



# FRANKSTON MORNINGTON PENINSULA

## PRIMARY CARE PARTNERSHIP

### 'The Year in Review'

#### **A REPORT TO THE MEMBERSHIP - 2008**

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## Introduction

The Frankston Mornington Peninsula Primary Care Partnership is entering its next planning phase ahead of the development of its Community Health Plan 2009 – 2012. With this in view it is timely to provide a report on the activities of the Partnership during 2008 to its member agencies – the people who have made those activities happen. A formal report – the Community Health Plan Implementation Agreement (CHPIA) has been provided to DHS and a copy of this full report is available upon request. The CHPIA template can be difficult to comprehend for the uninitiated and it has been decided that a separate report would be a better way of reporting to the membership. This report loosely follows the structure of the CHPIA and has three main sections:

1. Partnership Development,
2. Integrated Health Promotion and
3. Service Coordination and Integrated Chronic Disease Management

## Partnership Development

The Frankston Mornington Peninsula Primary Care Partnership's (FMPPCP) major goal in the achievement of its vision (stated above) is to build an informed and responsive environment of existing and new partnerships, in order to improve mental health and wellbeing (specific focus on family violence and social inclusion) in the Frankston Mornington Peninsula sub-region.

The Partnership's selection of family violence and social inclusion as areas of specific focus is related to the evidence.

### Key Challenges for 2007 - 2008

The key challenges for partnership development during the last year include:

#### ▪ Development of a Succession Plan –

Following a massive three year contribution as Chair of FMPPCP, Christine Morka resigned at the end of 2007.

Diane Collins stepped in with a commitment to the Chair role during a period enormous change at Peninsula Community Health Service. Following the amalgamation of PCHS with Peninsula Health, Diane resigned from PCHS to take up a different position within Peninsula Health. At that time she resigned from the PCP Chair as well. The contribution she has made to the role has been necessarily short but extremely valuable.

A succession plan for the role of Chair has now been developed:

- Rob Macindoe – as Deputy Chair – has taken on the Chair until July 2009 to take the current term to its conclusion.
- Iain Ritchie (Good Shepherd) will take the Chair for two years from July 2009 – 2011.
- Following this Terry Palioportas will assume the role for the next two years

### Key Achievements for 2007 - 2008

The key challenges for partnership development during the last year include:

- Care in Your Community – see page 4.
- Family Violence Prevention Project – see page 7
- The re-structuring of the Service Coordination Working Group – see page

### Funding for Problem Gambling from the Department of Justice

The Department of Justice is funding Primary Care Partnerships to address problem gambling in their catchments. In each DHS Region, the PCP with the highest incidence of problem gambling (in SMR – South East PCP) receives \$40,000 per year over 4 years and the other three PCPs receive \$5,000 a year over 4 years. The '\$40,000' PCP must direct this funding to health promotion, and the other PCPs may direct it either to health promotion or service coordination. This funding is not targeting new projects but is intended to enhance existing projects

and/programs to include a focus on problem gambling. In FMPPCP this funding is being directed to health promotion. More detailed planning will accompany the strategic planning process for the PCP, but the funding will go to enhance either the social inclusion or the family violence prevention strategies.

### **Family Violence**

There is no shortage of evidence to substantiate immediate and long term impacts of family violence. At a local level, Frankston has the highest rates of police call outs to family violence incidents in Victoria, and the rates of child abuse substantiations in Frankston North are twice that of the Southern Metro Region overall whereas those of Hastings are almost triple those of the region. Burden of disease data shows that domestic violence has been identified as the single greatest risk factor associated with death, disease and disability for Victorian women aged 15 to 44<sup>1</sup>.

### **Social Inclusion**

A Department of Victorian Communities (now the Department of Community Development & Planning) report states that in Victoria people who volunteer, are members of organised groups or attend community events, are healthier, less anxious/depressed and feel more positive about the communities in which they live<sup>2</sup>. Review studies have shown that this is not because healthier people are more likely to participate, but that participation has an independent positive effect on health<sup>3</sup>

### **Integrated Chronic Disease**

Alongside these priorities the Community Health Plan (CHP) also addressed the Department of Human Services 'deliverable' of integrated chronic disease. The means used to address these issues are integrated health promotion and service coordination.

