Frankston Mornington Peninsula
Primary Care Partnership
Strategic Plan  2013-2017
‘ABOUT THIS PLAN’

The Frankston Mornington Peninsula Primary Care Partnership Strategic Plan 2013-17 has been designed following consultation with member agencies, use of the best regional data available on the health and wellbeing of our community and with the revised Department of Health PCP Program Logic (July 2013) in mind.

The Plan represents a roadmap for the provision of better coordinated and targeted care for those members of our community identified as priority areas. From this plan detailed operational plans will flow establishing clear and achievable objectives. The plan will provide member agencies with clearly identifiable responsibilities and opportunities in the provision of health and broader community services.

This plan aligns with state and federal government primary health priorities as well as those identified through local need. The plan has a four year cycle which is consistent with local government’s municipal health and wellbeing plans (Frankston City and Mornington Peninsula Shire).

Map of Victoria

Metropolitan Map showing Frankston & Mornington Peninsula PCP Catchment
Chairpersons Foreword

The direction of health policy and the Health Agenda Reforms has changed the primary health care landscape for the Victorian network of Primary Care Partnerships over the past three years to create new challenges. Understanding the impact and opportunities for our Primary Care Partnership (PCP) has led to evolving the strategic and conceptual thinking to set a strong foundation for future work. Some of this has been invested in the strengthening the broader partnership and collaboration of key primary health care providers to assist in the establishment of the Frankston Mornington Peninsula Medicare Local. Working together to understand and agree on the principles by which individual organisations can target value add projects but at the same time work together to achieve improvements towards the broad policy outcomes of State and Federal Government has been particularly valuable.

In practical terms the cornerstones of the new and stronger foundations that have been achieved in 2012/13 to underpin this strategic plan are:

- Adoption of an integrated approach to health promotion and together with whole of life focus to better target improvements through early intervention. This notion facilitates wrapping health promotion around the identified local priorities to have a greater impact overall. The whole of life continuum also ensures consideration is given to age and stage of life where the work will have the greatest impact and long term benefit.

- Preparation of the Atlas for the catchment to establish the evidence for future planning. Earlier work to clarify the underpinning principles of the Partnership amplified the PCP’s commitment to rigour and evidence. As such the preparation of a Population Health Atlas was embarked upon in 2010 to enable all agencies involved in developing strategic health plans using the same evidence. Key agencies involved include the Frankston and Mornington Peninsula Councils, the PCP and the Frankston Mornington Peninsula Medicare Local together with local Not-For-Profit service providers. The Atlas was launched in late 2011.

- Commencing in 2010, the FMPPCP led the development of a single planning framework for the Frankston Mornington Peninsula catchment, which has now been adopted and titled the Peninsula Model for Primary Health Planning. 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 all participating partners.

This next Strategic Plan 2013 – 2017 has been developed in a particularly complex planning environment; achieving an alignment of federal and state policy and agenda reform expectations together with identified local priorities. How the Strategic Directions Committee of the PCP has done this is demonstrated at Page 6. It is particularly heartening to note that the adoption of the Peninsula Model for Primary Health Planning and the Population Health Atlas have been useful tools for the development of local, strategic health plans.

It is also a particularly exciting time in terms of what the PCP hopes to achieve with our partners – a focus on improving health literacy with wrap around health promotion, an e-referral pilot project, service system improvements in the youth sector and on-going partnership development with an emphasis on a communication strategy.

There is a sense of excitement, of ‘things coming together’ and recognition of the valuable work that has been done to date and will be done in the next three years in which we hope that all PCP member agencies will participate.

Dr Gillian Kay, Chairperson, Strategic Directions Committee, FMPPCP
Introduction

The Frankston Mornington Peninsula Primary Health Care Partnership (FMPPCP) is a voluntary unincorporated alliance of government health and human services representatives and not for profit primary health and community care organisations. The FMPPCP organises its work through Terms of Reference, a Strategic Directions Committee and sub committees as required and a Secretariat.

The FMPPCP’s long term vision for the catchment is to be a Healthy & Connected Community. Its mission over the next four years is to consolidate the partnership relationships and collaboration through the adoption of the Peninsula Model for Primary health Care. The Model facilitates the collective effort of local agencies towards an agreed set of population health planning priorities. The framework focuses on avoiding duplication of effort and opportunities for joining up services and resources through all agencies, and in particular the PCPHC, PCP and the FMPML.

