



What is the North East Primary Care Partnership?

The North East Primary Care Partnership (NEPCP) is a voluntary alliance of service providers in north east metropolitan Melbourne operating within the local government areas of Banyule, Darebin and Nillumbik.

The Primary Care Partnership Strategy is a Victorian Government initiative that provides funding across the state for PCPs to strengthen relationships, improve service coordination, integrate health promotion activities and reduce the preventable use of hospital services.

The main motivation for service providers to become NEPCP members is to improve relationships, reduce duplication of services, address gaps in service provision and achieve better health and wellbeing outcomes for the community.

2010 – 2012 STRATEGIC PLAN



NEPCP Strategic Priorities

Our Vision

A community where all people are able to reach their health and wellbeing potential.

Mission

Creating an integrated service system that works to reduce preventable illness and delivers effective client-centred programs.

Strategic Plan Framework

MENTAL HEALTH & WELLBEING	PHYSICAL HEALTH	Well Population	At Risk	Established Conditions	Chronic Conditions	CHRONIC DISEASE	MENTAL ILLNESS	
		Promotion & Prevention		Prevent progression	Service System Response			
		Priority 1			Priority 2			
		Support health promotion and preventative initiatives that lead to improvement in mental and physical health			Ensure better coordination and integration of the service system			
Priority 3								
Enhance the partnership through strategic positioning for Commonwealth Reforms								



How the North East Primary Care Partnership Works

Member Agencies

Agencies providing services in the NEPCP catchment are invited to become member agencies of the partnership. Those agencies that sign the NEPCP Partnering Agreement become Full Members and participate in setting and implementing the strategic directions of the partnership from the Governance Group. During 2010 – 2012 the following agencies are represented at the NEPCP Governance Group:

- Austin Health
- Banksia Palliative Care
- Banyule City Council
- Banyule Community Health Service
- Darebin City Council
- Darebin Community Health Service
- Neami
- Nillumbik Community Health Service
- Nillumbik Shire Council
- North East Valley Division of GP
- North Western Mental Health
- Northern Division GP
- Northern Health
- Royal District Nursing Service
- Spectrum Migrant Resource Centre
- Women's Health in the North

Other agencies become Affiliate Members and participate in NEPCP activities as they are relevant to their services.

Consumer, Carer and Community Involvement

People in the Banyule, Darebin and Nillumbik areas can play an active role by sharing their views to help improve health care for themselves and for others. Consumers participate in:

- Workshops
- Specific projects
- Consultative forums
- Focus groups
- Consumer reference groups