PCP's next partnership objective is to actively participate in new and existing partnerships which are relevant to mental health and wellbeing.

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<sup>1</sup> The Health Costs of Violence: Measuring the Burden of Disease Caused by Intimate Partner Violence, VicHealth June 2004

<sup>2</sup> DVC (2004c)

<sup>3</sup> Young F & Glasgow N (1998)

### **Neighborhood & Community Renewal**

The FMPPCP Family Violence Prevention Strategy encompasses the catchment of the LGA's of Frankston and the Mornington Peninsula, however more focussed coordination of interventions are being planned in the three local communities in which Community or Neighbourhood Renewal is located. These are Frankston North, Hastings and Rosebud West.

The goal of the project is to build organisational, workforce and community capacity across the catchment to work together to prevent family violence and improve the social, health and economic outcomes for women and children at risk of, witnessing or experiencing family violence. To achieve this goal the PCP has developed a localised strategy that:

- builds and strengthens organisational, workforce and community capacity to prevent family violence
- coordinates prevention programs in/across early years, schools and community settings and sectors, and
- informs and educates the community about family violence and how to prevent or respond to it.

Since family violence prevention is a new area of activity for the PCP, the Health Promotion Alliance's primary goal has been to 'lay the foundations' in developing a collaborative place based partnership, map family violence prevention activities across sectors including education and to bring the community together (White Ribbon Day, 25<sup>th</sup> November 2008) to form a plan which will provide the basis for the next Community Health Plan.

### **Care in Your Community**

Care in your Community is a planning framework, developed by the Department of Human Services in 2006. Its publication - *A planning framework for integrated ambulatory health care, 2006*, acknowledges the need for change and provides a policy framework to facilitate this occurring.

The framework suggests a major change for health service delivery in Victoria. It provides key planning principles which will lead to the provision of locally accessible services and improving the integration with and between health services. Ambulatory care is that care which does not

require an overnight admission to hospital. An important direction is that ambulatory care services should be delivered in the community where possible and only be based at hospitals for reasons of safety, quality of care or efficiency.

In order to further refine the planning framework set out in CiYC and develop the methodology for conducting area based planning three trial sites were established in 2006. These sites were:

- The Outer East (covering the local government areas of Knox, Maroondah and Yarra Ranges).
- Southern Metropolitan Region: South East planning area (covering the local government areas of Greater Dandenong, Casey and Cardinia)
- Gippsland Region: trial was conducted was conducted in a regional context, under the direction of the Gippsland Health Services Partnership.

These trial sites have been evaluated and the field is currently waiting for notice of future directions for the initiative from DHS.

In the meantime primary health agencies in the Frankston Mornington Peninsula formed a partnership to initiate a Care in Your Community project in our region using initial funding provided by Peninsula Health. These agencies are all FMPPCP member agencies:

- Frankston City Council
- Frankston Community Health Service
- Mornington Peninsula Shire Council
- Peninsula Community Health Service
- Peninsula G.P. Network
- Peninsula Health
- Peninsula Hospice Service
- Peninsula Support Services Inc

The first task of the partnership was to produce an area based planning report. Based on the findings of the report the partners identified three priorities: Chronic Obstructive Pulmonary Disorder, Diabetes and Depression & Anxiety. These three priorities will be addressed across the three levels of health service delivery in this region - health promotion/illness prevention, early intervention for chronic disease /complex care, and episodic and urgent care.

Task groups associated with the three priorities have been formed with PCP member agencies

participating in all of them. Currently mapping activities are underway to establish the current types and locations for services across the continuum of services from health promotion to the acute end of service provision. Consumer needs have been collected through a series of focus groups and individual interviews conducted by an independent consumer organisation

The information gathered from these activities will form the basis of action plans from each of the task groups using the CiYC planning framework – to be implemented over the next two years. It is hoped that DHS, who have been very warmly supportive of the initiative taken by the Partnership, will provide funding to implement these action plans.