The Peninsula Model depicted on page 6 has four functioning layers:

1. **Governance Layer** – In which existing organisations that have mandated and other responsibilities regarding local area health planning (Peninsula Health, Local Governments, the Primary Care Partnership and the Medicare Local) have delegated members to the Primary Care Population Health Committee (PCPHC).

2. **Strategy Layer (PCPHC)** – The PCPHC has Director/CEO/Senior management representation and works to consider overall catchment strategy supported by population data and evidence. The current representatives include Peninsula Health, Local Government, Frankston Mornington Peninsula Primary Care Partnership, Frankston Mornington Peninsula Medicare Local, Hospice, General Practice, Royal District Nursing Service, and Monash University.

3. **Coordination Layer (Alliances)** – Alliances have been formed around the agreed priorities including: mental health, ageing well, vulnerable children and families, prevention and better health, and aboriginal health. The Alliances comprise senior staff from relevant cross-sector agencies and consumer networks and will oversee the work of multiple Working Groups. The Alliances identify service gaps and prioritise the work of the Working Groups. FMPML and FMP PCP service development and co-design facilitators will work to support five Alliances.

4. **Delivery Layer (Working Groups)** – Working Groups are the service delivery layer and are responsible for the planning, implementation and delivery of agreed projects and strategies. Working Groups are made up of representatives from relevant health and social service organisations (ranging from the large, like Peninsula Health, to the small, like a single-GP practice).

While it works collaboratively with other key agencies in the catchment, the specific work of the FMPPCP, outlined on page 6 ‘Priority Appropriateness & Alignment’, is primarily funded by the Victorian State Government and focuses on:

- Improving the primary health care service system
- Strengthening work in partnership across the service sector
- Addressing specific State Government priorities; and
- Identifying local catchment priorities

True partnership is difficult to achieve. However, the Frankston Mornington catchment is reputed for its collaboration and partnership; a reputation well deserved. Co-operation is kept robust through its underpinning by the following principles:

- Positive client outcomes
- Collaboration and development
- Rigour and evidence
- Innovation and change
- Advocacy and influence
The Peninsula Model for Primary Health Planning

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

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

Service Development & Co-design Facilitators
- Standard service redesign and facilitation methodology includes:
  - 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

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

Under-serviced cohorts’ mental health needs are better addressed locally
Older persons can remain healthy & independent for as long as possible
Coordination 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

Health Service ATLAS
Health Service Utilisation Data

Peninsula Health
DH SMR
FCC
MPS
PCP
Medicare Local
DHS
Hospice
Consumer Monash Rep
Univ
RDNSPQPN
Chairs of 5 x Alliances

Primary Care & Population Health Advisory Committee

PM Alliances

PM Working Groups

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

- Population Health ATLAS
- Catchment Health PRIORITIES
- PM Alliances
- Service Development & Co-design Facilitators
- System Redesign Levers
- Workforce design
- Co-location
- Collaboration
- Interconnectivity
- Coordination
- Innovation / Translation
- Research / Evaluation

Governance Layer
Strategy Layer
Coordination Layer
Delivery Layer
Resource Layer

Peninsula Health
Government
Local Health
Health & Social Services Providers
GPs & other PHC providers

Employees
Outlets / Sites
Financial Resources
Information Systems
Policy
Models of Care / Practice
Evidence-base

14 March 2013 Version 11
The Evidence

The identification of local priorities has been achieved through a rigorous process of collaborative planning, consultation and engagement together with a shared understanding of the local data; much of which is presented in the FMPPCP’s Population Health Atlas 2012 \(^1\) (refer attachment 1).

In particular the evidence highlighted:

The highlights are grouped around the Social Determinants of Health. The determinants of health and illness can be understood as the pathways to health and equity/inequity. They provide the context in which individuals’ behaviours, health and well-being arise.

The Social-Health Gradient - Growth & Disadvantaged Areas - SEIFA\(^2\)

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 the Population Health Atlas.

Figure 1: Catchment Hotspots

- Frankston North, Frankston West and Hastings, then Seaford, Rosebud, Rye and Baxter-Pearcedale are the most disadvantaged suburbs in the FMPPCP catchment. The red dots show these hot spots on the map at left.
- In 2006, Frankston was ranked the 7th most disadvantaged municipality in metropolitan Melbourne and the 8th most disadvantaged LGA in Victoria.

