1. Background

1.1 Role of the Frankston Mornington Peninsula Primary Care Partnership (FMPPCP)

The FMPPCP is a partnership of 41 member agencies and organisations. FMPPCP members have a strong commitment to working collaboratively together to achieve the partnership’s aims and objectives reflected in its strategic plan.

FMPPCP is one of 30 Primary Care Partnerships across Victoria that are funded by the Victorian Department of Health as part of its Primary Care Partnership Strategy. Under this strategy, Primary Care Partnerships are the Department’s preferred vehicle for driving primary health care initiatives, in concert with local health and wellbeing planning and service delivery organisations to:

- improve the experience and outcomes for people who use primary care and community services
- reduce the preventable use of hospital, medical and residential services
- make greater use of health promotion programs through responding to the early signs of disease and/or people’s need for support

The FMPPCP does this through collaboration and change management to effect:

- service system re-development: including service coordination and chronic disease management,
- integrated health promotion, and
- partnership development.

The key to success in these areas is the strength of the partnership across the continuum of care.

1.2 Achievements of the Previous Strategic Plan

Service System Redevelopment Goals:

The previous plan had one major service system re-development goal - the development and implementation of an agreed Service Access Framework across the sector. This goal had four steps, which were:

- The Client Journey: An Experiential Study,
- Piloting the Broader Needs Assessment Tool,
- Identification and implementation of an effective electronic referral system, and
- Development of an agreed Service Access Framework.
1.2.1 The Client Journey

The Client Journey Experiential Study is a study of the journey through the aged and chronic care sectors from the client’s and service providers’ perspective. The study was completed and published in December 2010 and was extremely well received in the primary care sector. The PCP was awarded an ADMA scholarship by the Department of Health to enable the work to be presented at the 2011 Australian Disease Management Association Conference and the 2011 Department of Health Integrated Chronic Disease Management Forum. The importance of the study was acknowledged by the Department of Health, Monash University and other key health providers. There has been broad application and use of the Client Journey Study for various partnership quality activities, including the development of the submission for funding of the FMPML by the Peninsula GP Network and other key partners in the sector.

1.2.2 The Broader Needs Assessment (BNA) Tool

FMPPCP successfully coordinated a roll-out of the Broader Needs Assessment Tool – from a Community Health clinical setting to a Local Government ‘Living at Home’ setting. The trial was administered by local government Assessment Officers from Frankston City Council and Mornington Peninsula Shire Council, over a two month period, with clients requiring new assessments. Findings from the trial show that the BNA provides a systematic and structured approach to assessment, leading to improved client centred care plans so that improved goal setting and capacity in clients’ outcomes can be realised.

As a result of this project the New BNA Tool was adopted for on-going use by both Councils and the tool has been received positively across the sector, with excellent feedback from Department of Health (DoH) Southern Metropolitan Region (SMR). Following a positive presentation at a DoH Active Service Model Forum in 2012, the Tool has also been picked up by a number of other Councils across the State.

1.2.3 Identification and Implementation of an Effective Electronic Referral System

This goal has been challenging for the FMPPCP and an effective Electronic referral system is still to be achieved. However, with the establishment of:

- a shared population health planning framework, known as the Peninsula Model for Primary Health Care Planning (The Peninsula Model - see more below), and
- the Frankston Mornington Peninsula Medicare Local (FMPML)

the achievement of these goals is suddenly a lot closer and much more exciting.

FMPPCP and FMPML share a similar service system redevelopment mandate, FMPPCP from the State and FMPML from the Commonwealth. At the current time the two organisations are working together on an E-Referral Project, funded by FMPML, in which an e-referral expert is working with PCP member agencies to identify each agency’s needs of an e-referral system and their individual barriers against doing so. An outcome of the project is the identification and engagement of an e-referral provider which most meets member agencies’ needs. The other goal is the commitment of PCP member agencies to purchase and use the e-referral system that is being used consistently across the catchment.

