

Discussion Paper

prepared for Inner North West Primary Care Partnership

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Discussion paper and environmental scan for the development of the Inner North West Primary Care Partnership Strategic Plan 2017-2021

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I acknowledge the traditional custodians of the land on which I work and live, and pay respect to Elders past and present. I acknowledge the sorrow of the Stolen Generations and the continuing resilience, pride and strength of the Aboriginal and Torres Strait Islander community.

1. Introduction

The Inner North West Primary Care Partnership (INW PCP) was formed in 2010 and is currently comprised of 38 health and human service partner organisations that are signatories to a member partnering agreement (see Appendix 1). The INW PCP catchment area includes the local government areas of Melbourne, Yarra, Moreland and Moonee Valley.

In late 2016 the INW PCP commenced planning for the development of its 2017-21 Strategic Directions. It identified its future strategic plan needed to be *credible* to members, *effective* in solving local issues, and *achievable* within available resources. To achieve these outcomes the new plan would need to help define the INW PCP's core business in the context of significant Victorian and Commonwealth policy reforms that have changed and continue to change the health and human service landscape.

INW PCP identified the next planning cycle as an opportunity to build on successes to date, increase partner engagement, and achieve greater alignment of priorities/activities in the Inner North West Melbourne catchment.

The strategic planning process is described in more detail in the following section. It will include input from INW PCP Governance Group members and staff; participants in each of its two Alliances and many related projects; and other members, partners and key stakeholders. It will run through the first half of 2017 and deliver the final *Strategic Plan 2017-21* by June 2017.

This discussion paper has been developed at the beginning of the strategic planning project to help inform the process. It provides an overview of INW PCP's current internal and external operating context and information about some of its current related planning activities.

The paper is not intended to paint a complete picture. Instead it is designed to provide brief background information to encourage and inspire thinking about how the INW PCP might best capitalize on its existing strengths, capabilities and opportunities, as well as those of its member agencies, to deliver maximum benefit to local communities in the coming four-year planning cycle.

Content within the paper will continue to be added to and evolve over the course of the strategic planning project. Please feel free to make comments and suggestions directly to jason@jasonrostant.com

2. About the strategic planning process

In September 2016 the INW PCP Governance Group sought expressions of interest to support its development of a new strategic plan. The project is being undertaken by [Jason Rostant Consulting](#).

2.1 Project Aim

To provide INW PCP with a contemporary strategic plan for the period 2017-21 based on sound research that will meet the needs of the partnership and the broader Inner North West community with consideration for the complex conditions in the current environment.

2.2 Project scope and deliverables

The consultant is working with the INW PCP Governance Group and steering committee to deliver:

- A discussion paper including desktop review, environmental scan and preliminary SWOT analysis (this paper);
- Consultation with partners via member agency surveys, targeted interviews and a member forum; and
- An INW PCP Strategic Plan 2017-21 that identifies strategic opportunities, key priorities and areas of focus based on review, partner consultations and forum discussions.

2.3 Project governance

The consultant is working closely with the INW PCP Executive Officer on an ongoing basis, as well as with a Strategic Plan Steering Committee comprised of the Executive Officer and members of the INW PCP Governance Group. The Steering Committee oversees the project planning process, schedule of activities, and review of deliverables.

2.4 Key activities and timelines

The following diagram provides a high-level schedule of key activities and timelines, with each line ending with a key project deliverable:

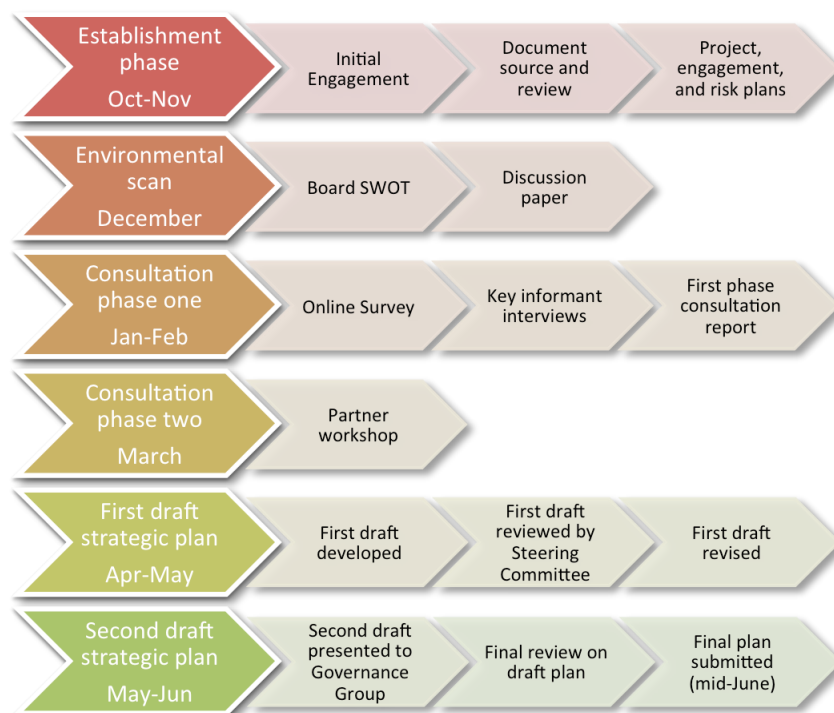


Figure1: INW PCP strategic planning key activities and timelines

3. External policy and planning environment

The current planning cycle has been marked by significant changes to the policy and planning landscape in which the scope and rate of change have expanded and accelerated.