Health Literacy

- Health literacy levels are thought to more accurately predict health status than education level, income, ethnic background or any other socio-demographic variable. Health literacy is a compilation of reading, writing, numeracy

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\(^1\) The FMPPCP Population Health Atlas provides a body of evidence about the health of local populations and the social issues that underpin health issues. It is also intended to inform the various plans developed by agencies in the catchment, which have responsibility for service delivery. All parties have used the Population Health Atlas.  
\(^2\) 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 (SLAs).

SEIFA = Socio-Economic Indexes for Areas
and problem solving skills as well as self-report data on health status. Health literacy is closely related to general literacy and education levels. ABS data shows that in Australia:

- 57% of the population have a health literacy level that is less than optimal for health maintenance;
- 43% have a health literacy level that is adequate, and
- 6% are rated as having a high health literacy level.

- People with low literacy experience difficulty understanding and using health information and health services. This means there is an imbalance between the skills of people and the demands of the health care system as people seek access to services and the information they need to make informed health-care decisions. Addressing health literacy through health information and clinical encounters is therefore, critical to transforming health care quality and to achieving better health outcomes.

**Housing/Shelter**

- In the City of Frankston at the 2006 census, the estimated number of homeless people was 775. Across the Frankston-Dandenong Corridor there were 1530 homeless people at a rate of 40 per 10,000. This rate is higher than the Inner City Ring, which estimated there were 5047 homeless people (38 per 10,000); and the Outer City Ring was estimated at 4501 homeless people (28 per 10,000).
- Poor health is associated with social housing. The overall rate of social housing as a percentage of all dwellings is 2.3% for the MPS and 4.1% for Frankston

**Food Security**

- 11.6% of people living in Frankston had experienced food insecurity, compared to 6.9% in the Southern Metro Region and the Victorian State average of 6%
- 12.6% of teenagers in Frankston reported eating minimum recommended serves of fruit and vegetables.

**Gender**

- Domestic violence is one of the typical pathways into homelessness for Australian women. The population of women who are homeless because of domestic and family violence is increasing. They frequently have complex and multiple needs due to drug and alcohol dependency, mental health issues and disability, and have responsibilities for children.
- Rates of violence against women are double the Victorian average in the City of Frankston which is ranked in the top of all metropolitan LGAs for incidents of family violence, but rates are also higher than average in other parts of the catchment. Violence against women and children has long term impacts on physical and mental health.

**Discrimination**

- In 2008 Aboriginal Victorians had a significantly higher prevalence of depression and anxiety, cancer, stroke and asthma, and were more likely to rate themselves as being only fair or poor health compared with non-Aboriginal Victorians.

**Stress**

Multiple and long-standing adverse Social Determinants of Health result in stress that can become chronic, and include factors such as poverty; breakdown of family and social relationships; inadequate shelter; lack of food and clean water; and inaccessible health services.  

- 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.
- Smoking rates are higher than the Victorian average in many parts of the LGA, and deaths from lung cancer are higher than the Victorian average; smoking cessation among low-income communities is therefore a priority.
- Rates of risky alcohol consumption are higher across the catchment than the Victorian average rate.
- 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.

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3 [http://asiapacific.anu.edu.au/newmandala/2012/01/08/health-challenges-for-burmese-migrants-in-thailand/]
Transport & Social Inclusion/Support
• The catchment is characterised as semi-rural with pockets that have very limited public transport services while others areas do not have access to any public transport. Reliance on private forms of transport (cars, taxis) is not always practical or affordable. Access to services and other amenities across the catchment is a key issue with impacts on health care and social isolation.

Education & Literacy
• Young people aged 15 and over were more likely to have left school at Year 10 or below (36.8% Frankston; 35.5% Mornington Peninsula) compared with the comparator – the Melbourne Statistical Division (MSD).
• Year 12 completion rates were comparatively low (35.8% Frankston and 36.8% Mornington Peninsula compared with 48.6% MSD).

Employment/Unemployment
• Participation in employment and unemployment vary widely across the catchment with the highest unemployment rates in Frankston North, Rosebud West and Hastings. The evidence shows that small areas in the catchment have higher unemployment rates than the Victoria average (5.0%). Overall, in 2006, the rate for the City of Frankston in 2011 was 6.5% and for MPS it was 4.6%.