1.2.4 An Agreed Service Access System

With the recognition that the partnership of FMP agencies has an already strong history and commitment to working collaboratively together, FMPML employed a consultant to develop a Service Access Framework. How this framework will be used is discussed in more detail on page 12 below.
1.3 Integrated Health Promotion Goals:

1.3.1 Stronger Communities (Respectful Relationships)

The Stronger Communities (Respectful Relationships) Project is nearing completion with the six final months to go. It focuses on the primary prevention of violence against women and children. Catchment wide, the project supported:

- White Ribbon Day Working Group – a social marketing campaign
- ‘Be the Hero’ Facilitator Training
- Project presentations to network meetings, community development students, community groups and service providers, interfaith networks and sporting organisations.

An independent evaluation of the project is currently being conducted, following which a resource kit will be created along with a final report to the project’s funders, the Department of Planning and Community Development. It is anticipated that the resource kit will make the learnings and assets of the project available to those interested.

1.3.2 Social Inclusion: FMP Community Transport Network

Access to transport has consistent widespread evidence and recognition of being a major barrier to access to services and to social inclusion. FMPCP, through its Social Inclusion Working Group, has been an integral partner in the development of the Frankston & Mornington Peninsula Community Transport Network (the Network). The Network represents a partnership of community organisations and local governments that have contributed vehicles and volunteers to a communal pool which can be shared and accessed by other groups, organisations and individuals in the region. Transport disadvantaged people can access volunteers - driving their own vehicles and/or or minibuses belonging to community organisations and driven by trained volunteer -, to assist them with medical and social appointments. $100,000 of seed funding was secured through the Mornington Peninsula Shire’s Transport Connections Program. TransAccess, a community transport program, auspiced by Bentleigh Bayside Community Health, have been contracted to supply the operational requirements of co-ordinating and supplying the service. The Network has successfully operated since launching in March 2012. It is currently working towards sustainability goals, one of which is becoming a legally constituted organisation. This new organisation will be known as Peninsula Transport Assist.

1.4 Partnership Development Goals:

1.4.1 A robust and healthy partnership

During the course of the previous strategic plan FMPPCP member agencies participated at all levels and in all activities of the plan – from initial development of the plan itself to full achievement of the outcomes they wanted. These outcomes, described in this document, are fully reported on in the FMPPCP Annual Reports 2011 and 2012.

The period of the FMPPCP Strategic Plan 2009-12 saw the release of the National Health Reform agenda and the establishment of the Frankston Mornington Peninsula Medicare Local (FMPML) in our catchment. The FMPPCP enthusiastically supported and participated in the development and establishment of the FMPML – from the initial submission for funding to establish the Medicare Local, to collaboratively working together to facilitate the implementation of the Peninsula Model for Primary Health Care Planning.
1.4.2 Alignment of Integrated Health & Wellbeing and Integrated Health Promotion Plans for the FMP Catchment

A major achievement for the Partnership and in particular, its partners who are similarly mandated to produce health promotion and health and wellbeing plans, has been the alignment of the population health plans in the catchment:

- Frankston Mornington Peninsula Primary Care Partnership Strategic Plan including a Health Promotion Plan
- Peninsula Health – Health Promotion Plan
- Frankston City Council – Municipal Public Health & Wellbeing Plan
- Frankston Mornington Peninsula Medicare Local – future strategic plan
- Mornington Peninsula Shire Council – Municipal Public Health & Wellbeing Plan
- Women’s Health in the South East – Health Promotion Plan

The alignment, led by the FMPPCP was achieved through the development of the Peninsula Model for Primary Health Care Planning (refer below Figure 1) which was formally launched in early 2013.

Figure 1: The Peninsula Model for Primary Health Planning

The Strategic Directions Committee of FMPPCP took the decision in 2010 to develop a single catchment health and wellbeing planning framework to better integrate the efforts of the separate and individual health plans across the catchment.