FMPPCP is participating in this project, providing both health promotion and service coordination expertise, along with collaborative participation of key member agencies at all levels of the project, including the projects steering group and all of the task groups.

The Frankston Mornington Peninsula Care in Your Community Project is being spoken of as leading the State in that it is a voluntary initiative by participating member agencies with a very high level of commitment from each of them. The funding provided by Peninsula Health has enabled three PH members of staff to devote time to support each of the project areas. DHS is following its progress with a high degree of interest and approval. The Government's next step following the evaluation of the three trials mentioned above has not yet been announced, but it is hoped that the FMP CiYC project will be included in that strategy.

### **Broadening the Membership**

The Partnership's first partnership objective has been to broaden its membership to reflect its strategic priority – specifically in relation to child/family and family violence agencies. Another target for new member agencies were providers of home and community care services in order to increase its implementation of electronic referral in service coordination.

When the Community Health Plan 2006 - 2009 was written the Primary Care Partnership consisted of 28 member agencies most of which provided services in the primary health and community support sectors. In the time that has

elapsed, four agencies have withdrawn, primarily because they have either not re-signed the MOU, never been active in the PCP or do not provide services in this sub-region.

These agencies are:

1. Bunarong Aboriginal Health Service
2. Extended Families Australia
3. Mt Eliza Village Neighborhood Centre
4. Relationships Australia

Four new agencies and one partnership have become members of the PCP. This brings the current membership total to 33 member agencies:

1. Anglicare
2. Bapcare
3. **Brotherhood St Laurence (BSL)**
4. Child First Partnership
5. Commonwealth Carers Respite & Care Link (CCRCL)
6. Disability Opportunities Victoria (DOV)
7. Focus Individualised Support Services (FISS)
8. **Frankston City Council (FCC)**
9. Frankston Support & Information Centre (FSIC)
10. Gamblers Help - Southern
11. **Good Shepherd Youth & Family Services (GSYFS)**
12. Home Carers Ltd (HCL)
13. Impact Mental Health Svcs (IMHS)
14. LifeWorks
15. Mental Illness Fellowship (MIF)
16. Menzies Inc
17. Mind (Richmond Fellowship)
18. **Mornington Peninsula Shire Council – (MPSC)**
19. **New Hope Migrant & Refugee Centre (NHMRC)**
20. **Peninsula General Practice Network (PGPN)**
21. **Peninsula Health (PH): (2 Reps)**
  - a. **Community Health (FCHS & PCHS) -** Domiciliary Care, Complex Care, Health Promotion, Falls Prevention, Live Well, Primary Health, Stay Healthy
  - b. **Integrated Care:** Access, MEACAS, MEPACS, RAD Team, Transition Care
22. Peninsula Hospice Service (PHS)
23. Peninsula Support Services (PSS)
24. **Royal District Nursing Service (RDNS)**

25. SECASA
26. Seniors Community Care (SCC1)
27. Southern Cross Care (SCC2)
28. Southern Peninsula Community Care (SPCC)
29. Villamaria Southern Community Services (VSCC)
30. Vision Australia
31. Wesley Do Care
32. Women's Health in the South East (WHISE)
33. Woorinyan Employment Service (WES)

\* Senior Management from the agencies shown in bold form the PCPs Strategic Directions Committee along with a Consumer Participation Representative (10 members)

## FMPPCP Community Health Plan 2009 - 2012

### Strategic Planning

The Partnership is currently heading into its major planning phase for the development of its next Community Health Plan. This seven step process will be as follows:

1. This report will be distributed to the membership as a background document for the planning phase.
2. The Health Promotion Alliance and the Service Coordination Working Group will provide their key priorities for the next plan
3. Major partners, such as Care in Your Community will provide their key priorities for their planning.
4. An online survey (SurveyMonkey) will be conducted with member agencies asking them to identify key areas they believe the partnership can add value to their own goals.
5. A facilitated large member agency forum will be held in March, in order to:
  - showcase the activities/achievements of the Partnership. (Most people who participate in the PCP are only aware of the area of activity that they are involved in.)
  - evaluate the strengths, weaknesses, failures and achievements of the previous Community Health Plan – using the

FMPPCP Report to Members 2008 as a resource document along with participants' ideas on the day

- develop principles, objectives and framework for strategic planning.
6. A Strategic Planning Workshop be held with the PCPs Strategic Directions Committee and key representatives of working groups and partnerships will be held in May to conduct the strategic planning process, and finally
  7. A consultant will work with the Strategic Directions Committee to write the Community Health Plan 2009 – 2012.