These changes have required INW PCPs members and the partnership itself to continually evolve their approaches in order to remain competitive, relevant and viable. Many of the changes have been designed to deliver improved access for the high need and vulnerable communities the INW PCP and its members service, but they have also created a range of new challenges:

- Increasing demand and complexity among vulnerable and at-risk populations underpinned by growing inequality;
- Shifting Commonwealth/State relations attached to significant reforms particularly in primary health, mental health, disability and aged care;
- Greater competition among service providers compounded by increasing funding uncertainty, transformation of funding models, and the gradual marketization of support;
- Increasing focus on service-user choice and control including through the delivery of individual support and funding packages, and focus on co-design;
- Inherent tensions between the desire for local and place-based responses with the concentration of resources in fewer hands and desire for scale and scalability;
- Inherent tensions between competitive tendering and the requirement to address complex individual and system through strengthened collaboration and partnership;
- Changing partnerships arising from policy reforms, shifting responsibilities and increasing provision of services by private and remote interests;
- Increasing quality expectations and requirements, and gradual shift from output to outcomes measurement; and
- Technological changes in how consumers access and receive health care and social supports, their records are maintained and shared, and health outcomes are monitored, reported and incentivized.

The [Loddon Mallee roadmap for health and human services](#) and the [Women's Health West quarterly policy and law reform scan](#) provide very comprehensive overviews of the current policy and legislative landscape and are both recommended further reading.

This section of the paper provides a more concise summary of some of the key features at local, state and national levels including key policy reforms.

3.1 Local government

The INW PCP catchment operates in the local government areas of Melbourne, Yarra, Moreland, and Moonee Valley. These councils are all members of INW PCP.

Victorian councils are mandated under the [Victorian Public Health and Wellbeing Act \(2008\)](#) to develop a four-year Municipal Public Health and Wellbeing Plan (MPHP) within twelve months of Council elections. The most recent elections were held in November 2016.

PCP and community and women's health integrated health promotion (IHP) plans were extended from three- to four-years at the commencement of the current planning cycle to maximize alignment with council MPHPs. Underpinned by a social model of health, both planning systems have a strong equity focus on primary prevention and the upstream social, economic and environmental determinants of health.

The alignment of planning cycles is widely regarded as a positive development that has supported improved collaboration and capacity to collectively influence local and system-level change.

Two key policy shifts impacting local government planning and priorities relate to the significant changes to the Victorian HACC system resulting from the national roll out of the

National Disability Insurance Scheme (NDIS) and aged care reforms (discussed in more detail in section 3.3.3), and the state introduction of a rate capping framework.

Many local councils have historically provided a range of Home and Community Care (HACC) services, particularly to older residents. As part of the transition to the full NDIS, arrangements are being negotiated through a trilateral Statement of Intent between the Commonwealth, State and the Municipal Association of Victoria. The Statement recognises local government's role as planner, developer, funder and deliverer of services for older people¹, but many local councils are considering their future role in the delivery of both aged care and disability services.

At a state level the introduction of a new rate capping framework is also likely to [impact local councils' future service delivery capacity](#). The framework has been the subject of three [Parliamentary inquiry reports](#) and an [independent review](#) for the Essential Services Commission.

3.1.1 City of Yarra

Key features of the City of Yarra's demographic profile and health and wellbeing status are contained in its [2016 Health and wellbeing status report](#).

In summary, the City of Yarra population is younger than the Victorian median but with an increasing number of older residents. It has high levels of economic inequality being both relatively affluent and well educated as well as having high numbers of people experiencing socio-economic disadvantage, living in social housing, and experiencing housing stress and homelessness.

Yarra is a diverse community. It has a large Aboriginal and Torres Strait Islander community, high proportion of people who speak a language other than English, and the highest proportion of same-sex couples.

The [Yarra Health Plan 2013-17](#) vision is to help communities flourish through health promoting environments, and its priorities are as follows:



Figure 2: City of Yarra health plan priorities.

¹ Municipal Association of Victoria (2016). [Home and community care](#). (Accessed 28/12/16)

The Yarra Health Plan identifies key opportunities for improving health and wellbeing outcomes for the whole community by supporting citizen participation; leading and partnering for policy, planning, service delivery and advocacy; meeting its own responsibilities; and contributing to and building the evidence.

It identifies a number of priority populations, including:

- People living in long term disadvantage;
- Indigenous Australians;
- People living with a disability;
- People from diverse cultural backgrounds; and
- Women.

The City of Yarra MPHP will be incorporated into its Council Plan for the first time in 2017-21.

3.1.2 City of Melbourne

The City of Melbourne's MPHP is incorporated into its [Council Plan](#) and has a stated commitment to creating a healthy, livable city that is a vibrant and inclusive place for people. Council's MPHP was informed by the World Health Organization's [healthy cities model](#), and the Victorian Government's [Environments for Health framework](#). The plan is delivered through an [annual plan and budget allocation](#).