As part of this process, and to have a consistent set of health data from which all organisations could work from Professor Helen Keleher was engaged to research and pull together the Population Health Atlas, and Peninsula Health commissioned the update of the Primary Care & Population Health Committee’s Working Towards Integrated Ambulatory Health Care – Area Based Planning Report *2.

When the FMPML was established in January 2012 it very quickly joined the partners mentioned above in adopting The Peninsula Model. It has provided staff/resources for each of the priority areas noted in the
diagram above and will work with FMPPCP to collaboratively facilitate the work of the Alliances established in each of the priority areas. FMPPCP will also contribute staff/resources to the support of the Model.

The adopted model is supported through the governance of Peninsula Health’s Primary Care & Population Health Advisory Committee (PC&PHAC). The overall aim of the planning framework is to reduce duplication of efforts/resources and identification of shared priorities based on population health evidence. The model will deliver co-ordinated service system reform and re-design towards early intervention, prevention, ease of access and care coordination of services for consumers in the region. The FMPPCP Strategic Plan 2013-15 will be fully aligned with this model, as will the plans of its participating partners identified above.
2. Introduction

Vision:  A Healthy & Connected Community

Mission:  A robust and flexible partnership to advocate, plan, implement and evaluate initiatives across primary, sub-acute and community sectors.

2.1 The Planning Context

2.1.1 National Health Reform Plan

The National Health Reform Agreement is a commitment made by all governments at the February 2011 Council of Australian Governments’ meeting, to work together to reform the health system to ensure its future sustainability. Under the agreement, the Commonwealth, states and territories agreed to major reforms to the organisation, funding and delivery of health and aged care. The Federal Government’s health reform plan is detailed in the following two documents referred to below.

National Health and Hospitals Network for Australia’s future

This document sets out major structural reforms to establish the financing and governance foundations of a National Health and Hospitals Network. The Government expects that these reforms will permanently establish the Commonwealth Government as the majority funder of hospitals and place the Australian health system onto a sustainable and self-improving footing for the future.

National Health and Hospitals Network: Further Investments in Australia’s Health

Stage two of the Government’s National Health Reform Plan outlines major additional investments in the National Health and Hospitals Network to deliver better health and hospitals in the following areas.

- Hospitals – to reduce waiting times for emergency departments and elective surgery.
- General practice (GP) and primary health care – to improve access to GP services, tackle chronic disease and keep Australians healthy and out of hospital.
- Workforce – to ensure there are more health professionals to meet the growing need for health and hospital services across the country.
- Aged care – to improve access to high quality aged care and health services for older Australians

Among these reforms are:

- A national partnership agreement on preventive health, and
- The establishment of a national network of Medicare Locals.

2.1.2 National Partnership Agreement on Preventive Health (NPAPH)

The NPAPH aims to address the rising prevalence of lifestyle related chronic disease by laying the foundations for healthy behaviours in settings such as communities, early childhood education and care environments, schools and workplaces, supported by national social marketing campaigns (MeasureUp and an anti-smoking campaign).

A key feature of the NPAPH is the establishment of infrastructure required to monitor and evaluate the progress of interventions. This includes the establishment of a landmark Australian National Preventive Health Agency. The Agency will support the development of evidence and data on the state of preventive health in Australia and the effectiveness of preventative health intervention.
2.1.3 Medicare Locals

A key component of the Australian Government’s National Health Reforms is the establishment of a nation-wide network of Medicare Locals.

Medicare Locals are primary health care organisations established to co-ordinate primary health care delivery and tackle local health care needs and service gaps. They will drive improvements in primary health care and ensure that services are better tailored to meet the needs of local communities.

Medicare Locals have a number of key roles in improving primary health care services for local communities. These roles are to:

- make it easier for people to access the services they need, by linking local GPs, nursing and other health professionals, hospitals and aged care, Aboriginal and Torres Strait Islander health organisations, and maintaining up to date local service directories.
- work closely with Local Hospital Networks to make sure that primary health care services and hospitals work well together for their patients.
- plan and support local after hours face-to-face GP services.
- identify where local communities are missing out on services they might need and coordinate services to address those gaps.
- support local primary care providers, such as GPs, practice nurses and allied health providers, to adopt and meet quality standards.
- be accountable to local communities to make sure the services are effective and of high quality.

