

Frankston/Mornington Peninsula



Primary Care Partnership

**Frankston - Mornington Peninsula
Primary Care Partnership**

**Annual Activity Report
to June 30 2013**

CHAIR'S INTRODUCTION

This last financial year has been one of significant change and challenge across the whole of the social and political context in which the FMPPCP exists. Primary Care Partnerships are in the midst of change with shifting federal government policies and the establishment of Medicare Locals across the State of Victoria and the rest of the nation. It is envisaged that this will continue into the year to come.

FMPPCP, extending to the boundaries of Frankston and Mornington Peninsula local government areas, has had a well held reputation for working together and sharing information. One of the major achievements of the FMPPCP over the last two financial years, i.e., 2011-13 has been its participation in the development and establishment of the Peninsula Model for Primary Health Planning (Peninsula Model). The next two years will see the PCP, working closely with the FMP Medicare Local on the coordination of the Peninsula Model alliances – see more about this below.

The last twelve months has also seen the transition of the Frankston (Youth) Partnership into the FMPPCP Primary Care Youth Partnership. The first major activity of the Youth Partnership will be the development of the inaugural FMPPCP Youth Strategy. Key work from our previous strategic plan – transport access and family violence prevention projects continued through the 2012-13 year.

On behalf of the Strategic Directions Committee I would like to also thank all members of the PCP for their valued contributions.

Dr Gillian Kay

Chairperson, FMPPCP

(General Manager, Communities, Frankston City Council)

PRIMARY CARE PARTNERSHIPS

The Frankston Mornington Peninsula Primary Care Partnership (FMPPCP) is a partnership of health and community service organisations committed to strengthening the planning, co-ordination and delivery of services by using a range of innovative and collaborative strategies designed to improve outcomes for people who are using primary health and community services.

Primary Care Partnerships are locally driven networks that work with their member agencies to make the health and community services system more efficient and effective. They are centrally supported by the Victorian Department of Health. The cornerstones of PCP work are:

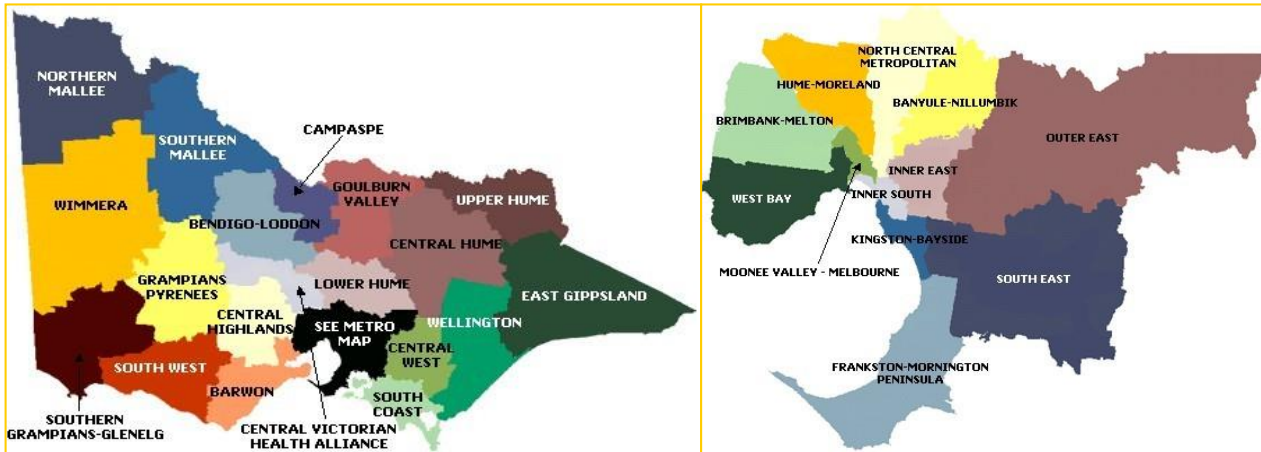
Partnership Development & Planning - defining how the PCP's member agencies will work together, developing strategic goals, objectives and strategies, including building capacity across the PCP.

