

SECTION TWO: THE CONTEXT OF OUR PARTNERSHIP WORK

Our Partnership focuses on the way it can make a difference in health and wellbeing for the service system and individual communities within Greater Bendigo and Loddon and ensure easy access to primary health care services. However, the work we do is influenced by international trends in understandings of the social determinants of health and contributes to a larger national and Victorian policy and planning context. Our Partnership work and the strategies we propose in this Strategic Plan are evidence based and are intended to respond to known gaps or deficiencies in health and wellbeing for our communities. These strategies are also based on a realistic understanding of the strengths of our Partnership system and an acknowledgement that we face significant challenges (many of which are not within our control) that will influence the way in which we work together over the next three years. We also have some specific operational/implementation plans for our Task Groups. Three year plans have been developed for Tobacco Reduction, Sexual and Reproductive Health, Alcohol Action, and Diabetes in Loddon Action. These smaller plans enhance the work identified in our Strategic Plan.

Environmental Analysis

The work of our Partnership is based on an understanding of, and commitment to, a social model of health. A social model of health is a framework for thinking about health and wellbeing whereby enhancements in health and wellbeing for individuals and for communities can be achieved only through addressing the biological and medical determinants AND the economic, social and environmental determinants of ill health. Our Partnership work is based on the understanding that health is 'a complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity' as described by the World Health Organisation (WHO, 2009). So, whilst we work within a regional area of Victoria, in Australia, we are influenced significantly by international frameworks for thinking about health and wellbeing and we find ways to operationalise these ideas at a local level to make practical differences to the way we provide services to people in Greater Bendigo and Loddon.

Our work over the next three years will occur within the range of broad-based health reform in Australia which has been agreed by the Council of Australian Governments (COAG). The Commonwealth Government initiated a range of reviews of the health care system in 2008 and 2009 including:

- a commitment to a National Primary Health Care Strategy
- the establishment of a National Health and Hospital Reform Commission to advise on short and long term health reform
- the creation of a National Preventive Health Taskforce focused on evidence-based advice to governments regarding redesign of the health system to focus on health promotion and illness prevention
- a review of the Medicare Benefits Schedule (MBS) for primary care items
- a national commitment to 'Closing the Gap' between indigenous and non-indigenous Australians.

The Primary Care Partnership Strategy in Victoria, in which our Partnership is one of 30 PCPs, rests on three major Victorian Government policies: *Growing Victoria Together* with an emphasis on high quality, accessible health and community services by 2010; and *A Fairer Victoria* - which establishes a framework to develop and implement innovative approaches to service delivery; and *Victoria: A Better State of Health* - which describes a vision for sustainable health care in Victoria.

The Primary Care Partnership Strategy aims to improve the health and wellbeing of people who use primary health care services to reduce unnecessary use of hospital, medical and residential services. Like all PCPs, our Partnership is required to focus our shared work on the domains of **partnership development, integrated health promotion, service coordination** and **integrated chronic disease management**¹. We have developed this Strategic Plan ensuring that our work over the next three years encompasses these core deliverables of our work including the PCP program logic associated with these deliverables and the local needs of our catchment. Our PCP will focus on **Diabetes** as its highest priority for Integrated Chronic Disease Management in this Strategic Plan. This will enable members to make a concerted effort to decrease the incidence and prevalence of Diabetes in our communities. In recognition of the importance that health promotion and prevention of illness play in our Partnership's work, we have also developed a more detailed 'Integrated Health Promotion Plan' specific to members' health promotion work focusing on the priority issues of **mental health and wellbeing, promoting physical activity and active communities, reducing tobacco related harm** and **sexual and reproductive health**. Our Partnership will report annually to the Department of Health on our achievements in these deliverables and priorities.

Our Strategic Plan has been developed with careful consideration of some of the initiatives and planning processes currently underway by our member organisations within Greater Bendigo and Loddon. In particular, our Strategic Plan reflects close links with the Municipal Public Health Plans (MPHP) of both the Loddon Shire Council and the City of Greater Bendigo. We have also planned for our Partnership to be represented and contribute to the local Closing the Gap Aboriginal Health Plan that has been developed, as well as work currently underway in the City of Greater Bendigo to maintain the City as a Unicef Child Friendly City.