Key features of the City of Melbourne's demographic profile and health and wellbeing status are contained in its [Urban Health Profile](#). In summary, the City of Melbourne is a relatively young resident population that is culturally diverse. Over 50% were born overseas with approximately 9% having low English proficiency. A large number of international students add to the City's cultural diversity. The municipality is relatively affluent but has pockets of disadvantage throughout, including those located around the public housing estates of North Melbourne, Carlton and Kensington.

More than one third of Melbourne residents are low-income earners and people experiencing homelessness and rough sleeping have become an increase feature of the municipality in recent years.

Council's health priorities are embedded in multiple actions and strategies throughout its Council plan, but are broadly identified as follows:



Figure 3: Melbourne City Council health plan priorities

3.1.3 Moonee Valley City Council

The [Moonee Valley Public Health and Wellbeing Plan 2013-17](#) vision is to shape a healthy city that works together to sustain good health, respond to new and emerging issues and promote equitable health outcomes. Its implementation is supported by [annual action plans, progress reports and an evaluation framework](#).

Key features of Moonee Valley's demographic profile and health and wellbeing status are contained in its [Municipal Profile 2016](#). In summary, Moonee Valley is growing and ageing. The municipality is experiencing growing economic inequality marked by high rates of unemployment in some areas, high levels of food insecurity, increasing electronic gaming expenditure, and a lack of affordable housing. Rates of family violence, chronic disease, STI transmission and psychological distress are increasing, and there are low rates of physical activity, fruit and vegetable consumption and public transport use.

The MVCC Health Plan operates across four key themes that include:

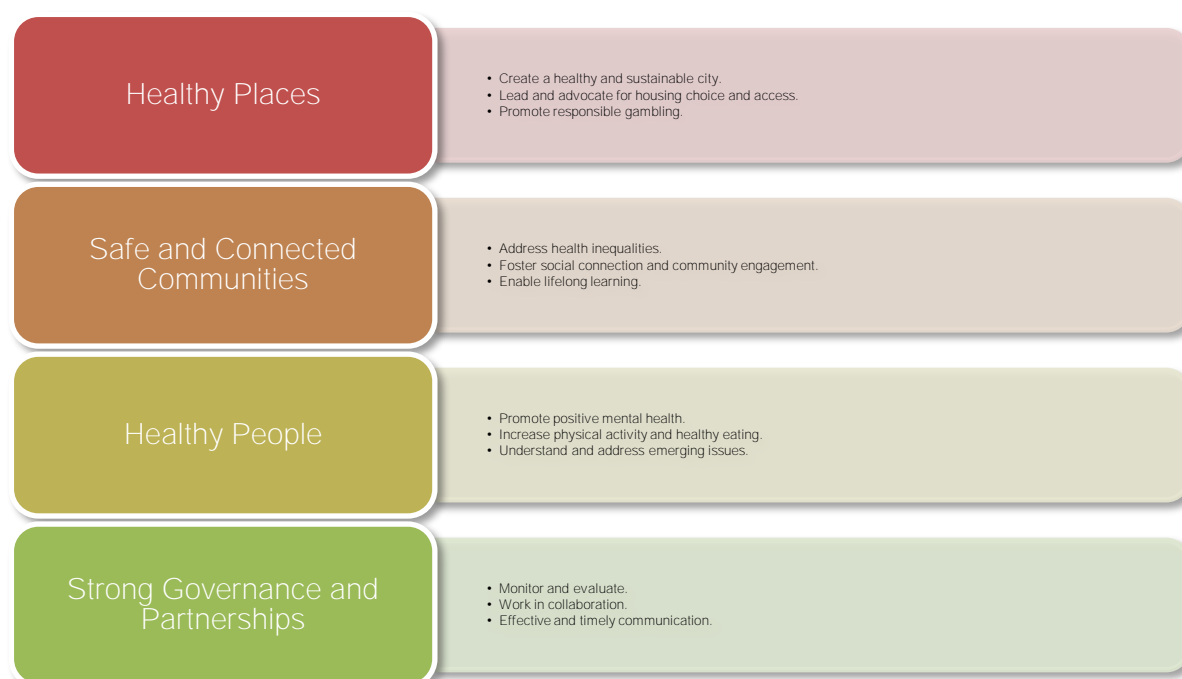


Figure 4: Moonee Valley City Council health plan priorities

The Moonee Valley Health Plan identifies a number of priority populations, including:

- People who live in social housing, notably Flemington and Ascot Vale;
- Low income earners and low income households;
- Older people, particularly those living alone and those living with a disability;
- People who are unemployed;
- People from culturally and linguistically diverse backgrounds;
- Single parent households; and
- Women and girls.

Work has commenced on developing the [MVCC Council Plan 2017-21](#) which will incorporate the MPHP for the first time.

3.1.4 Moreland City Council

The Moreland City Council [Municipal Public Health and Wellbeing Plan 2013-17](#) vision is that people's health and wellbeing be at the centre of all planning and decision making. It contains a number of long-term goals to address a range of the social determinants of health in the social, built, natural and economic environment.

Key features of Moreland's demographic profile and health and wellbeing status are contained in its [Health and Wellbeing Profile 2013](#). In summary, Moreland's population has a higher proportion of older people compared to the Melbourne average, as well as young adults with young children. The municipality is culturally diverse with over one third born overseas, and over 85% of these coming from non-English speaking backgrounds.