Integrated Health Promotion - defining the population health and community needs and collaboratively implementing programs to address those needs, using strategies including advocacy and empowerment.

Service Coordination - defining how local service systems and practices, such as information management and inter-agency care planning, enable services to be better coordinated and more accessible to local communities. The elements of service coordination include: initial contact, initial needs identification, service-specific assessment, specialist assessment, comprehensive assessment and care planning.

Chronic Disease Management - Chronic disease management involves appropriate prevention, early identification and best practice management strategies - usually including the client/patient taking responsibility for their health through monitoring symptoms, collaborating with health professionals and, healthy eating and physical exercise.

There are 31 primary care partnerships across Victoria.



The FMPPCP covers the local government areas of Frankston and the Mornington Peninsula and includes the localities shown in the map on the right.

Vision of the Frankston Mornington Peninsula Primary Care Partnership

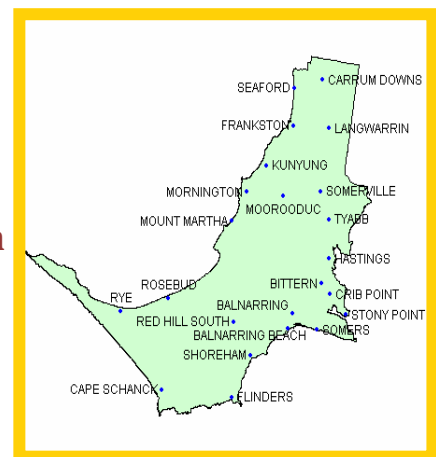
A healthy and connected community

Mission

A robust and flexible partnership to advocate, plan, implement, evaluate and embed initiatives across the primary health, sub-acute and community sectors to improve health outcomes, service system responsiveness and the client journey.

Our Strategic Domains

1. Collaborative partnership
 - Robust Governance
 - Effective Communication
 - Membership support
2. Prevention & Better Health
 - Integrated Health Promotion
 - Health Literacy
 - Chronic Disease Management
3. Service System Integration & E-referral
 - Ageing Well
 - Mental Health
 - Youth Health



Our Objectives

1. Build and maintain a strong collaborative partnership of primary care agencies that deliver services across or within the catchment
2. Facilitate collaborative population health planning approaches that actively engage member agencies and other relevant stakeholders
3. Identify primary care service gaps across the continuum of care, using an integrated approach
4. Establish collective viewpoints of member agencies and their consumers, and advocate for identified local needs
5. Generate solutions to meet identified needs and advocate for resources to be allocated or re-oriented to implement cost-effective solutions
6. Coordinate Integrated Health Promotion and Service System Redevelopment work to enable the achievement of collective, catchment or place-based priorities, goals and objectives.

FMPPCP Members

The Frankston Mornington Peninsula Primary Care Partnership (FMPPCP) is comprised of the following 40 member agencies:

1. Anglicare
2. Baptcare
3. Brotherhood Community Care, Brotherhood of St Laurence
4. Commonwealth Carer Respite & Carelink Centre
5. Konnections
6. Extended Families Australia
7. Focus Individualised Support Services
8. Family Life
9. Frankston City Council
10. Frankston Community Support & Information Service
11. Frankston Mornington Peninsula Medicare Local
12. Gambler's Help, Southern
13. Good Shepherd Youth & Family Services
14. headspace Frankston
15. IMPACT
16. LifeWorks
17. Menzies Inc.
18. Mental Illness Fellowship Victoria
19. Mind Australia
20. Mornington Peninsula Shire Council
21. My Health Carers
22. New Hope Foundation
23. Oz Child
24. Peninsula General Practice Network
25. Peninsula Health
26. Peninsula Hospice Service
27. Peninsula Support Services
28. ReLink
29. Royal District Nursing Service - Frankston Centre
30. SECASA – South East Centre Against Sexual Assault
31. Seniors Pty Ltd
32. Skills Plus
33. Southern Cross Care
34. Southern Peninsula Community Care
35. The Village Baxter
36. Villa Maria Southern
37. Vision Australia: Southern
38. Wesley Do Care: Southern
39. Womens' Health in the South East (WHISE)
40. Woorinyan Employment Service

The PCP's executive committee, known as the Strategic Directions Committee (SDC), was structured in the following way for the reporting period.