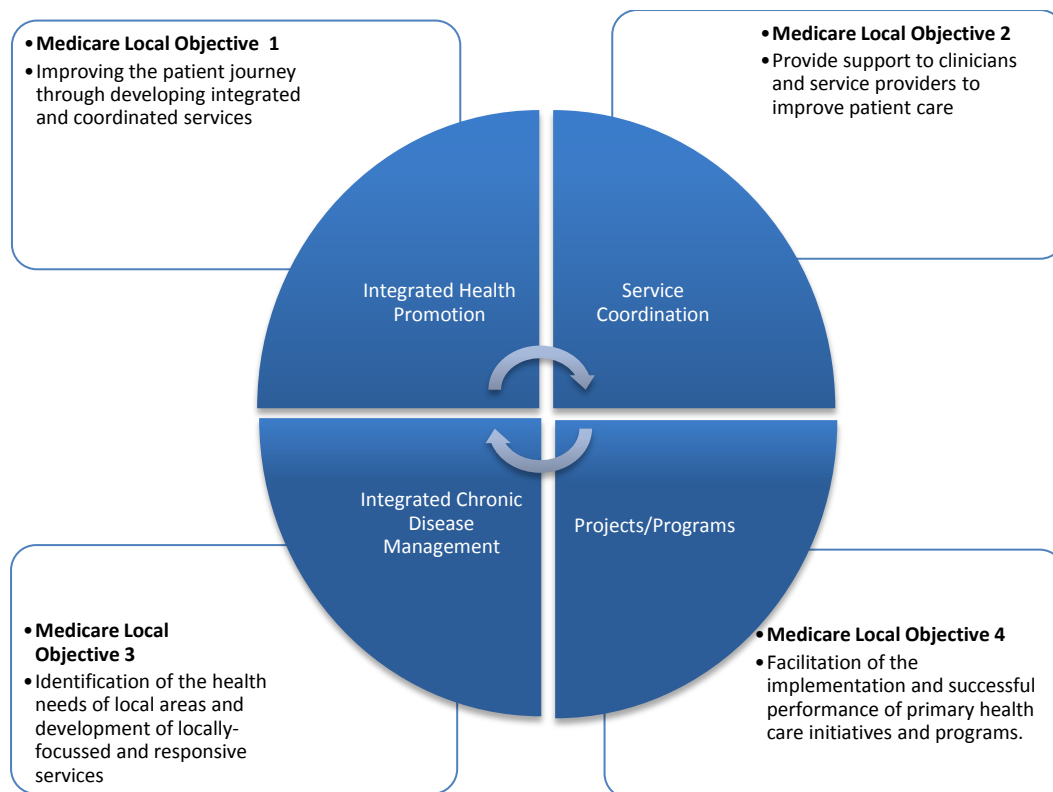
Medicare Local

The recent initiative of Medicare Locals in Victoria has required our Board to carefully review the work our PCP undertakes. We have a commitment to work closely with the Central Victoria General Practice Network and the Murray-Plains Division of General Practice to enable our PCP to transition, in partnership with them, to a new Medicare Local to service our catchment. Whilst the Medicare Local will cover a much broader area, the PCP will work to enable high level coordination and better access to services for our communities. We will work with the Medicare Local to support local primary health care providers including allied health providers, practice nurses and GPs to meet quality standards and will assist in identifying where local communities have gaps in services and plan together to address these.

¹ Major public hospital costs in Victoria (2003-04) for four chronic conditions - Diabetes, chronic obstructive pulmonary disease, chronic heart failure and Asthma is estimated at \$200 million.

The Loddon Mallee Murray Medicare Local has been approved by the Commonwealth to commence on 1 January 2012. The BLPCP assisted in the development of the expression of interest and will be represented on the establishment committee for the LMMML.

Together with the Medicare Local we will also assist primary care providers to adopt new technology, particularly e-referral for better access and coordination of services.



Evidence of Need

Our Partnership has developed, and updates every six months a 'Community Profile' – a publication drawing together the existing evidence base regarding population level health and wellbeing measures for the Greater Bendigo and Loddon LGAs (see BLPCP website, www.blpcp.com.au). Selected evidence from our Community Profile is provided here to demonstrate that the focus in our Strategic Plan is based on established needs within our community and to enable our partner organisations to access planning and evaluation data in the one document.

Our Partnership 'catchment' area spans two LGAs, the City of Greater Bendigo and the Loddon Shire Council. Whilst covering over 9,700 square kilometres of land, the majority of this population live within the large regional City of Greater Bendigo and outlying districts where geographic access to health and community services is generally good due to the concentration of these services within Bendigo itself. However, access to services located in Bendigo vary across the City of Greater Bendigo areas, with people in Heathcote and Elmore experiencing more difficulty in accessing some services. We have people living within small towns or rural areas of the Loddon Shire and Greater Bendigo where access to services also varies considerably depending on where people live and suitability of transport. Measures of economic advantage indicate our communities have slightly lower economic means than the Victorian average, with residents in parts of the Loddon Shire, in particular, having significantly lower economic advantage.

We know, that like the rest of Australia, our population in the Bendigo Loddon catchment is ageing – and we currently have a much higher than average proportion of older people living within the Loddon Shire. Population forecasts indicate that our population is expected to increase in the City of Greater Bendigo over the next two decades, but decrease in the Loddon Shire.

The burden of disease is a measure of the amount of ill health, disability and premature death caused by individual disease/health conditions. We know that older people aged 65-74 years make up only 7% of Australia's population but account for 16% of the total burden of disease. The older the population is the larger percentage of the burden of disease it accounts for (AIHW, 2007).