2.1.4 FMPPCP & The Peninsula Model

The Peninsula Model for Primary Health Care Planning is built around the priorities identified in the Population Health Atlas. The Model will be under the governance of Peninsula Health’s Primary Care & Population Health Advisory Committee (PC&PHAC).

As indicated previously, FMPPCP and FMPML will work together collaboratively facilitating the work carried out by the Model’s partners – listed below – at the Coordination Layer. Peninsula Model Alliances will be established in each of the five priority areas. Each of the Alliances will develop a plan, which will come under the umbrella of a PH&PHAC overarching strategic plan. Terms of Reference for each Alliance will ensure that they are all using the Service Access Framework and agreed e-referral and service coordination protocols, processes and practices.

FMPML has already put resources to the Model in the form of a Service Development & Co-Design Facilitator in each of the priority areas. FMPPCP will contribute two part time positions – to Integrated Health Promotion and Integrated Chronic Disease Management as well as more general support from the FMPPCP Secretariat. The support provided to the other Alliances will be encouraging/supporting/ensuring that all of the plans are written from a Health Promotion Continuum and Chronic Disease Management perspective.

2.2 Victorian legislative context

2.2.1 Victorian Public Health & Wellbeing Act 2008

The Act delineates the roles and responsibilities of local and state government and aligns municipal planning for public health and wellbeing with state planning. As well as local government a wide range of agencies and organisations in the non-government, voluntary, and private sectors play a role in public health. The Act, in particular, articulates the roles and relationships of:

- State Public Health & Wellbeing Plans
- Municipal Public Health Plans
- Primary Care & Pop Health Advisory Committees
It identifies the primacy of prevention, collaboration and evidence-based decision making as key to future directions in public health and wellbeing. In particular, the principle of collaboration asserts that public health and wellbeing can be enhanced through collaboration between all levels of government and industry, business, communities and individuals.

### 2.2.2 Victorian Health Priorities Framework 2012-22

The long-term planning and development priorities for Victoria’s health system are articulated in the Victorian Health Priorities Framework 2012–2022. Consistent with the Public Health and Wellbeing Act 2008, the framework states that the government will produce the Victorian Public Health and Wellbeing Plan 2011–2015 – a prevention strategy that is cross-government and cross-sector.

The ***Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan*** sets out seven priority areas for metropolitan, rural and regional and health capital planning into the future:

- developing a system that is responsive to people’s needs
- improving every Victorian’s health status and experiences
- expanding service, workforce and system capacity
- increasing the system’s financial sustainability and productivity
- implementing continuous improvements and innovation
- increasing accountability and transparency
- utilising e-health and communications technology.

### 2.2.3 Victorian Public Health & Wellbeing Plan 2012-22

This first Victorian Public Health and Wellbeing Plan articulates the core elements of an approach to prevention that is designed to build on current strengths, and, at the same time, provide a solid foundation to meet the challenges of the future. The aim is to achieve lasting improvements in the health of all Victorians, with a particular emphasis on the needs of those who are worse off and experiencing poorer health than others in the community. The plan’s goal, derived both from the Act and from the framework, is:

> to improve the health and wellbeing of all Victorians by engaging communities in prevention, and by strengthening systems for health protection, health promotion and preventive healthcare across all sectors and levels of government.

Nine strategic directions for prevention in Victoria to 2015 are identified. Listed below, these are drawn from two broad, interrelated areas of reform and action: systems and settings, and interventions in established public health practice - that is, health protection, health promotion and preventive healthcare.