Moreland is the 8th most socio-economically disadvantaged Melbourne metropolitan are, with disadvantage concentrated around Fawkner, Glenroy, Hadfield and Coburg North. It is the only metropolitan municipality in the top 10 for food insecurity. The municipality is experiencing significant population growth, particularly in its southern half as a result of medium density housing developments. These shifts are contributing to infrastructure challenges, demographic shifts and rising inequality across the municipality.

Moreland's current Health Plan identifies a range of outcomes across the following themes:



Figure 5: Moreland City Council health plan priorities

Planning for the next Moreland MPHP has commenced. The [new plan](#) will align with the Council Plan 2017-2021, reflect community priorities identified in the [Moreland Community Vision](#), and be underpinned by the [Moreland Human Rights Policy 2016-2020](#).

3.2 State government

Many Victorian policies and programs have undergone review or reform over the course of the current planning cycle, particularly since the election of the current State Government in 2014. A number of these have been in areas directly related to the core business of PCPs and their members.

In this section, some of the recent and current reforms and policy directions most directly impacting on the INW PCPs core business are summarised. As the image below illustrates, there are several common policy themes emerging across a number of these core documents:

High-level policy themes	Health 2040	DHHS Strategic Plan	Vic Public Health & Well-being Plan	DHHS Road-map for Reform	10 Year Mental Health Plan
Locally integrated action: place-based and person-centered	✓	✓	✓	✓	
Equity and vulnerability focus	✓	✓	✓	✓	✓
Explicit commitment to co-design and co-production		✓		✓	✓
Collaboration: Partnership across government, health, NGO, LGA and community	✓	✓	✓	✓	✓
Systems focused: whole of government, community and systems	✓	✓	✓	✓	✓
Focus on integration and coordination	✓	✓	✓	✓	✓
Governance: shared understanding, joint approaches, alignment of effort		✓	✓	✓	✓
Explicit collective impact approach		✓		✓	
Innovative: trying new things, flexible responses	✓	✓		✓	✓
Evidence-based: using surveillance and data	✓	✓	✓	✓	✓
Focus on measuring progress and outcomes	✓	✓	✓	✓	✓
Building workforce capability and capacity	✓	✓	✓	✓	✓

Figure 6: Common themes across core DHHS policy documents

3.2.1 Amalgamated Department of Health and Human Services

The recent amalgamation of former departments to create the new Department of Health and Human Services in January 2015 was intended to deliver improved integration across a range of portfolio areas including health; housing; disability; child, youth and families; mental health; ageing; and sport and recreation. The expanded focus of the INW PCPs responsible department delivers new potential to support upstream action across a wide range of the determinants of health, as well as creating new partnership opportunities.

Under the Department's new structure however, the INW PCP catchment sits across several of its [four divisions and 17 areas](#):

- Melbourne and Moonee Valley local government areas fall within the DHHS Western Melbourne Area of its West Division;
- Moreland is located within the DHHS Hume Moreland Area of its North Division; and
- Yarra falls within the North Eastern Melbourne Area of the East Division.

It is not yet clear how these alignment issues will impact INW PCP planning into the future.

3.2.2 Health 2040

[Health 2040: Advancing health, access and care](#) presents a long-term vision for improved health and access to quality care, built around three pillars:

- *Better health*: focuses on prevention, early intervention, community engagement and people's self-management to maximise the health and wellbeing of all Victorians.
- *Better access*: focuses on reducing waiting times and delivering equal access to care via statewide service planning, targeted investment, and unlocking innovation.
- *Better care*: focuses on people's experience of care, improving quality and safety, ensuring accountability for achieving the best health outcomes, and supporting the workforce to deliver the best care.²

Health 2040 is supported by [Health 2040: Achievements and next steps](#) which outlines the range of strategies, deployed and planned, to deliver on the vision for the Victorian health care system.

Victorian PCP provided a [submission](#) to the original [Health 2040 discussion paper](#) outlining PCPs history and continuing role in supporting many of the aims of Health 2040, including a person-centred view of healthcare, developing change champions, and pioneering service coordination and facilitation particularly in relation to chronic disease management and primary prevention.

3.2.3 DHHS Strategic Directions

Released in August 2016, the [DHHS Strategic Plan 2016-17](#) outlines the strategic context and directions, priority actions, an outcomes framework, and enablers of success for the Department over the coming year. Among its four strategic directions are:

- Developing person-centred services and care;
- Building local solutions;
- Providing earlier and more connected support; and
- Advancing quality, safety and innovation through everything it does.

There are several aspects of the Plan's core features that align directly with INW PCP core business. These include its:

- Focus on giving people greater control of their own care and removal of access barriers;
- Greater emphasis on prevention and public health, and recognition of the wider social context for health and wellbeing;
- Focus on cultural safety and Aboriginal self-determination;
- Use of data and evidence to support learning, improvement, innovation and planning; and
- Commitment to deeper partner engagement.³

3.2.4 Victorian Public Health and Wellbeing Plan

The [Victorian Public Health and Wellbeing Plan 2015-2019](#) outlines the Government's key priorities over the next four years to improve the health and wellbeing of Victorians. As the main guiding document it is core to setting the priority directions of the INW PCP and many of its members, particularly local council through their MPHPs and community and women's health through their Integrated Health Promotion (IHP) plans.