Incomes:
The distribution of income across income quartiles demonstrates the concentration of wealth and disadvantage in each enumerated area of the catchment:
• In Rosebud West, 81% of people are living on the lowest-second lowest income quartile;
• In Frankston North, 77.2% of people are on the lowest-second lowest income quartile
• In Rosebud, 72% of the population is on the lowest-second lowest income
• In Hastings, 69% of households are on the lowest-second lowest income quartile.
• In Dromana/Safety Beach, 68.6% of people are on the lowest-second lowest income quartile.

Gaming
• The total losses across the catchment to electronic gaming machines in 2010-2011 were in excess of $153.1m, and in 2011-2012 the total loss had risen to $154.8m.

Early Childhood
The early child period is considered to be the most important developmental phase throughout the lifespan. What happens to the child in the early years is critical for the child’s developmental trajectory and life-course.
• The Australian Early Development Index is a population measure of children’s development as they enter school. Based on the scores from a teacher-completed checklist, the AEDI measures five areas, or domains, of early childhood development.
  • Tootgarook – 46.4% of children were developmentally vulnerable on one or more domains and 32.1% of children who were developmentally vulnerable on two or more domains.
  • Hastings – 46% of children were developmentally vulnerable on one or more domains and 23.8% of children who were vulnerable on two or more domains.
  • North Frankston – of the 54 children surveyed, 100% were developmentally vulnerable on all five domains.
  • Frankston – 25.1% of children were developmentally vulnerable on one or more domain/s of the AEDI and 14.7% of children were developmentally vulnerable on two or more domains.
• Frankston North has a very high proportion of child protection notifications at a rate of 11.9 per population for 1,000.
• Rates of child abuse substantiations in Frankston North are double that of the SMR overall.
• Hastings has the highest rate of child protection notifications and re-notifications in the MPS and triple the child protection substantiations than the SMR overall.
2.3 Identification of our Local Priorities

The development and adoption of the Peninsula Model for Primary Health Planning and the Population Health Atlas required broad involvement in the identification of the catchment for FMPPCP. As a result of considering the demographic profile and the population health data the agreed priorities for key stakeholders within the catchment are:

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

As a consequence the following priorities, which also are highlighted in diagrammatic format on page 6, are the FMPPCP’s strategic priorities for 2013 -2017.

- **Service system: Youth Services & Early Intervention Support**
  - Youth Strategy
  - Improved referrals
  - Improved case management and e referrals
  - Collaborative funding submissions

- **Health Promotion & Wellbeing Literacy**
  - Gaming
  - Family Violence
  - Smoking
  - Drug s and Alcohol
  - Chronic disease management

- **Partnership development**
  - Improved governance and project management
  - Communication strategy
  - Expand membership

Project plans for each of the Strategic Priorities have been developed to identify the required inputs, outputs and long, medium and short term outcomes.
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

- Gillian Kay  Frankston City Council  (Chair)
- Lisa Rollinson  Brotherhood St Laurence  (Deputy Chair)
- Joe Cauchi  Family Life
- Rose Mary Dowling  Headspace
- Rob Macindoe  Mornington Peninsula Shire Council
- Leisl Jackson  Peninsula GP Network
- Margaret Martin  Peninsula Health Community Health
- Vicki Davies  Peninsula Health Integrated Care
- Terry Paliopotas  Peninsula Support Services
- Joy Jarratt  Royal District Nursing Service
- Sue Glasgow (interim)  Women’s Health in the South East
- Christine Burrows  Peninsula Health Community Health
- Robin Whyte  Frankston Mornington Peninsula Medicare Local
- Helen Keleher  Frankston Mornington Peninsula Medicare Local

FMPPCP Member Agencies

- 31 additional member agencies
- Anglicare
- Baptcare
- Child First & Family Solutions
- Commonwealth Carer Respite & Carelink Centre
- Extended Families Australia
- Focus Individualised Support Services
- Frankston Comm. Support & Info.
- Gambler’s Help, Southern
- Good Shepherd Youth & Family Services
- IMPACT
- Konnections
- Leisure Link Up
- LifeWorks
- Menzies Inc.
- Mental Illness Fellowship Victoria
- Mind Australia
- My Health Carers
- New Hope Foundation
- Oz Child
- Peninsula Hospice Service
- Reclink
- SECASA
- Seniors Pty Ltd
- Southern Cross Care
- Southern, Peninsula Community Care
- The Village Baxter
- Villa Maria Southern
- Vision Australia: Southern
- Wesley Do Care: Southern
- Woorinyan Employment Service
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Attachments

- Attachment 1   Population Health Atlas