- Build prevention infrastructure to support evidence-based policy and practice.
- Develop leadership and strengthen partnerships to maximise prevention efforts across sectors.
- Review financing and priority-setting mechanisms to ensure available resources are based on population need and potential for impact.
- Develop effective modes of engagement and delivery of evidence-based interventions in key settings.
- Strengthen local government capacity to develop and implement public health and wellbeing plans.
- Improve health service capacity to promote health and wellbeing.
- Integrate state-wide policy and planning to strengthen public health and wellbeing interventions.
- Increase the health literacy of all Victorians and support people to better manage their own health.
- Tailor interventions for priority populations to reduce disparities in health outcomes.
2.3 Primary Care Partnership Priorities

As well as identifying evidence-based local priorities, Primary Care Partnerships are required by the Victorian Department of Health to identify two of the National Health Priorities and one or more of the Victorian Integrated Health Promotion Priorities in their strategic plans.

2.3.1 National Health Priorities:

The National Health & Medical Research Council’s Strategic Plan for 2013 – 15 includes NHMRC priorities, the major health issues identified for the 2013-15 triennium. The ones shown in bold below are those that will be adopted in the FMPPCP Strategic Plan 2013-15.

- Cancer control
- Cardiovascular health
- Injury prevention and control
- Mental health
- Diabetes mellitus
- Asthma
- Arthritis & Musculoskeletal conditions
- Obesity
- Dementia

2.3.2 Victorian Integrated Health Promotion Priorities 2007 – 2012

In Victoria, the term 'integrated health promotion' refers to 'agencies in a catchment working in a collaborative manner using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues. Integrated health promotion involves agencies and organisations from a range of sectors working in collaboration with local communities and using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues. This collaborative approach reduces duplication and fragmentation of health promotion effort and investment.

The following health promotion priorities approved by the Minister for Health have been established for Victoria:

- Promoting physical activity and active communities
- Promoting accessible and nutritious food
- Promoting mental health and wellbeing
- Reducing tobacco-related harm
- Reducing and minimising harm from alcohol and other drugs
- Safe environments to prevent unintentional injury
- Sexual and reproductive health.

2.3 Identification of Local Priorities

2.3.1 The Evidence

Evidence to enable the identification of the local priorities is drawn from:

1. **Working Towards Integrated Ambulatory Health Care – Area Based Planning Report – Update #2, June 2011** was commissioned by the Peninsula Health Primary Care & Population Health Committee. The Area Based Planning Report supports services, organisations and agencies to look at the current issues based on population need, and explore opportunities for improved integration and/or service configuration in the future.

The purpose of the updated, **Working Towards Integrated Ambulatory Health Care - Area Based Planning Report** is to bring together in one document recent demographic and service related information for this area, and to provide a current description of the population needs for the Frankston and Mornington Peninsula region.

Consistent with the Care in Your Community framework, **this report supports the identification of priorities across the three levels of health service delivery** in this region. These levels are:

- health promotion and illness prevention
The report supports services, organisations and agencies to look at the current issues based on population need, and explore opportunities for improved integration and/or service configuration in the future. Using this report to undertake area-based planning will help to set out, at a catchment level, what the local priorities are for change and priority needs for future action.

2. The FMPPCP Population Health Atlas, September 2012. Data in the Atlas is drawn from a wide range of sources with a focus on information about small areas (suburbs) as well as Statistical Local Areas and Local Government Areas.

The purpose of the FMPPCP Population Health Atlas is to compile social, economic and health data about the Frankston-Mornington Peninsula catchment. The information in the Atlas provides a body of evidence about the health of local populations and the social issues that underpin health issues. There is emphasis in the Atlas on data that informs understanding about equity issues in the catchment because equity is a key concern of primary health care systems and services. The data is interpreted to reveal social and health inequities and gaps in knowledge. In future work of the PCP member agencies, this data will underpin analysis of the opportunities and capacity available to tackle current and emerging issues. The Population Health Atlas is also intended to inform the various plans developed by agencies in the catchment, which have responsibility for service delivery. What follows in 2.3.2 is drawn from the summaries of the different data areas in the Atlas.