## Integrated Health Promotion

The focus of Integrated Health Promotion during 2007-08 was on the re-development of the structure and partnerships around the PCP's strategic priority of mental health and wellbeing, with specific focus on family violence prevention and social inclusion. The Health Promotion Alliance established three projects to address these priorities:

- Family Violence Prevention – focussing on early years
- Transport Action – Community Transport Proposal, and
- Peninsula Multicultural Youth Action Network (PMYAN)

### Key Challenges for 2007-08:

The **key challenges** facing the delivery of the Integrated Health Promotion Plan are:

- Lack of resources to deliver on the Plans: Submissions and proposals for funding from a range of sources for all three program areas (Family Violence Prevention, Social Inclusion – Transport Research; and Peninsula Multi-Cultural Youth Action Group – youth mentoring project) were unsuccessful.
- Low level of dedicated Health Promotion capacity - FMP PCP allocated 0.5 EFT to integrated health promotion for 2007-08. With so many committees/groups to service and the significant time required to seek funding, there were limits as to what could be achieved.
- Communication mechanisms within the PCP - the committee and governance structure of the PCP does not facilitate optimal communication across all areas of involvement of the partnership resulting in delays, poor understanding of strategies and action.

### Key Achievements for 2007-08

The key success of the year has been the development of the Family Violence Prevention Strategy and the effective engagement of key stakeholders in its development and implementation. The strategy is based on the latest evidence, has generated great momentum and

support across sectors in the catchment, is innovative and has gained remarkable traction in a relatively short timeframe, given that it is a completely new area of involvement for the partnership. Continued success will require an investment of funding from government or another source, the engagement of an evaluation partner, and sufficient dedicated capacity to maintain momentum and continue to lead the implementation of the strategy.

## Family Violence Prevention

The FMP PCP Family Violence Prevention Strategy is a place-based, integrated, inter-sectoral approach to prevent and reduce the incidence of family violence in the catchment.

### Aims and objectives

The goal of the project is to build organisational, workforce and community capacity across the catchment to work together to prevent family violence and to improve the social, health and economic outcomes for women and children:

- at risk of,
- witnessing or
- experiencing family violence.

Funding has been sought to employ a half time project coordinator (to work directly with schools, community agencies and groups to implement programs in schools and other settings, organise capacity building workshops, and implement local social marketing campaigns). However, to date our funding submissions have not been successful.

### The objectives of the project are:

- Build and strengthen partnerships between agencies and groups working with families and young people through the PCP Family Violence Prevention Working Group to facilitate and support a collaborative approach at a local level
- Conduct a series of capacity-building forums and workshops to inform and up-skill workers and education staff working with children, families and youth in Frankston and the Mornington Peninsula on family violence

prevention

- Undertake a White Ribbon Day Ambassador recruitment drive locally to engage high profile men as ambassadors on family violence prevention
- Coordinate the delivery of effective schools-based prevention programs across primary and secondary schools in the three communities that have the highest rates of reported family violence and child abuse reporting in the catchment – i.e. Frankston North, Hastings and Rosebud/Rosebud West.
- Coordinate the delivery of effective prevention programs in early years and other community settings (sporting clubs, youth groups) to complement and strengthen the programs delivered through local schools in the 3 target communities
- Evaluate the project.

#### **People engaged in undertaking the work**

##### **Project coordinator**

As noted above submissions for funding have not yet been successful, although the Working Group is still very hopeful that funding will be granted from the Department of Planning and Community Development in the coming year. The funding will be used primarily to employ a coordinator to work with schools and community agencies to implement programs and facilitate collaboration and coordination across the early years, primary and secondary education sectors and between the education sector and the community and health sectors.