In large respect the Plan's priorities remain unchanged from its predecessor. These include healthier eating and active living; tobacco-free living; reducing harmful alcohol and drug use; improving mental health; preventing violence and injury; and improving sexual and reproductive health.

² Department of Health and Human Services (2016). [Health 2040: advancing health, access and care](#). (Accessed 31/12/16)

³ Department of Health and Human Services (2016). [Our strategy](#). (Accessed 31/12/16)

The current plan has improved on its predecessor in a number of important ways however. First, it has expanded its scope based on evidence, feedback and best practice to include stronger and more explicit focus on:

- health inequalities and the determinants that contribute to them;
- improving health and wellbeing across the life course;
- the need for flexibility and responsiveness to local priorities and context;
- outcomes, targets and accountability;
- the benefits achieved through a whole-of-government, whole-of-community and whole-of-system response.⁴

Second the new plan is supported by a range of additional materials designed to support the delivery of its expanded scope. These include:

- Population data contained in the [Health and wellbeing status of Victoria](#);
- [Implementing the Victorian public health and wellbeing plan 2015–2019: taking action - the first two years](#) which summarises the major initiatives commenced or due to commence across the Victorian Government and major government agencies during the first two years of the health and wellbeing plan (until 2017);
- [Victorian public health and wellbeing outcomes framework](#) which provides a comprehensive set of public health and wellbeing outcomes, indicators, targets and measures for the health and wellbeing priorities and their determinants; and
- A data dictionary to support the outcomes framework expected in January 2017.⁵

3.2.5 Discussion paper: Delivering place-based prevention

A common theme running through many of the core DHHS policy documents (see Figure 6) is the delivery of place-based responses that are community driven and/or informed by local priorities.

In September 2016 DHHS released a discussion paper, *Delivering place-based primary prevention in Victorian communities*.⁶ The paper reflects on learnings gained through [Healthy Together Victoria](#), a partnership between select local councils, community health and other partners between 2001 and 2015 funded through the now-defunct [National Partnership Agreement on Preventive Health](#).

It considers a future approach to place-based prevention that draws upon adapted elements of the [collective impact framework](#) and the [World Health Organisation's building blocks for health systems strengthening](#), and proposes five building blocks - collaboration, information, leadership, workforce and resources underpinned by a series of principles.

It is suggested although not clear that the discussion paper will form the basis of sector consultations to underpin the planned rollout out of a new approach that is presumed to capture the primary prevention work undertaken through local council MHPs and PCP/women's health/community health IHP plans (see Figure 7 on the following page).

⁴ Department of Health and Human Services (2016). *Victorian public health and wellbeing plan 2015–2019*. (Accessed 31/12/16)

⁵ Ibid.

⁶ Department of Health and Human Services (2016). *Delivering place-based primary prevention in Victorian communities*. September 2016.

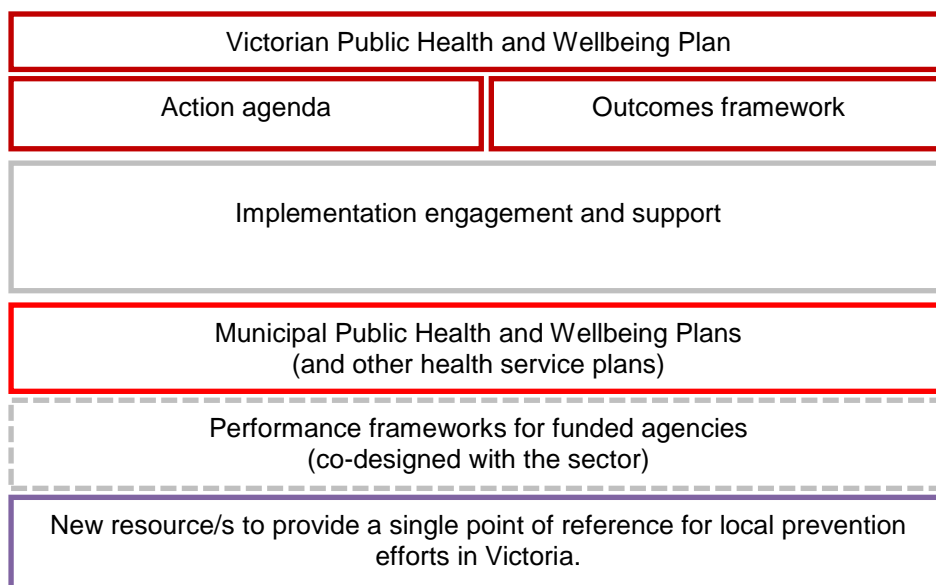


Figure 7: Delivering place-based primary prevention in Victorian communities: General process map (DHHS, 2016)

3.2.6 Metropolitan partnerships

A further dimension to locally-driven planning and priority setting is the establishment of new [Metropolitan Partnerships](#) which will replace the former Regional Management Forums. Each Metropolitan Partnership brings together representatives from each tier of government with local business, industry, education, social services and community representatives. Each partnership will feed local priorities and wellbeing and sustainability information into government decisions and processes. Nine [Regional Partnerships](#) have also been established to drive planning in Victorian regional areas.

As with DHHS boundary issues outlined in section 3.2.1, the INW PCP catchment sit across multiple Metropolitan Partnerships – Inner Metro Region (Melbourne and Yarra), Western Region (Moonee Valley), and Northern Region (Moreland).