3. A Health Services Database?, containing health service utilisation information is being produced by FMPML. The combination of these documents will facilitate identification of areas of need, geographical areas of need and service need in areas with no service provision or unnecessary duplication of it.

2.3.2 Demographics and Social Profile

Access and social isolation
There will be a significant rise in the number of older people in both LGAs, with an expected doubling of the over 70 population and a three-fold rise in those over 85, by 2026. Transport, social isolation and access to programs and services are therefore key issues. This is particularly relevant on the Mornington Peninsula where the topography is such that many individuals and communities are relatively isolated.

Healthy Ageing
The highly represented 55 and over group will move into the older age groups within the next 20 years. A focus on the health needs of this age group is needed, particularly healthy ageing and the management of chronic disease.

Chronic Disease
The current and future needs of the 25-54 years age group, the largest age group represented in both regions (42.3% Frankston City, 36.6% Mornington Peninsula Shire), require consideration in relation to health and wellbeing through prevention and/or management of chronic disease. In addition, end of life issues for people with life limiting and life threatening illnesses needs to be considered. The projected growth of dementia prevalence is significant in this area and the predicted shortage of community packages and residential care places by 2030 will have an impact on the management and treatment of chronic disease.

Aboriginal Population
Compared to the non-Aboriginal population, the Aboriginal community have a lower than average individual weekly income, less employment, higher rates of teenage pregnancy, low birth weights, less immunisations, risky alcohol consumption and cannabis use.
Growth & Disadvantages Areas

The main growth areas include Frankston East, Mornington Peninsula West (Hastings and Surrounds), and Mornington Peninsula East. Disadvantaged areas, whereby the mental, physical and psycho-social health of people tends to be lower than other areas, require a focus on the health and service needs of people in disadvantaged areas:

- Frankston North
- Hastings
- Frankston Central
- Seaford (East)
- Karingal (FCC)
- Rosebud - Rosebud West - McCrae - Boneo - Fingal - Cape Schanck (MPSC)
- Seaford (West) (FCC)
- Rye - Tootgarook - St Andrews Beach (MPSC)
- Carrum Downs (FCC)
- Baxter - Pearcedale (MPSC)

Humanitarian Immigrants

The majority of people settling in the area over the last 10 years through the humanitarian stream are locating to Frankston LGA from Sudan, Former Yugoslavia and Afghanistan.

Small area social and economic data

- The socio-economic data shows that there are small areas that can be called ‘hot-spots’ of disadvantage which warrant close attention in health service and program delivery. The SEIFA is a broad measure that shows the relative disadvantage of those places, and the SEIFA ranks are filled out by the range of other data collected in this Atlas.
- Gambling machine losses are higher than the state average and much the same rate per adult in the two LGAs. The losses in the City of Frankston in the 12 months 2011-2012 were $71.3m and $83.5m lost in the Mornington Peninsula Shire.
- There are 21,214 people who hold a health care card of whom 9,711 people on living on a disability support pension; a higher than average level of housing stress across the catchment, and a relatively low percentage of affordable rental housing.
- The proportion of low-income individuals and households across the catchment is slightly below average but there are over 7,000 low income/welfare dependent families in the catchment with 12,366 children living in those families. Over 20% of families are headed by a lone parent which is the highest percentage in the state.
- Frankston City is ranked top of all metropolitan LGAs for incidents of family violence, and the 3rd highest LGA in Victoria. Child protection issues in Frankston are one of the highest in Victoria – in North Frankston, the rate is double the SMR, and in Hastings, the rates are triple those for the SMR overall. The rate of substantiated adolescent child protection rates is higher in Frankston than the Victorian average.
- Disengagement of youth from school and work is much higher than the Victorian average, although the rates of young Aboriginal people participating in school is higher than the Victorian average. It is difficult to guesstimate the rates of homelessness with no measures since 2006. However, the overall costs of housing, the levels of socio-economic disadvantage and domestic violence and the rate of homelessness is likely to be much higher than the available data suggests with several categories of people experiencing homelessness (women and their children, teens, people in rooming houses and caravans) to be hidden from official counts.
- Frankston West is consistently the highest ranked SLA for socio-economic disadvantage on the many indicators available that together, show where programs and social change efforts need to be concentrated.
- These indicators are pre-requisites of health and are reflected in the health status data which is presented in the following sections.
Child health

