivering equal access to care via state-wide service planning, targeted investment, and unlocking innovation.
3. **Better care:** focuses on people's experience of care, improving quality and safety, ensuring accountability for achieving the best health outcomes, and supporting the workforce to deliver the best care.

PCP's extensive experience in *service coordination* can be applied to the social service sector to support the alignment with health in its ability to provide consumers with a seamless and integrated response across both service systems. The service coordination framework helps health service providers to work together to align practices, processes and systems so:

- people access the health services they need, no matter what service they go to first
- providers exchange the right information so consumers receive good care from the right providers at the right time
- people have their health and social needs identified early, preventing deterioration in health.

Service coordination places consumers at the centre of service delivery to maximise consumers' likelihood of accessing the services that they need. Service coordination also enables organisations to remain independent of each other, while cooperating to give consumers a seamless and integrated response.

3. Family Violence

Recognition of, and commitment to respond to issues surrounding family violence is one of the most significant state-based policy directions to have emerged in recent times. It is important for children and families to be able to access connected, easy to understand services that they can trust.

The Victorian Government's commitment to implement all 227 *recommendations* of the Royal Commission into Family Violence has flowed into a range of new policy directions, including for example:

- *Ending family violence: Victoria's plan for change*;
- Family violence rolling action plan 2017-20;
- Safe and strong: A Victorian gender equality strategy;
- *Free from violence: Victoria's strategy to prevent family violence and all forms of violence against women*; and
- Roadmap for Reform: Strong families, safe children

Other initiatives and planning structures need to be considered in supporting the service system work including:

- Women's Health Services
- Regional Integrated Family Violence Coordinators and family violence networks
- Family Violence Support and Safety Hubs initiative
- Children and Youth Area Partnerships
- Strengthening Hospital Responses to Family Violence

The influx of resources in response to the findings from the Royal Commission into Family Violence has been enormous and therefore coordination of these resources within a region or catchment through partnership, collaboration and place based responses will be vital for success.

Acknowledging and building partnerships and alliances with the agencies and individuals leading this work in our region or catchment will be crucial within this priority area.

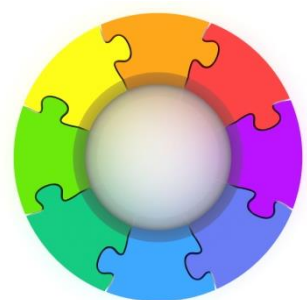
3.3 BLPCP 2013-2018 Review and Recommendations

What the Partnership has done well

- Health Equity lens maintained in work
- “Health in all policies” approach
- Leadership within PCP platform at a Regional level and VicPCP level
- Balance of focus between rural and regional city agencies with focus on disadvantage
- Place based and responsive to circumstances and opportunities
- Working together as partners to achieve a common goal; Leading this where indicated
- Shifted the Integrated Health Promotion focus from health education to population health Primary Prevention approach
- Undertaken settings-based quality improvement projects in Health Literacy, Consumer Engagement and Family Violence
- Strengthened cross-sectoral collaborations with RDA/RDV, VCOSS, Children and Youth Area Partnerships, Education

Examples of this work

- Loddon Gannawarra Health Services Executive Network (LGHSEN)
- and Loddon Gannawarra Health Needs Analysis
- Health Literacy Project work
- Consumer Engagement Project work
- Healthcare that Counts Pilot Project
- Loddon Drought Project and Loddon Dairy Project
- Diabetes in Loddon Action Group (now part of LGHSEN)
- Active Ageing mapping



Review Recommendations

Partnership and Capacity Building

Broaden cross-sectoral work and strengthen collaboration

Workforce Development Focus Areas

- Organisational development
- Leadership outcomes for partner organisations
- Prevention priority areas capacity building
- System change
- Evaluation
- Co-design
- Connecting Care
- Health Literacy
- Consumer Engagement

Prevention

Work together to support Prevention activity in health priority areas alignment across sectors with reference to the Municipal Health and wellbeing Plans and the Integrated Health Promotion Plans

- Primary Prevention of Violence Against Women Network (LM)
- Mental A-Z Network
- Bendigo Healthy Eating and Active Living (HEAL) contributing to..
- Healthy GREATER Bendigo
- Living Well in Loddon 4 Pillars
 1. Loddon Healthy Eating and Active Living (HEAL)
 2. Family Violence Network
 3. Strong Families, Strong Children
 4. Loddon Healthy Minds Network

Access, Equity and Integration

Client and Community Empowerment Ongoing areas of Focus

- Health literacy
- Consumer engagement
- Workforce development
- Community of interest communications
- Consumer access to partner agency services

Service Integration

- Strengthen work of place based Service Integration
- Continue Regional and sub regional PCP partnerships work creating opportunities for cross sector collaborative work and projects
- Healthcare That Counts Pilot Project
- CEO Vision Project
- Loddon Gannawarra Health Needs Analysis

References

The wording and statistics in this Strategic Plan are attributed to the following documents:

Victorian Public Health and Wellbeing Framework
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-public-health-and-wellbeing-outcomes-framework>

Bendigo Loddon Primary Care Partnership Community Health and Wellbeing Profile, May 2017,
www.blpcp.com.au

Bendigo Loddon Primary Care Partnership Indigenous Population Health and Wellbeing Profile,
April 2016 www.blpcp.com.au

Public Health and Wellbeing Act 2008, www.health.vic.gov.au/phwa/

VicHealth, The Partnerships Analysis Tool,
<http://www.vichealth.vic.gov.au/Publications/VicHealth-General-Publications/Partnerships-Analysis-Tool.aspx>

[VicPCPs Future Directions 2017](#)

Key Documents www.blpcp.com.au

- BLPCP Prevention Implementation Plan
- BLPCP Operational Plan 2018-2020
- VicPCPs Future Directions 2018-2020

Acronyms

| | |
|-------|--|
| AIHW | Australian Institute of Health and Welfare |
| BLPCP | Bendigo Loddon Primary Care Partnership |
| CEO | Chief Executive Officer |
| DHHS | Department of Health and Human Services |
| DiLAG | Diabetes in Loddon Action Group |
| GP | General Practitioner |
| IHP | Integrated Health Promotion |
| LGAs | Local Government Areas |
| MPHN | Murray Primary Health Network |
| PCP | Primary Care Partnership |
| VCOSS | Victorian Council of Social Service |
| WHO | World Health Organization |