Strategic Plan Detail

Priorities	Objectives	Measures of Success
<p>1. Support health promotion and preventative initiatives that lead to improvement in mental and physical health</p> <p>PCP Deliverable</p> <ul style="list-style-type: none"> ■ Partnership ■ Integrated Health Promotion ■ Integrated Chronic Disease Management 	<ol style="list-style-type: none"> 1.1 NEPCP agencies will work to improve the health status of workers in an identified workplace setting 1.2 Increase the capacity of PCP member agencies to plan for and implement effective Health Promotion projects in the areas of prevention of violence against women, elder abuse and problem gambling 1.3 Improve the capacity of the Health Promotion workforce to engage in critical, evidence based, effective and reflective health promotion work 1.4 Address the physical health needs of people with a mental illness 	<ul style="list-style-type: none"> ■ Four workplaces will have implemented worker health programs ■ There will be new projects, resources and partnerships reflecting increased Health Promotion capacity <ul style="list-style-type: none"> - 2 new Problem Gambling prevention initiatives - A framework for action for the Prevention of Violence Against Women and 2 new preventative initiatives - The awareness of elder abuse and knowledge of supports is increased, and local agencies have policies and protocols to respond to incidents and allegations of elder abuse are implemented ■ There will be a supportive network for health promotion practitioners in the catchment which will encourage professional growth, information sharing and result in greater use of evidence, reflection, Health Promotion theory and evaluation ■ There will be an increased level of screening for physical health needs and a greater number of resultant referrals of clients from mental health services
<p>2. Ensure better coordination and integration of the service system</p> <p>PCP Deliverable</p> <ul style="list-style-type: none"> ■ Partnership ■ Service Coordination ■ Integrated Chronic Disease Management 	<ol style="list-style-type: none"> 2.1 Enhance access to services principally for disadvantaged groups (with particular attention to people with an intellectual disability and serious mental illness) 2.2 Create and encourage use of consistent practice models including Chronic Disease Management and Active Service Model 2.3 Design and implement shared care arrangements 	<ul style="list-style-type: none"> ■ NEPCP Care Planning Interagency Protocol will be developed and implementation commenced ■ The SC & ICDM 2011 and 2012 Survey will show improvement in Care Planning activities across NEPCP catchment ■ There will be Improvement in GP integration demonstrated by an increase in: <ul style="list-style-type: none"> - GP referrals to primary care - feedback from primary care to GPs - in the number of GPs involved in Care Planning ■ The chronic disease streamlined referral framework evaluation will be completed ■ The number of people with intellectual disability and serious mental illness using NEPCP agency services will increase ■ An action plan will be developed to achieve consistency across chronic disease programs in the catchment based on mapping and best practice evidence
<p>3. Enhance the partnership through strategic positioning for the national reforms</p> <p>PCP Deliverable</p> <ul style="list-style-type: none"> ■ Partnership 	<ol style="list-style-type: none"> 3.1 We will identify and communicate the potential contribution of PCPs to Medicare Locals based on local experiences and outcomes 3.2 Advocate and shape the development of Medicare Locals in the North East of Melbourne 	<ul style="list-style-type: none"> ■ Contribute our PCP position on various issues concerning the National Reform when invited ■ Our State and Federal Government representatives will be aware of the value and contribution of our PCP to the health and wellbeing of our community ■ In 2012 NEPCP will be well positioned to take a significant role as part of a future Medicare Local

Functions of the NEPCP

The functions of the NEPCP are described by the elements of capacity building:

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

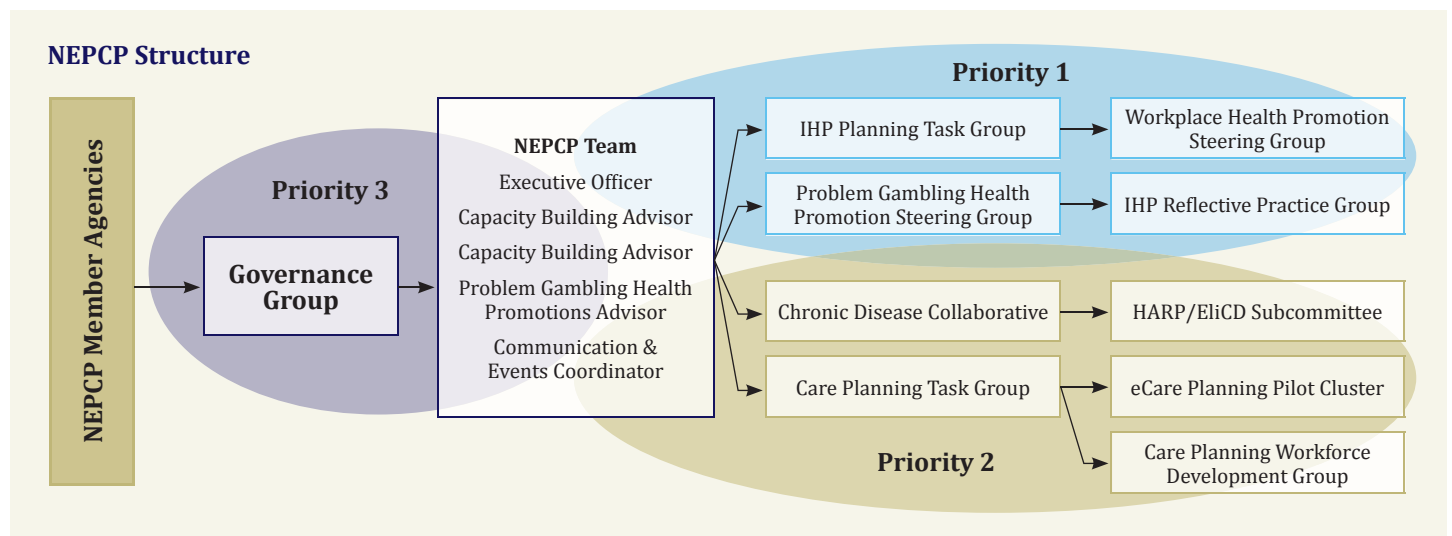
Priority Populations & Settings for Strategic Action