- The data on children in the FMPML/PCP catchment is consistent with the social gradient. Key issues for children are the rates of child protection in the City of Frankston; the numbers of low-birth weight babies in the City of Frankston which are higher than the Victorian average; and the number of developmentally vulnerable children in Frankston North, Frankston, Carrum Downs and Skye, as well as Hastings, Tootgarook, Somers and Somerville.
- 139 children in Frankston had access to some level of early intervention but given the AEDI data, and the numbers of children experiencing difficult socio-economic circumstances detailed in Section 3, there is likely to be a great deal of unmet need among those children.

Adolescent health

- The number and proportion of adolescents in Frankston is growing slowly, with increases projected through to 2026. However the health status of adolescents is not well understood with almost no data available for small areas.
- While adolescents across the catchment have levels of physical health that are about average for adolescents across Victoria, key issues of concern are adolescents’ higher than average rates of smoking, alcohol and other drug use, Sun-Smart behaviours and teenage pregnancy.
- Although the rates of teenage pregnancy in 2007-8 are significantly lower than they were in the early 2000s, the rate of births is 50% higher than the Victorian average. Across the catchment, 75% of adolescents 15-17 years had used alcohol and about 24% of adolescents indicate that they are current smokers. These areas all indicate areas for prevention and health promotion.

Adult health in the FMPML/PCP catchment

- The health data for both FCC and MPS show that there are areas of concern in relation to risk factors. Smoking rates and associated lung cancer deaths, rates of poor mental health and risky alcohol use indicate the need for more targeted prevention and early intervention programs particularly for young people, in the low-income communities of the catchment. Rates of smoking for males in Mornington Peninsula South are particularly concerning.
- The mental health of the population in the catchment is of concern. Given the rates of poor mental health, utilisation rates of services are relatively low. Rates of suicide are higher across the catchment, than the Victorian average, but are of particular concern in Frankston West and Mornington Peninsula South.
- The rate of Chlamydia infection is significantly higher in Frankston than the Victorian average. Rates of hypertensive disease in the catchment are higher than average rates for Victoria and Australia, and are consistent with the social-health gradient. Rates of diabetes recorded may not reflect the actual rate and be an under-estimate because not all people register with a regular GP. Type 2 diabetes is patterned along the social-health gradient, so prevention and early intervention should be targeted to the low-income areas of the catchment.

Ageing

- Ageing, and particularly dementia, are key issues for the catchment. The projected increases in populations aged over 65 years is linked to the rates and projections identified for dementia. There are likely to be both gender issues and socio-economic issues involved with dementia in the community but little is known about these aspects of the problem.
2.3.3 Local Priorities

Five Areas of Population Health Need – The Five Priority Areas of the Peninsula Model for Primary Health Care Planning

From the evidence contained in the Population Health Atlas it was identified and agreed by the partners that the five priority areas for the Peninsula Model for Primary Health Care Planning are:

- Mental Health
- Ageing Well
- Vulnerable Children & Families
- Prevention & Better Health
- Aboriginal Health

These five priorities have been endorsed by the organisations with legislated requirements regarding local area health planning:

- Frankston City Council
- Frankston Mornington Peninsula Medicare Local
- Frankston Mornington Peninsula Primary Care Partnership (consisting of 41 member agencies – which includes those shown in this list)
- Mornington Peninsula Shire Council
- Peninsula Health
- Women’s Health in the South East

The service delivery priorities identified in the Ambulatory Care Report will underpin the work in the priority areas:

- health promotion and illness prevention
- early intervention for chronic disease and complex care
- episodic and urgent care

FMPPCP Specific Priorities

As well as working in the five priority areas of the Peninsula Model, FMPPCP has identified two further priorities.