##### **FMPPCP member agency representatives and staff**

The project has been directed by the Family Violence Prevention Working Group of the PCP, which until very recently was facilitated by the Health Promotion Coordinator. It reports to the FMPPCP Strategic Directions Committee.

##### **Collaborators/Partners**

Current membership of the FVP Working Group:

- Lorraine Andrieu, Frankston Mental Health Service
- Jill Armstrong, Frankston Family

Relationship Centre

- Renée Bloomfield, Victoria Police
- Sonja Bottern, Frankston School Focussed Youth Service
- Rachael Brigden, Frankston City council
- Christine Burrows, Peninsula Health
- Lisa Grey, Hastings Neighbourhood Renewal
- Kathy Heffernan, Rosebud West Neighbourhood Renewal
- Amanda Leck, Frankston North Community Renewal
- Diana Mummé, FMPPCP
- Angela Palmer, Good Shepherd Youth and Family Services
- Chris Pompei, Peninsula Community Health Service
- Nicole Regan, Mornington Peninsula Shire
- Kate Sommerville, Frankston City Council (Chair)
- Steve Watkinson, Anglicare
- Kathryn Williamson, Frankston Community Health Service
- Libby Wilson, Rosebud West Neighbourhood Renewal
- vacant, Women's Health in the South East

The place managers report in and consult with their community committees.

##### **Products of the Strategy to Date:**

- The establishment of the Family Violence Prevention Working Group, including recruitment of members from agencies and sectors not previously involved with the Primary Care Partnership – see above
- Engagement and commitment of the three communities targeted by the project:
  - Frankston Community Renewal
  - Hastings Neighbourhood Renewal
  - Rosebud West Neighbourhood Renewal
- A needs assessment
- Service and program mapping across the catchment (which yielded responses from 81 schools and agencies)

- A Community and Practitioner Forum was run on White Ribbon Day 2008 (November 25<sup>th</sup>). The Hon. Joan Kirner launched the FMPPCP Family Violence Prevention Strategy. A broad range of experts in the field of family violence prevention also gave very informative presentations. The afternoon workshop focussed on engaging the large number of participants in fleshing out the PCPs family violence prevention strategy.

The FMPPCP Family Violence Prevention Strategy has the following components

- Coordinating violence prevention approaches across sectors
- Joining up primary and secondary school prevention programs in a local community
- strengthening communities to get involved in prevention, and
- workforce development
- Engagement of 10 local high profile men as White Ribbon Ambassadors on family violence prevention.

White Ribbon Day is a national media campaign that aims to eliminate violence against women by promoting culture change. It is an opportunity for high profile, respected men in the community to take a stand against one of the most fraught and damaging issues facing our community by becoming a White Ribbon Day (WRD) Ambassador. Becoming a WRD Ambassador is a powerful statement about non-acceptance of violence against women. As role models to boys and men in the community, WRD Ambassadors are vital links between prevention strategies and the community.

White Ribbon Ambassadors are prominent men from many fields who promote and further the campaign. White Ribbon Ambassadors present a public face of the national promotion strategy to encourage men to publicly champion non-violent relationships in our community.

Becoming an Ambassador involves advocating positive non-violent relationships with women by:

1. Being prepared to appear in a local media story about White Ribbon Day and the FMPPCP Family Violence Prevention Strategy

2. Wearing a White Ribbon on November 25<sup>th</sup>, and being able to talk about what it means and represents
3. Attending or supporting a Family Violence Prevention Forum on 25<sup>th</sup> November, 2008

## Social Inclusion

One of the priority goals for the PCP's Community Health Plan for Integrated Health Promotion was to reduce social isolation and improve opportunities for social inclusion among a range of disadvantaged population groups. These include:

- Culturally and linguistically diverse communities, particularly newly arrived migrants and refugees
- Koori Community
- Young People
- Older people, including the frail elderly
- People with a disability and their carers
- People with a chronic illness.