Priority geographic locations:

- Neighbourhood Renewal Sites
 - West Heidelberg
 - East Reservoir
- Bushfire affected communities in the Shire of Nillumbik

Priority sub-populations:

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



Integrated Health Promotion Process and Plan

A Health Promotion Planning Group formed to consider directions for integrating the health promotion work for our partnership. This planning group was cognisant of the strategic priority areas and undertook a planning process to determine compatible areas for collaborative work over the next two years.

Because member agencies submitted their HP plans in 2009, the PCP planning process focused on enhancing the position of respective member agencies to participate in a higher level of collaborative and integrated planning when the next planning cycle comes around. In essence, we would like to make a shift from a situation where the PCP IHP plan reflects PCP member agency plans to one where it guides and directs them. This PCP plan is one that begins this shift.

Common Health Promotion and MHPs priorities:

- Mental health – social connectedness focus
- Mental health – family violence / violence against women focus
- Food and nutrition
- Physical activity

Commonly identified settings included:

- Schools and early childhood settings
- Workplaces
- Health services

Ultimately, decisions about what areas to prioritise were based on four key factors including:

1. What does a need analysis tell us about our community and where to focus our preventative work?
2. What areas of work are compatible with PCP member agency HP and MPH plans?
3. What areas are amenable to PCP intervention?
4. What areas of work will have synergy with the broader preventative health context particularly at State and Federal level?

Using these criteria as a guide, the IHP planning group narrowed our work to focus on three distinct areas including:

1. Workplace health
2. Prevention of violence against women
3. Implementation of reflective practice

In addition, external drivers and pre-existing commitments by the NEPCP mean that the NEPCP will also focus some health promotion effort in the areas of:

4. Prevention of problem gambling (funded by Department of Justice until June 2011)
5. Prevention of elder abuse (joint project with HWPCP to June 2011)

Finally, the Department of Health instigated the new Community Mental Health Planning and Service Coordination Initiative (CMHPSCI) in which NEPCP and HWPCP are working together to achieve:

6. Improvement in physical health outcomes for clients of mental health services



North East Primary Care Partnership Community Profile

Population

The population of 302,721 (ABS 2006) is projected to grow to 343,156 by 2020.

Age profiles show that Banyule has a slightly older population, Darebin a higher proportion of 20-39 year olds and Nillumbik slightly younger with more people in the 35-49 year old range and 0-17 cohort.

Population Health Needs

As the map demonstrates, in this catchment there are vast differences between suburbs with some of the most disadvantaged in close proximity to the least disadvantaged. The SEIFA index for the three local government areas is as follows: Banyule 1047.4, Darebin 971.6 and Nillumbik 1104.4. The catchment has two significant areas of disadvantage which have both been allocated Neighbourhood Renewal Programs; they are situated in East Reservoir and West Heidelberg.