Permanent Members		
Local Government	2	Frankston City Council
		Mornington Peninsula Shire Council
District Nursing Service	1	Royal District Nursing Service
General Practice Network	1	Peninsula GP Network
Health Network (incl. Community Health)	2	Peninsula Health (Sub-Acute)
		Peninsula Health (Community Health)
Elected Members		
General partner agencies	5	Brotherhood St Laurence
		WHISE
		Peninsula Support Service
		Family Life
		Headspace, Frankston
Chairs of Sub-Committees	2	Health Promotion Collaborative
		Service System Re-development

The SDC is responsible for the development, implementation and evaluation of the FMPPCP Strategic Plan. The FMPPCP has been a key partner in the development of the Peninsula Model of Primary Health Planning (Peninsula model). In recognition of this model driving the key deliverables of the FMPPCP strategy, it has been agreed that the SDC will be subsumed into the joint Executive Group of the model (PMEG) from the 2013/14 year. The Chair of the FMPPCP will chair the PMEG and the FMPPCP Secretariat will fulfil the secretariat function.

Achievements of 2012-13

1. PARTNERSHIP DEVELOPMENT

OVERARCHING

Successful completion of FMPPCP Strategic Plan Strategic Plan 2009-12, including an extra 'bridging year' to June 2013, and reporting to relevant funding bodies. The bridging year was to bring PCP planning into line with the Local Government Municipal Public Health & Wellbeing Plans and Community and Women's Health Integrated Health Promotion Plans. From 2013/2014 these plans are now aligned under the Peninsula model for Primary Health Planning.

2. INTEGRATED HEALTH PROMOTION

FMP Community Transport Network

In its second year of operation the Community Transport Network project successfully transitioned to become a not-for-profit incorporated Association called Peninsula Transport Assist Inc. (PTA).

Stronger Communities (Respectful Relationships) project

The three-year family violence prevention project entered its final year and has continued to build community capacity to prevent violence against women and children. It's focus in 2013 has sustainability. Highlights include:

- 'Respect in your Community' training package on the root causes of family violence, and action the community can take to prevent it
- Hastings '3915 Connected', Hastings Respectful Relationships Group and a Rosebud West facilitated art program sustaining a family violence prevention agenda after project support has ceased
- White Ribbon Day Campaign activities engaging communities across the catchment, including promotion at sporting events and market days
- Creative arts based projects reinforcing the respectful relationship message.

3. E-REFERRAL

- FMPPCP and the Frankston Mornington Peninsula Medicare Local (FMPML) have initiated a Peninsula Model project on electronic referral. Currently in its early stages it will develop a plan to:
 - identify the preferred e-referral provider, and
 - identify 'early adopters' within all key care provider sectors (as appropriate) to enable a phased approach to implementation.

4. YOUTH PARTNERSHIPS

Extensive consultation has been undertaken with youth sector agencies and young people to inform the development of the inaugural Frankston Mornington Peninsula Youth Strategy.

ONE CATCHMENT PRIMARY HEALTH PLANNING FRAMEWORK

THE PENINSULA MODEL

In the previous financial year the FMPPCP membership agreed to collaborate with key partners in the development and implementation of a catchment-based population health planning framework, now known and adopted as the Peninsula Model. The Peninsula Model links and integrates the State government mandated health and wellbeing plans in the catchment, including the local government Municipal Public Health and Wellbeing Plans, the Health Promotion Plans for Community Health and Women's Health and the PCP Strategic Plan (incorporating its Integrated Health Promotion Plan). The agreed governance and conceptual framework for the Peninsula Model is attached as Appendix 1.

The expected benefits of the common planning framework include:

- Improved integration of plans, projects and activities and broader stakeholder ownership through shared priorities and goals targeting a shared catchment and specific populations within it
- Improved evidence-based decision making and priority setting

- Significantly reduced duplication of effort and more efficient use of resources.