Members of the Health Promotion Alliance (HPA) delivering health promotion programs across Frankston and the Mornington Peninsula have identified that the lack of public and community transport across the catchment is a key factor contributing social isolation amongst these population groups, many of whom have limited options for private transport due to cost, mobility, social confidence and other factors

To achieve the goal of reducing social isolation across the catchment, the Social Inclusion Working Group has developed the following objectives:

1. To advocate for more transport funding for health promotion programs specifically and for greater funding of public and community transport within the FMP region
2. To receive State and local Government assistance to undertake a study on models of informal transport that can be applied to program planning and implementation. The study will:
  - Investigate the transport barriers and enablers to participation in existing health promotion and early intervention programs across FMP
  - Identify and asses informal transport

options that facilitate social inclusion and participation in health promotion programs by target groups and communities

- Develop a resource to support the embedding of transport needs into health promotion program planning and implementation, to enable access for transport poor individuals
3. To improve the sharing of existing community transport resources (11 seater buses and fleet vehicles) between HPA members and other health, disability and community care services
  4. To improve coordination and integration of community and public transport in FMP region and in communities where there are identified transport needs.

These requirements have arisen as a result of consultation with HPA members and through a literature review of studies examining transport need and planning in FMP.

As noted above funding submissions to support research for this project have not yet been successful.

## **Peninsula Multicultural Youth Action Network - PMYAN**

PMYAN was established from issues identified by youth and education service providers in Frankston. Issues have been emerging in a number of Frankston schools relating to connection to education and the capacity of the education system to meet the educational and social needs of newly arrived and refugee young people.

An initial meeting of key stakeholders in the youth, education and community sectors was convened to discuss the issues and identify how service providers could work together to improve the social inclusion of newly arrived young people and their families in Frankston and the Mornington Peninsula, with a focus on the newly emerging communities and on the Frankston area.

The Action Network formed out of these initial meetings and is initially convened by the FMP Primary Care Partnership, which has social inclusion as a priority issue, and CALD communities as a key target group.

The objectives of the Network are to:

- Build capacity and cultural competence of service providers in the education and community sectors to address the needs of young people and their families from emerging culturally and linguistically diverse (CALD) communities
- To work together to raise community awareness of issues facing newly-arrived young people and their families, to create a more socially inclusive community
- To collaborate to maximise and promote opportunities for celebration of diversity in Frankston and the Mornington Peninsula
- To collaborate and advocate for increased resources to support current and new programs to improve educational, training, employment and social health outcomes for CALD young people in the catchment
- Provide a forum for networking, information exchange and dissemination.

## Service Coordination & Integrated Chronic Disease

In the last year, Frankston Mornington Peninsula Primary Care Partnership has reviewed its service coordination strategy and shifted its focus to embracing the full continuum of service coordination, rather than concentrating primarily on electronic referral which is a tool of service coordination as we have done in the past. The renewed focus has come about as a result of two member agency consultations carried out by the Partnership during 2007 and 2008.

### Integrated Chronic Disease Self-Management Mapping

In the second half of 2007 the Department of Human Services (DHS) put its plan to map chronic disease self-management services out to primary care partnerships to carry out. The requirement was to map specific chronic disease self-management services being provided by PCP member agencies – principally, acute and community health. The specific definition of self-management approaches was an approach which promotes in the client the development of 3 or more of the 5 skills described in Wagner's Chronic Care Model:

- Problem solving
- Decision making
- Resource utilisation
- Patient-provider relationships
- Taking action

Since these approaches formed the basis of most PCP member agencies services we decided to extend the consultation to all of them with individual visits to assist in the completion of the survey. In particular this strategy was welcomed by Peninsula General Practice Network since in the main General Practitioners are not aware of what services are provided by PCP member agencies. A report was written, submitted to DHS and distributed to the Partnership's member agencies.

### FMPPCP Member Agencies & Services List

Once the self-management mapping process was complete, it was further decided that it would be useful to develop the list into a full articulation of the services provided by member agencies along with specific information about how to refer into

them. The plan was to load this document onto the GP Network's website, the PCP page of Peninsula Health's website and individually distribute it to member agencies. The list is now complete and has been distributed to member agencies and will soon be loaded onto the websites.