Other notable facts:

- Significant indigenous population of 1776 with Darebin having the largest ATSI community in metropolitan Melbourne
- Diverse cultural population with 28% of Darebin residents having non English backgrounds
- Self reported rental stress between 20 – 25.7%
- Residents in public housing - Banyule 4%, Darebin 5.1% and Nillumbik 0.6%
- Reported Family Violence rates are relatively high in Banyule and Darebin

The most prevalent causes of disability are:

1. Mental disorders
2. Neurological and sensory disorders
3. Cancer
4. Chronic respiratory disease
5. Cardiovascular disease (B & D) and Musculo-skeletal (N)

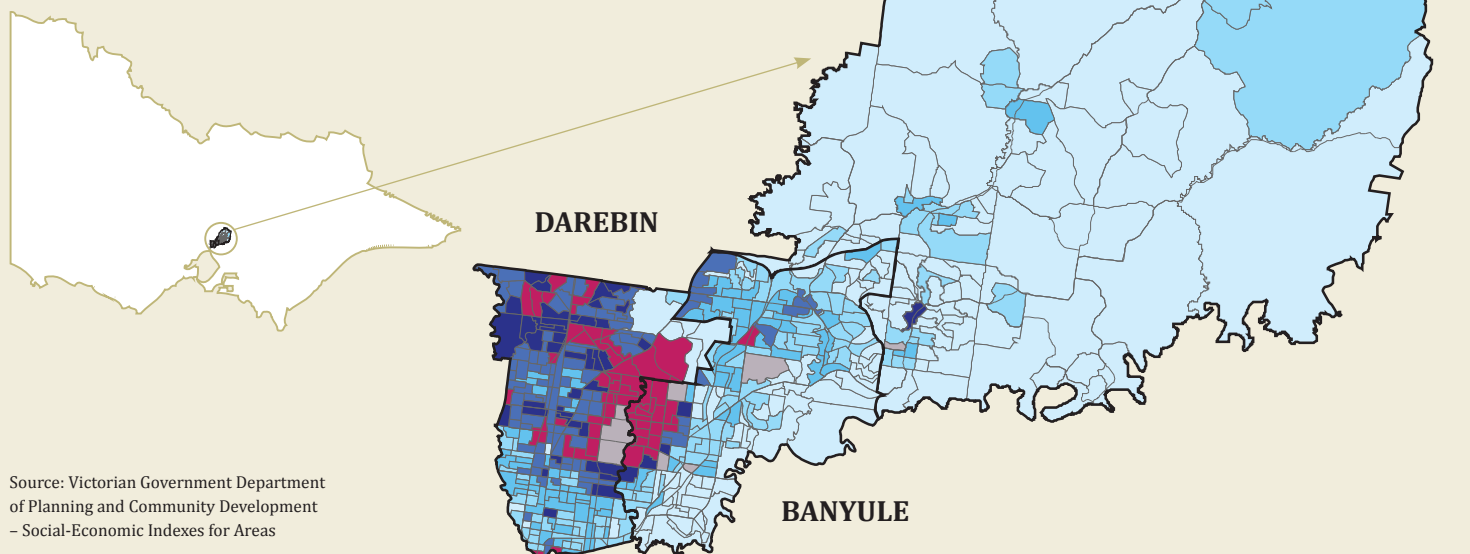
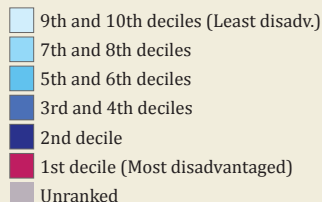
The top five causes of death are:

1. Ischaemic Heart disease
2. Stroke
3. Lung cancer
4. COPD
5. Colon/Rectum Cancer

A full report on the NEPCP Demographics and Health Indicators Data, with referencing to data sources can be obtained from www.nepcp.org.au

The NEPCP covers the local government areas of Banyule, Darebin and Nillumbik.

SEIFA Index of Relative Socio-Economic Disadvantage, 2006



Source: Victorian Government Department of Planning and Community Development – Social-Economic Indexes for Areas