The key stakeholders committed to the Peninsula Model include: Local Government (Frankston City and Mornington Peninsula Shire), FMPPCP, FMPML (Medicare Local), Peninsula Health and Women's Health in the South East (WHISE).

The Peninsula Model has been aligned with governance of Peninsula Health's Primary Care and Population Health Advisory Committee. It is coordinated by both FMPPCP and FMPML working together. The Peninsula Model was formally launched at a forum of PCP members and other key stakeholders (i.e., general practice, private allied health and pharmacy) in March 2013.

FMPPCP Population Health Atlas

The FMPPCP and Peninsula Model strategy is based on priorities identified in the Population Health Atlas (Keleher H, September 2012), which describes the most significant health and social indicators for the catchment's population, along with specific data relating to smaller area localities. Commissioned by the FMPPCP, the Atlas has been well received by population health planners and health and community organisations in the catchment. The priorities identified for the Peninsula Model as at June 2013 are listed below. These may change based on updated evidence:

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

An additional priority which 'crosses' all the above priority sectors is e-Health which focusses on electronic referral and integrated care planning.

Priority Area Alliances

High level Alliances were established for each of the priority areas. The FMPML and the FMPPCP (the coordination facilitators for the Model) are both contributing resources to support and facilitate the alliances and their work. Each Alliance is developing an Action Plan based on priority needs within that overarching priority. Working groups will be established to implement the projects or initiatives emerging from the Action Plans. An evidence-base and evaluation methodology will be built into all Peninsula Model activities.

INTEGRATED HEALTH PROMOTION PRIORITY – MENTAL HEALTH WELLBEING

1. The Stronger Communities (Respectful Relationships) Project

Stronger Communities (Respectful Relationships) is a three-year project to tackle the complex issue of Family Violence by strengthening communities to prevent family violence before it starts. Taking a place-based approach, the project focussed action in Frankston North, Hastings and Rosebud West.

The project brought partner organisations together to:

- Improve knowledge and awareness of family violence prevention
- Increase community participation in activities that promote equal and respectful relationships
- Build community capacity to promote family violence prevention across a number of settings.

This year saw the Stronger Communities (Respectful Relationships) project enter its final stage. The focus has been on building community capacity and developing the project's sustainability.

Community training

With support from Health Promotion Practitioners, the project developed a 'Respect in the Community' training package.

Engaging participants through an active workshop, the package has been delivered to a range of community groups. It explores the root causes of family violence – a lack of respect and inequality in relationships - and what individuals and communities can do to raise awareness about and address these.

White Ribbon Day Campaign

A range of activities now take place across the catchment annually on or around 25 November, international White Ribbon Day. Last year's events included:

- White Ribbon cricket match featuring teams from Frankston North School and the community
- Church service at Monterey Park, Frankston North
- Hastings market stall event asking men to sign the White Ribbon oath
- Youth art project in Hastings promoting respectful relationships
- 'Men Behaving Dadly' event promoting positive male parenting roles with men and children camping overnight at Eastbourne Primary School, Rosebud West.

Sustainability

In February 2013 the project's Reference Group produced a sustainability plan to ensure its work and messages continue when the funding ends. The plan includes:

- Producing a 'How to' kit that will be available on-line at www.strongercommunities.org.au. The kit outlines a practice model, with learnings from the Stronger Communities experience, to help other service providers develop place-based family violence prevention projects.
- Training practitioners in partner agencies to deliver the 'Respect in the Community' training package as part of their primary prevention work.

The three neighbourhood and community renewal sites also developed self-sustaining groups and tools that will last beyond the end of the project, including:

- The Hastings '3915 Connected' community engagement project, which is a broader project aimed at improving links between families and service providers
- The Rosebud West facilitated art program, which explores a positive sense of self and provides strong social connections
- The Frankston North family violence prevention book, which will be available to help schools discuss the issue with children. It aims to raise awareness of the issue and help those affected.

2. Social Inclusion – Transport Access

In its second year of operation the Frankston and Mornington Peninsula Community Transport Network has transitioned to become a not-for-profit incorporated Association called Peninsula Transport Assist Inc. (PTA). Governed by a Committee of Management representing a number of

different community groups, including a representative from the Mornington Peninsula Shire, the association has doubled its available mini buses to 18. These buses are available to other groups and agencies on a cost recovery basis. Volunteer drivers have also increased to a total pool of 36.