### DHS Service Coordination Survey & FMPPCP Member Agency Service Coordination Consultation

In the second half of 2007 DHS put a second piece of work out to PCPs to carry out. This was its survey of service coordination implementation. FMPPCP was very active in encouraging its members to complete and submit this survey to DHS. Its focus was the current level of implementation by member agencies. The decision was then taken by FMPPCP to extend this activity by asking member agencies what they themselves wanted to achieve in relation to service coordination. This was achieved by means of an individual agency consultation. Findings to date are significant.

The process involved:

- measuring current levels of implementation against levels achieved in 2004
- identifying what each member agency wanted to achieve
- making a concrete plan to achieve their goals, and
- identifying their referral partners

The report being compiled of the consultation findings indicates that FMPPCP member agencies, although at varying levels, are actively implementing the full continuum of service coordination practices, principles and processes. The report highlighted a notable increase in the usage of the SCTT tools and electronic referral.

The findings also demonstrate a considerable shift since 2004 with most member agencies now using the Service Coordination Tool Templates (SCTTs) either all the time or are able to use them when required by a referral partner – often by means of electronic referral.

### **Service Coordination Working Group**

During the early part of 2008 the Service Coordination Working Group took a decision to re-structure itself. There are three things driving this re-structure:

1. Increased capacity for FMPPCP stakeholders to further embed the full continuum of service coordination practices and process.
2. Integrated chronic disease
3. Care in Your Community

### **Service System Redevelopment Coordinator Position**

Subsequent to these developments throughout the year it was decided that the service coordination and ICDM work required a more targeted approach with a resource dedicated to these strategic PCP areas.

The plan for the re-structure of the Service Coordination Working Group is now benefiting from the arrival of the Partnership's new Service System Redevelopment Coordinator, Lyn McKay whose position focus is Service Coordination and Integrated Chronic Disease Management.

Lyn has hit the ground running and has developed a proposal which has been endorsed by the Service Coordination Working Group, the Operational Management Committee and the Strategic Directions Committee.

### **Service System Redevelopment Proposal**

As FMP PCP members have committed to implement service coordination principles and processes for the betterment of client care and a truly integrated service system within the Frankston Mornington Peninsula region, this requires a strong emphasis on collaborative teamwork, efficiency of processes along with appropriate governance structures to achieve tangible outcomes. It is desirable that an effective framework to plan and implement the types of systems, processes, practices, agreements and protocols to achieve integrated service delivery that will benefit patients and service providers alike be developed. To that end it has been agreed that the following structure will be put into place in 2009.

### **1. Service System Redevelopment Committee**

An overarching Service System Redevelopment Committee will replace the current Service Coordination Working Group.

The committee will be comprised of managers or their delegated representatives with appropriate authority to support decision making from a broad range of stakeholders such as:

- Child & Family Services
- Community Support Services
- Disability
- DHS
- Drug & Alcohol
- Family Violence Prevention
- GP Network
- Mental health
- Neighbourhood renewal
- Primary & Acute Care

The function of the Committee will be to facilitate, provide direction and oversight to the PCP SSR work. The Committee will also:

- review & prioritise potential project options
- review and support the implementation of a service system redevelopment work plan
- form project/task groups per the work plan as deemed appropriate

### **1. Project or Task Groups**

Project or Task Groups will be formed to implement identified projects which would be time limited, have specific objectives and outcomes. They will be convened by the Service System Redevelopment Steering Committee as required.

The project groups will be comprised of key personnel such as practitioners/team leaders, managers (if approp), etc. as required by the project parameters from a broad range of stakeholders. The planning process to identify which projects to implement is to be rolled out in the early part of 2009.

### **3. Integrated Chronic Disease Management Collaborative**

Given that there are a number of key initiatives already being undertaken in the FMP region

encompassing substantive overlaps and synergies with the service coordination and ICDM focus of the PCP, it is expedient to have a cohesive and seamless approach to the current system redevelopment work through the formation of a collaborative representing various initiatives running concurrently in the FMP region.