- Service system: Integration of Services – Early Childhood & Young People
  - E-referral
  - Improving youth sector relationships with schools
  - Integrated efforts between agencies in the sector for funding

- Health & Wellbeing Literacy
  - Gaming
  - Violence
  - Smoking
  - Drug and Alcohol
    - What does it mean to be a health & wellbeing literate organisation?
    - What do we do?

The integration of these various priorities is shown in the following matrix:
Needed to go in ...

Strategic Objectives

Process for identifying what will be done

Acknowledgements

A great many people have been involved in the different parts of the planning process for FMPPCP’s Strategic Plan 2013 – 2015. We gratefully acknowledge their participation. Below are the people who participated in the development of the Strategic Plan.

### Strategic Directions Committee

- Lisa Rollinson  
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- Terry Paliopetas  
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- Lisa St John  
  Mornington Peninsula Shire Council

PCP membership at Consultations and Forums ......?

### Attachments

1. Peninsula Model for Primary Health Care Planning
2. FMPPCP SWOT Analysis 18/6/13
3. FMPPCP Population Health Atlas
Underserviced cohorts’ mental health needs are better addressed locally.
Older persons can remain healthy & independent for as long as possible.
Coordinated early intervention creates foundations for better lifelong health.
Major preventable adult health conditions are recognised and acted upon.
Aboriginal health needs are better addressed locally.

The Peninsula Model for Primary Health Planning

Entities in their own right with legislated requirements regarding local area health planning.

Service Development & Co-design Facilitators

Design Principles:
- Person-centred
- Partner co-designed
- Evidence-based
- Pop. health based
- Health promoting environments & activities
- Place-based
- Whole of life
- Mainstream & marginalised
- Social determinants of health

PM Working Groups

E-health Alliance & Working Groups – electronic inter-connectivity between providers

Health Service ATLAS

Health Service Utilisation Data

14 March 2013 Version 11
### Strengths
- Partnership relationships (41 member agencies – collaborative solutions)
- Longevity & knowledge (intellectual property) – high level of expertise
- Knowledge at operational / practice level
- Place based focused
- Optimising resources
- Cost effective
- PCP connection & r’ship with NGO’s, LG and social sector
- Geography: works well across the catchment
- Environment – lots of open space

### Weaknesses
- Funding – limitations of member agencies
- Loss of I.P. knowledge/skills (Executive & Staff)
- Unable to recruit all skill sets due to funding criteria
- Isolation/specific portfolio of staff
- Lack of role clarification (ML & PCP)
- Strong leadership – to set direction to lead (direction)
- Lack of health literacy / IT literacy / financial literacy
  - General public / community
  - IT
  - Access to transport

### Priorities
- **Service system: Integration of Services** – Early Childhood & Young People
  - E-referral
  - Improving youth sector relationships with schools
  - Integrated efforts b/w agencies in the sector for funding
- **Health & Wellbeing Literacy**
  - Gaming
  - Violence
  - Smoking
  - Drug and Alcohol
    - What does it mean to be a health & wellbeing literate organisation?
    - What do we do?

### Opportunities
- Clarification of relationships (PCP & ML)
- Allied health groups i.e., maternal & child health nurses - to become PCP members
- Relationships with GPs (connection) ML / LGA
- State/Federal election outcomes / changes
- Strengthen leadership – set direction
- Communication strategy
- E-referral
- Change of priorities (e.g., whole of life continuum)
- Improved case management
- Family violence
- Health literacy

### Threats
- Funding (limited) – to June 2015
- State Government election 2014
- Federal Government election 2013
- Partners ability to resource
- PCP could become irrelevant
- Homelessness
- Drug & Alcohol