Recently it was listed as a charity by the Australian Charities and Not-for-profits Commission, which now enables PTA to source grants and sponsorship to build on its sustainable working model of operation.

Peninsula Transport Assist Inc. also underwent an image transformation with a new logo and website www.peninsulatransportassist.org. Selection of the name was carefully thought out so as to be clear about what it does.

PTA helps community organisations and residents with their transport needs through 4 key programs;

- Volunteer Drivers/Assistants using their own Vehicles (the ‘volunteer pool’)
 - A service for people who are experiencing transport disadvantage. Volunteers pick up clients in their cars and support them at their destination.
- Volunteer Bus Drivers (the ‘volunteer pool’)
 - A pool of well trained volunteers that can be used by member organisations as volunteer drivers and carers. All volunteers are subject to police and working with children checks.
- Mini Bus Access/Hire (the ‘vehicle pool’)
 - Members share and borrow other member’s minibuses. This enables both small and large community groups to have access to affordable transport and to offset the standing costs of their own vehicles.
- Volunteer Driver Training Services
 - PTA provides volunteer management and driver training programs to help organisations manage risk and ensure a consistent quality of volunteers.

General membership to the PTA is open to residents and community groups who have an interest in addressing

transport disadvantage in the community. Contact forms are

available on the above PTA website. All requests for transport can also be made via the website or by calling the Transport Coordinator on 5973 9819.



SERVICE SYSTEM REDEVELOPMENT

Service Coordination

The FMP PCP commenced the facilitation of shared care planning that focuses on agencies coordinating their practices to improve client outcomes when accessing community and health services. This project involves integration of a number of key components including;

- the establishment of a local Youth Directory website providing information to clients/consumers
- the development of agreed guiding principles and protocol for shared care planning,
- consistent place-based practice to Initial Needs Identification (INI) that provides a holistic approach to support the client/consumers, and

- the integration of the e-referral project that provides a Secure Message Delivery (SMD) referral system.

Pilot sectors for shared care planning will be the Aged Care, Mental Health and Youth sectors.

E-referral

Electronic referral (e-referral) has been identified as a key area for capability growth for primary health service systems and non-government organisations across the Frankston Mornington Peninsula (FMP) catchment. Research has shown Secure Message Delivery (SMD) is one of the foundations of an effective e-Health environment which enables the transfer of patient information, principally for the purposes of referrals between care providers.

In a joint partnership project between the FMP Primary Care Partnership (PCP), member organisations and the FMP Medicare Local (MCL) a Project Plan for the implementation of SMD across the FMP catchment has been developed for Aged Care, Mental Health and Youth Service sectors.

The primary phase of the project will involve extensive Stakeholder Engagement in each of the Youth, Aged Care and Mental Health Service sectors to identify Information Technology Infrastructure of Service Providers and any integration issues of SMD.

An e-Health Alliance will be established to inform the project that aligns with the Peninsula Model for Primary Health Planning. 'Early adopter' organisations will be identified in each of the sectors where a review of the implementation of the SMD can be undertaken before rollout to the broader sector. The first phase of implementation will be funded jointly by the FMP PCP and the FMP MCL.

FRANKSTON MORNINGTON PENINSULA YOUTH COMMITTEE / FMPPCP YOUTH STRATEGY

In October 2012 the governance of the Frankston Partnership was integrated under the FMPPCP. This transition enabled the priority project areas identified by consultation with the youth sector to be implemented more broadly across Frankston and the Mornington Peninsula catchment.

Within the FMPPCP the Primary Care Youth Partnership Sub-Committee was established, in February 2013, to provide the strategic direction of the priority projects across the catchment as well as an agreed consultation process for the development of the inaugural FMP Youth Strategy.

The FMP PCP undertook a Youth Sector Consultation with over 56 organisations in April 2013 to identify the nature and scope of issues impacting on service planning and delivery across the catchment which will inform the development of the FMP Youth Strategy. Extensive Consultation with young people commenced in June 2013. The inaugural FMP Youth Strategy will be developed and launched early next year. The Youth Partnership uses brokerage funds to support a number of collaborative projects.