3.2.7 Mental health and AOD system reforms

In 2013 the mental health and AOD systems underwent major recommissioning processes changing the way services were organized, delivered and funded. The process reduced the number of services within newly formed catchments, established separate intake and assessment structures, and also established new catchment based planning functions for each sector.

Several aspects of the recommissioning process were criticized. Challenges are documented in a [comprehensive independent review](#) undertaken for government in 2015 (the Aspex Review), and in a further [report](#) undertaken by the Australian Institute for Primary Care and Ageing.

Many of the same mental health services are now experiencing further significant reform related to the progressive rollout of the NDIS, discussed in more detail in section 3.3.3. In December 2016 changes to the adult AOD treatment sector were announced, shifting assessment and treatment planning from catchment-wide intake providers back to service providers.

Against this backdrop, the new Victorian Government has released a number of mental health and AOD plans and strategies, including for example:

- [Victoria's 10-year Mental Health Plan](#);
- [Victorian Suicide Prevention Framework 2016-25](#); and
- [Ice Action Plan](#).

3.2.8 Roadmap for reform: Strong families, safe children

In April 2016 the [Roadmap for Reform](#) was released, a policy direction designed to deliver a system focused on a system focused on:

- strengthening communities to better prevent neglect and abuse
- delivering early support to children and families at risk
- keeping more families together through crisis
- securing a better future for children who cannot live at home.⁷

The Roadmap for Reform has a strong focus on early intervention, prevention, co-design and collective effort, and is a key means of delivering on recommendations made through the Royal Commission into Family Violence. These features mean the Roadmap for Reform is closely aligned with core business across the PCP platform as outlined in the [Victoria PCP submission to the Roadmap consultation process](#).

3.2.9 Family violence and gender equality

Primary prevention of violence against women and identification and response to family violence have formed a significant component of the INW PCPs work over the current planning period, and previously.

It is regarded as one of the areas of strength and success for the organisation. The INW PCP was invited to provide evidence before the landmark Royal Commission into Family Violence, and its [Identifying and responding to family violence](#) project was recently identified by DV Vic in its [Expanding early interventions in family violence in Victoria](#) report as having the potential to 'usefully contribute to the development of a standardised statewide framework for early intervention'.

Recognition of, and commitment to respond to issues surrounding family violence has also come to be one of the most significant state-based policy directions to have emerged in recent times. The Victorian Government's commitment to implement all [227 recommendations](#) of the Royal Commission in Family Violence has flowed into a range of new policy directions, including for example:

- [10-year plan to end family violence](#);
- [Safe and strong: A Victorian gender equality strategy](#); and
- [Roadmap for Reform: Strong families, safe children](#)

Among the key initiatives within the Victorian family violence plan will be the establishment of a dedicated prevention agency and delivery in 2017 of a primary prevention strategy which will be Australia's first 'dedicated, funded and enduring primary prevention plan to end family violence'.⁸

3.2.10 Aboriginal health and wellbeing

Another key area of work over the current planning cycle for INW PCP has been under [Koolin Balit: Victorian Government strategic directions for Aboriginal health 2012-2022](#). Building on earlier work under the Closing the Health Gap initiative and launched by the previous state government in 2012, Koolin Balit identifies a range of priorities and enablers for improving Aboriginal and Torres Strait Islander health across the lifespan through strategies to address risk factors, manage illness within effective health services, improve data and evidence, and ensure culturally strong Aboriginal services and culturally safe mainstream services.

Following the change of government and amalgamation of DHHS, the future direction of Koolin Balit is uncertain. In 2016 [a discussion guide for the development of a new Aboriginal health and wellbeing strategic plan](#) was released for comment. The new strategic plan will combine Koolin Balit with the former Department of Human Services's *Human Services Aboriginal Strategic Framework 2013-15*. No further details regarding timelines are currently available.

The new plan is being developed in the context of a significant whole-of-government commitment to [exploring Aboriginal self-determination](#) and alongside a range of other plans and strategies such as:

- [Victorian Aboriginal affairs framework 2013-18](#):

⁷ Department of Health and Human Services (2016). *Roadmap for Reform: Strong Families, Safe Children*. (Accessed 1/1/17)

⁸ Victoria State Government (2016). *Ending family violence: Victoria's plan for change*. (Accessed 1/1/17)

- [Aboriginal employment strategy 2016-21](#);
- [Taskforce 1000](#) and the [Aboriginal Children's Forum](#);
- [Strong culture strong peoples strong families 10 year plan](#).

Under emerging directions supporting Aboriginal community control and self-determination it is likely that resources previously utilised by INW PCP to improve cultural safety for Aboriginal and Torres Strait Islander people accessing mainstream services will no longer be available. Future funding is likely to be allocated through community controlled organisations.

3.2.11 Consumer participation: *Doing it with us not for us*

The overarching Victorian policy guiding consumer participation [Doing it with us not for us](#) (DIWUNFU) was reviewed throughout 2013, and in 2014 an [evaluation report](#) and [discussion paper](#) were released. The reports document national and international best practice examples of consumer participation at individual, healthcare system and whole-of-system levels and make a number of recommendations about:

- *Consumers, carers and communities*: health literacy, communication skills, technology and self-management and strategies to support shared decision-making;
- *Organisations*: accountability and leadership, measuring patient experience and using data to drive change, and building workforce and consumer capability system wide; and
- *Government and policy*: approach, partnerships and performance monitoring and measurement.