The primary purpose of this collaborative will be to inform PCP Service System Redevelopment (SSRS) Work. The Collaborative would also:

- facilitate a coordinated approach to CDM (enhancing embedding of service coordination best practice)
- support progress of regional CDM initiatives
- prevent duplication of effort and committees ensuring effective use of resources
- act as a 'clearing house' for various initiatives

It is anticipated that project leaders of various initiatives, such as PH CDM, CiYC and others, will comprise the collaborative. Further discussion is expected about the formation of the Collaborative.

### **Service System Redevelopment Workshop**

A Service System Redevelopment (service coordination/ICDM) Planning Workshop to further identify key priorities for the 2009 work of the Service System Redevelopment Committee and its project/task groups will be held in early February 2009. This will supplement potential priorities already identified. The outcomes of the planning workshop will also inform the development of the next Community Health Plan. Advance notice for the Planning Workshop will be distributed shortly.

### **Change Management Support for Electronic Referral**

As noted above, it has taken a very long time to get an e-referral system established and further to this, to get a system established which has a built-in link to Argus, the provider e-referral preferred by the majority of General Practitioners in the sub-region. There are currently three providers supporting e-referral in the Southern Metropolitan

Region:

- Argus – used by General Practice
- ConnectingCare – used by FMPPCP and Kingston Bayside PCP, and
- Infoxchange – used by Inner South East PICH and South East HCP

Part of the e-referral implementation problem for FMPPCP has been the complicated, difficult and extremely time consuming process involved in installing the email encrypting tool called Public Key Infrastructure or PKI that is used by ConnectingCare. Also, ConnectingCare has been working for two years now to establish a link to Argus which stalled over pricing models. ConnectingCare has been working to solve the PKI problem by finding another provider for encryption and their link to Argus will soon be established.

FMPPCP's Strategic Directions Committee has decided that it is timely to conduct a review of e-referral providers to look at all the available systems and provide updates about DHS progress and developments, benefits, costs, technological and implementation issues about the different systems. It is hoped that this review of 'where are we up to' will provide good information for future consideration and planning.

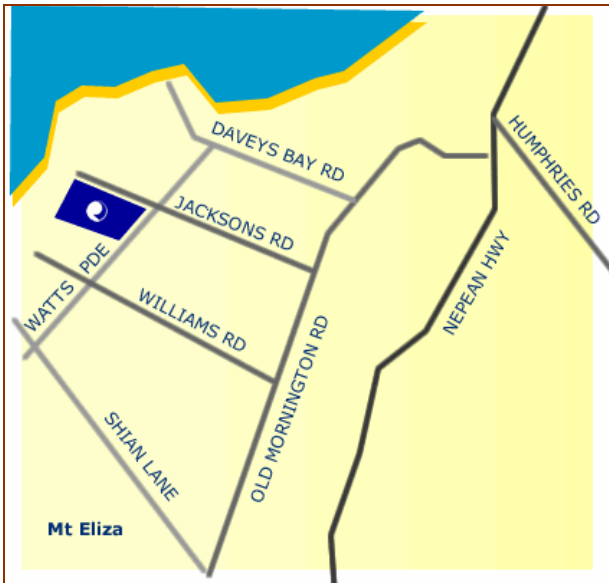
## **The PCP has moved:**

As many will be aware, the PCP office has moved from Dundas House Frankston, and we now have a great room with a wonderful view of the sea at:

The Mt Eliza Centre,  
Jacksons Road (PO Box 192)  
Mt Eliza 3930

(Enter gate 2 for Reception, ask for the PCP Office and they will ring through and we will come and meet you.)

The Mt Eliza Centre is located where you see the Peninsula Health logo in the map below.



Chairperson  
Service System Redevelopment Committee

Panos Kalathas (NH MRC)  
Chairperson  
Health Promotion Alliance

Kate Sommerville (FCC)  
Chairperson  
Family Violence Prevention Working Group

Michael Hillier (BSL)  
Chairperson  
Social Inclusion Working Group

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