PCP LOOKING FORWARD

The Peninsula Model represents a commitment by the FMP PCP and its members to working collaboratively with the FMP Medicare Local according to a shared framework and set of principles, a set of agreed evidence-informed priorities and within a catchment-based, inter-sectoral structure to achieve shared primary healthcare service and health promotion goals.

The Peninsula Model Alliances, governed by the Peninsula Model Executive Group, set the direction for the PCP going forward into its next planning cycle of 2013-17. The PCP Strategic Plan will reflect the Peninsula Model, firmly embedding it as the catchment's single collaborative

planning and service development platform. A shift towards shared goals and collaborative planning will also see greater sharing of resources and reduction in any duplication of effort. This can only result in greater benefits for our community, as we work together to address their health needs.

FMPPCP PEOPLE (AS OF JUNE 30, 2013)

FMPPCP Strategic Directions Committee



(Left to right) Gillian Kay, Frankston City Council; Lisa Rollinson, Brotherhood of St Laurence; Pat Griffin, FMPPCP; Margaret Martin, Peninsula Health community Health; Diana Mummé, FMPPCP; Maree Zani, RDNS; Vicki Davies, Peninsula Health.

Absent: Joe Cauchi, Family Life; Leisl Jackson, Peninsula GP Network; Rob Macindoe, Mornington Peninsula Shire Council; Terry Paliopostas, Peninsula Support Services; Sue Glasgow, Women's Health in the South East; Christine Burrows, Chair, Health Promotion Collaborative to June 2013.

Other members during 2012-13: Ahmed Zeed, New Hope Foundation; Eva Orr, Women's Health in the South East

FMPPCP Secretariat

Executive Officer - Diana Mummé

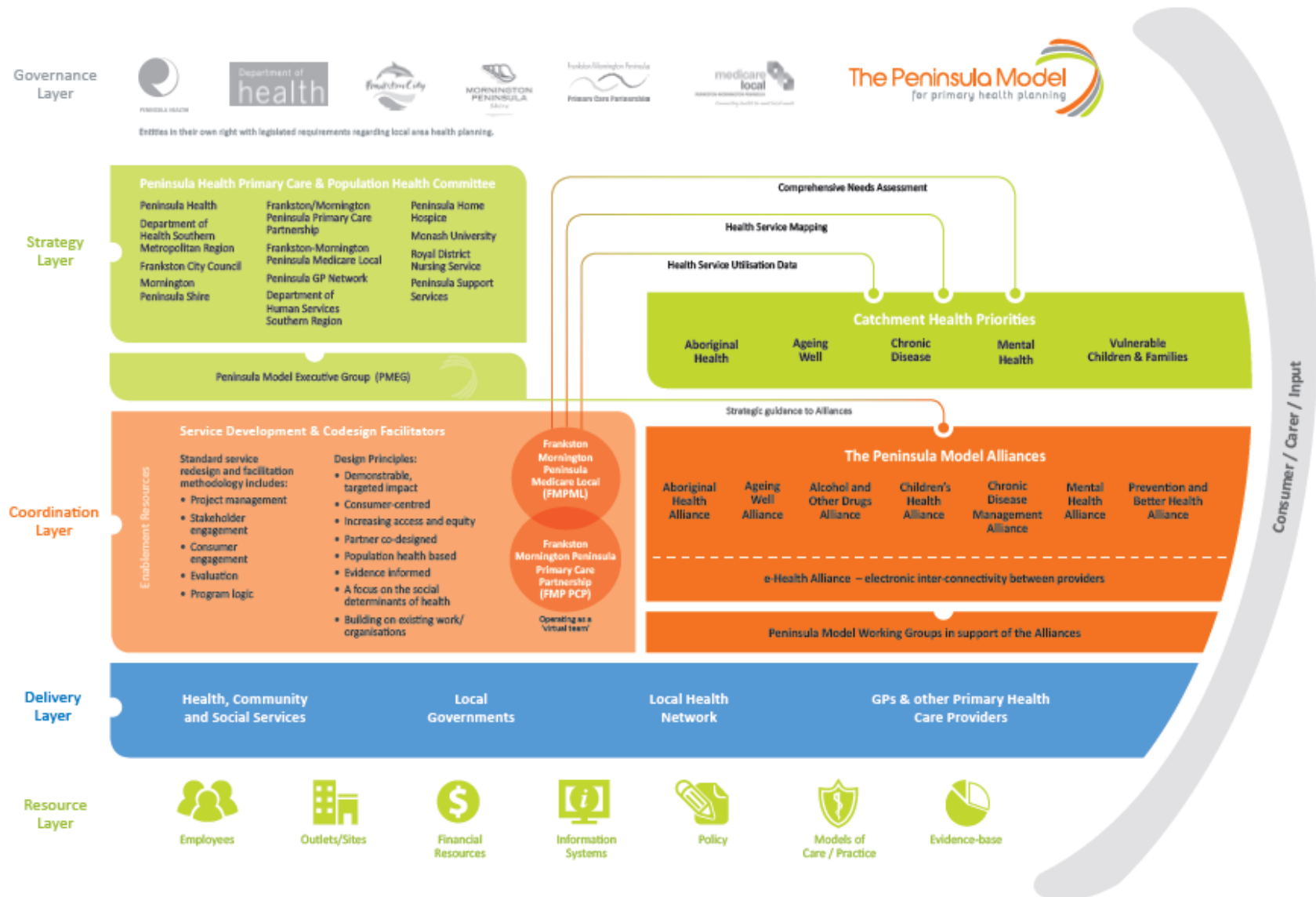
Integrated Health Promotion Coordinator - Amy Moore (to January 2013)