The review of DIWUNFU was one component of a wider review initiated by the former Department of Health to develop a new participation framework [Equity in participation](#), to combine DIWUNFU with the [Cultural responsiveness framework: Guidelines for Victorian health services](#), and a new health literacy strategy. Following the amalgamation of DHHS the current status of Equity in Participation is unknown.

3.2.12 Absolutely everyone: State disability plan

Developed throughout 2016, the new [Victorian State Disability Plan 2017-20](#) commits to a range of actions for achieving greater inclusion and sets out priorities and actions for achieving inclusion under four key pillars:

- Inclusive communities;
- Health, housing and wellbeing;
- Fairness and safety; and
- Contributing lives.

The plan focuses on key areas to drive change such as adopting a universal design approach, changing attitudes, and increasing access to affordable housing, public transport, schools and employment.⁹ It is developed in the context of the progressive roll out of the NDIS discussed in more detail in part 3.3.3.

3.2.13 Other reforms and policy directions

There are a range of other recent state-level developments relevant to the INW PCPs operating context, and that of its member agencies. Some of these include:

- [Education State](#): targets set for ensuring lifelong learning; happy, healthy and resilient kids; and breaking the link between poor education outcomes and disadvantage.
- [Hazelwood Inquiry](#): following on from the [2009 Victorian Bushfires Royal Commission](#) (and even more recently the [November 2016 thunderstorm asthma event](#) in Melbourne), the Hazelwood Inquiry made a number of recommendations relevant to emerging environmental and emergency management-related incidents regarding improvements to integrated planning, improved data collection, cross-sector collaboration, improved communications, and community engagement.

⁹ Department of Health and Human Services (2016). [State disability plan 2017 - 2020](#). (Accessed 1/1/17)

- Hospital safety and quality review: Following a series of perinatal deaths at Djerriwarrh Health Services in 2013 and 2014, [Targeting zero: A review of hospital safety and quality assurance in Victoria](#) was commissioned (the Duckett review). Impacting directly on a number of INW PCP member agencies, the review and the government response [Better, safer care: Delivering a world-leading healthcare system](#) also provide a number of broader insights and recommendations with respect to clinical governance, quality assurance, sharing of best practice, and collection and use of patient experience data of relevance of the wider membership.

3.3 Commonwealth government

As in the previous section relating to state-based policy shifts, there has also been very significant policy change occurring at a federal level that has impacted the INW PCP and its member agencies. This section of the paper does not provide a comprehensive overview but focuses on a limited number of the most significant reforms – those relating to primary health, the NDIS and aged care, and the emergence of the Primary Health Networks as a significant new stakeholder in local planning and commissioning environments.

3.3.1 Primary Health Networks

Primary Health Networks (PHNs) were established in July 2015 to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improve coordination of care to ensure patients receive the right care in the right place, at the right time.

To achieve these aims PHNs work directly with GPs, other primary health care providers, secondary care providers, hospitals and the broader community to ensure improved outcomes for patients. They are guided by six key priorities for targeted work that include mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.¹⁰

The PHN operating within the INW PCP catchment is the [North West Melbourne PHN](#) (NWMPHN). As with the local government areas outlined in section 3.1 of this paper, the PHN has also developed a range of [community and population health data profiles](#) for its catchment.

The [NWMPHN strategic plan 2016](#) outlines the organisation's mission to strengthen primary health care and connect services across the system by responding to national and local priorities; improving quality of care and individual outcomes, and improving care integration and coordination across the continuum. Its externally focused strategic objectives include to:

- Improve the prevention and management of chronic disease;
- Improve access to care and coordination of care across settings
- Effectively engage stakeholders;
- Enhance the mental and emotional health and wellbeing of the community;
- Improve health outcomes for vulnerable populations
- Engage and support General Practice and other care providers
- Undertake effective, evidence based commissioning
- Achieve robust governance and stewardship

Noting PHNs are primarily concerned with improvements in primary health care settings and their intersections with other parts of the health and community system, there are a number of intersecting roles and interests shared with PCPs, which are unique to Victoria.

Role clarification, exploration of interface and collaboration opportunities, and reduced duplication are opportunities to explore in the next planning cycle. Given the NWMPHN operates in a catchment with four PCPs, collective approaches discussed in more detail in section 5.3.2 may provide more streamlined opportunities for PCP and NWMPHN engagement with each other.

¹⁰ Department of Health (2016). [PHN background](#). (Accessed 1/1/17)

3.3.2 National health care reforms

In its paper [Australian health care reform: Challenge, opportunities and the role of PHNs](#), the NWMPHN provides a useful overview of some of the current trends and issues impacting on the Australian health system.

These include the episodic nature of care that is frequently ill-equipped to respond to the needs of an ageing population, vulnerable groups, and the increasing number of those with chronic illness including mental health issues. Growing health care and pharmaceutical costs, particularly in the acute health sector, are compounding these challenges.

Driven by an interest to contain costs and share risk governments are increasingly looking to new approaches in health and other sectors such as the use of social impact bonds, big data analysis, and actuarial/insurance based approaches.