Our Partnership, representing the key health and community services in our catchment has endeavoured to work together to address health and wellbeing issues relating to ageing in our communities – and there is strong imperative that we continue to do so.

At the time this Plan was written, 35% of the population of Greater Bendigo were under the age of 24, whereas 28% of the population in the Loddon LGA were under 24 years of age – this is compared to 33% as a Victorian average. This is not surprising given the trends in migration with many young people moving from rural areas to regional and city centres for education, employment and cultural opportunities. Internationally, and in Australia, there is increasing attention being placed on investments in early childhood services and in particular early education, pre-school and primary health care. Our Partnership will also make a concerted effort to work towards improving health and wellbeing for children to ensure the best possible start in life, and to promote healthy lifestyles for young people moving into adulthood.

From 2006 data, an estimated 1.1% of our population identifies as Aboriginal and/or Torres Strait Islander (approximately 1100 people) almost double the proportion of the indigenous population in the overall Victorian population which is 0.6%. Children are represented highly in the Aboriginal population with 12.1% being aged 0-4, and 14% being 10-14 years. Only 4.8% of the Aboriginal population is aged over 65 years. Most of our population identifying as Aboriginal live within the City of Greater Bendigo, with smaller numbers residing in small towns within the Loddon Shire. There are significant inequalities and inequities in the health and wellbeing of Aboriginal people in Greater Bendigo and Loddon, that unfortunately mirror trends of very poor outcomes for indigenous people across Australia (see AIHW, 2008). There is an indisputable 'gap' in health and wellbeing outcomes between people in our Aboriginal and our non-Aboriginal communities.

In comparison with other countries, the majority of our population enjoys very good health outcomes with the second highest life expectancy in the world and a health system that is the envy of many countries. So whilst people in the Bendigo Loddon catchment have good health outcomes comparatively to people in other countries, when compared to other people in Australia, and in Victoria, improvements need to be made. There is strong evidence to suggest that overall, people living within our communities have poorer health status than the Victorian average. In general, we have significantly higher incidence of Diabetes, cardiovascular diseases, smoking, physical inactivity and self-assessed mental and behavioural problems. The increased incidence of diabetes in 2008 was 4.9 people each week being diagnosed in Greater Bendigo and 1.1 people per week in the Loddon Shire with 10.3% of the population in Loddon Shire having diabetes and 3.61% of the Greater Bendigo population. The effects of climate change are expected to continue to impact on the positive mental wellbeing of people within Greater Bendigo and Loddon.

There is evidence to support our Partnership's focus on promoting positive mental health and wellbeing, addressing risk factors and increasing protective factors for chronic diseases and ensuring the work we do reflects a commitment to include the least advantaged people and groups in our communities.

Our Strengths, Opportunities and Challenges

During the development of this Strategic Plan, each of our member organisations were consulted as to the strengths, opportunities and challenges facing our Partnership.

Many of our member organisations were clear that the **strengths** of our Partnership rested on the:

- Opportunities it has given to network and build relationships between organisations (particularly across health, community and education sectors)
- After 10 years of existence the PCP has built trust and respect between the partners which has enabled partners to work together in a transparent and trusting way
- Ability to coordinate care and services more effectively across organisations
- Commitment of significant and large organisations to our PCP
- Success of particular working groups (such as the Sexual Health Taskforce, the Physical Activity Consortium and the Diabetes in Loddon Action Group)
- Skills, expertise and support offered by our PCP Secretariat staff

Challenges our Partnership faces include:

- Resourcing challenges for organisations to send appropriate representatives to PCP events/meetings – particularly for non-Bendigo based organisations
- The ability of organisations who service the 'region' to participate in **local** Bendigo Loddon PCP activities
- Finding a realistic balance of participation of the very large and very small member organisations
- A perception by some organisations that PCP 'work' is the responsibility or 'owned by' the community health sector and participation by organisations in other health/community sectors is less important
- Communication mechanisms between the PCP member organisations and PCP Secretariat and within member organisations about the overall work of our PCP
- Incongruent geographic boundaries of PCPs (multiple PCPs), LGAs and service delivery areas of individual organisations

However, many of our Partnership members believed that this Strategic Plan offered an **opportunity** to re-orient the work of our Partnership by:

- Providing a basis to review the governance and oversight arrangements for our Partnership
- Promoting the work of the PCP to all staff in our PCP member organisations
- Defining and sharing knowledge of the roles, responsibilities and services of each PCP member organisation
- Ensuring that the role and functions of all PCP members and other primary health care providers are promoted on our electronic service directory (www.connectingcare.com)

- Ensuring PCP member organisations know at the outset of our three year plan, which strategies they have nominated for – thereby assisting partner organisations to plan and manage resourcing constraints more effectively