Administrative Assistant to Secretariat - Pat Griffin

Stronger Communities (Respectful Relationships) Project Coordinator - Michelle Wright (to January 2013), Rhiannon Matthews.

Service System Redevelopment Coordinator/ Youth Primary Care Project Manager – Tricia Folvig

APPENDIX 1: THE PENINSULA MODEL FOR PRIMARY HEALTH PLANNING



9 December 2013

FMPPCP Financial Statements

Financial Statement for the year ended 30 June 2013

	<u>2013</u>	<u>2012</u>
REVENUE		
DoH Grants		
Health Promotion	75,786	79,259
Partnership development	75,787	79,259
Service System Redevelopment - Service Cord.	75,787	79,259
Service System Redevelopment - ELICD	75,787	79,260
Variations and Other	-	16,994
Total DHS Funding	303,147	334,031
Other Income - refer grants summary	127,493	94,290
 TOTAL REVENUE	 \$ 430,640	 \$ 428,321
 EXPENDITURE		
Salaries & Wages On Costs (Adj 15% - 20%) (W.C, Super, LSL ARL)	234,329	367,018
Consultant Fees	44,809	48,291
Admin Expenses	75,653	60,076
Vehicle Expenses	1,998	2,208
TOTAL EXPENDITURE	356,789	477,593
 Surplus/deficit for the period	 \$ 73,851	 -\$ 49,272

Financial Position Financial Year Ended 30 June 2013

	<u>2013</u>	<u>2012</u>
Accumulated funds		
Opening Balance	136,670	185,942
Add surplus for the year	73,851	- 49,272
Closing Balance	\$ 210,521	\$ 136,670
 Asset		
Funds held in account on behalf of FMPPCP	\$ 210,521	\$ 136,670
 Less Liabilities.		
DPCD - Elder Abuse	-	5,002
DPCD - Community Strengthening	17,435	71,576
DPCD - Neighbourhood Renewal	12,261	14,989
FCC-PCYP	6,938	-
LG Community Grants FCC & MPSC	4,000	-
	40,634	91,567
	\$ 169,887	\$ 45,103

Notes:

Reconciliation M4021 control account.

Money not yet acquitted.

Untied money

GRANTS SUMMARY

DPCD - Elder Abuse

DPCD - Community Strengthening

FCC-PCYP

LG Community Grants FCC & MPSC