Within this landscape a number of reforms are occurring or being explored, including for example the emergence of the PHNs themselves; review of the [Medicare Benefits Schedule](#); consideration of new funding models including outcome and incentive-based, [blended and capitation models](#); and exploration of new approaches to integrated care coordination through models such as the [patient-centred medical home](#).

The healthcare home is also explored in the NWMPHN paper [The Health Care Home: What it means for Australian primary health care](#). In March 2016 the federal government announced the establishment of trial health care homes servicing up to 65,000 people across 220 practices for a two-year period from mid-2017. The health care homes will operate under a “bundled sum” model covering medical and allied health costs for people with chronic disease and complex care needs. At this stage no pilot homes will establish in the INW PCP and NWMPHN catchment.

Counter-intuitively to concerns about rising health costs, the federal government abolished the National Partnership Agreement on Preventive Health and the national prevention agency in the [2014-15 budget](#).

While these reforms often impact indirectly on the *current* core business of PCPs, they significantly impact the core business of many INW PCP members. They may therefore influence PCPs' *future* core business as some areas or work are divested to other partners, new partners emerge, and different opportunities and priorities are engaged on behalf of members.

3.3.3 NDIS and aged care reforms

As identified earlier in this paper, among the greatest thematic shifts currently occurring within health and community service policy landscape is the marketization of service and promotion of consumer choice and control. Nowhere are these more evident than in the progressive national rollout of the inter-connected NDIS and aged care reforms.

The NDIS is being progressively introduced in all States and Territories from 2016-19 and will occur within the forthcoming INW PCP planning cycle as follows:

- Yarra (North Eastern Melbourne Area): transitioned in July 2016;
- Moreland (Hume Moreland Area): will transition 1/3/18;
- Melbourne and Moonee Valley (Western Melbourne Area): will transition 1/10/18.

In aged care a series of reforms designed to increase choice and control were announced and legislated in 2012. Those changes are the subject of a current [legislated review](#) and are being guided by an [Aged care strategic roadmap](#) released in 2016.

In Victoria responsibility for HACC services for older people over 65 (or over 50 for Aboriginal and Torres Strait Islander older people) transferred to the Commonwealth in July 2016. Funding and service responsibility for current HACC recipients under these ages who are eligible for the NDIS will transfer to the Commonwealth and the NDIS according to transition phasing as described above.

Victoria and other states are grappling with continued delivery of HACC and other services for younger people who are ineligible for the NDIS. As has been outlined previously, these challenges are marked for local councils who in Victoria are significant current providers of HACC services. There are also very significant uncertainties for providers of mental health services to people who prove to be NDIS-ineligible.

While it is generally accepted that states will have a continuing role and obligations for the delivery of services through their disability, early childhood, mental health and health plans, funding and programmatic certainty is far from assured.

A key feature of current aged care reform implementation is the national roll out in August 2016 of a new web-based national registration, screening and assessment platform, [My aged care](#). The web portal supports registration and initial assessment for people accessing aged care services for the first time or people whose needs or circumstances have changed significantly. It manages electronic referrals, client records and services delivered.

The use of the My Aged Care portal as a device to (in theory) support choice, control, access to information and care coordination is an increasingly common feature also reflected in primary health ([My health record](#)), the NDIS, and for supporting consumer review and feedback (see for example [Clickability](#) and [Patient Opinion](#)).

4. Primary Care Partnership context

PCPs are established networks of local health and human service organisations. Partner agencies come from many different sectors and parts of the system. They have different sizes, governance structures and priority populations.

There are now 28 PCPs around Victoria that connect more than 800 organisations across many different sectors. Partner agencies include hospitals, GPs, local government, universities, community health services, disability services, problem gambling services, women's health and family violence services, mental health services, sports groups, schools, police, and many more.

Delivering a health system that provides the best value for clients, their carer's and local communities is an enduring challenge for the Victorian government, health services and stakeholders. This is a challenge PCPs have been addressing for sixteen years.

4.1 PCP value proposition

PCP's collaborate by sharing skills and expertise and aligning effort. They improve the health and wellbeing of communities by finding ways to make the health and community sector system work better.

In doing so, PCPs have contributed to developing an understanding and practice of cross-sector partnerships; local, regional and catchment-based planning; collective impact; community engagement; and targeting of Integrated Chronic Disease Management (ICDM) and Integrated Health Promotion (IHP) initiatives to vulnerable communities.

Understanding and defining PCPs' value proposition has been complicated by the forces discussed in this paper, including the ever more crowded planning and partnership environment and accelerating rate of change.

In the context of preparing for reforms in the primary care landscape dating back almost a decade, the following features were identified at the time as core to PCPs capability¹¹:



Figure 8: Statewide PCP core skillsets, identity and point of difference (Hollo, 2009)

¹¹ Hollo, A. (2009). *Positioning PCPs in a reformed primary care landscape*. Workwell Consulting, PPT presentation to PCP Statewide Executive meeting, June 2009

Many of these features remain relevant to the operation and identity of PCPs today with the exception of the points of difference, particularly since the emergence of the PHNs whose core role and function significantly overlap with many of those previously held by PCPs.

4.2 DHHS guidance to PCPs

PCPs continue to operate under a now 16-year-old Department of Health paradigm which in the changing environment outlined in this paper is becoming less relevant.

Individual PCPs are subject to a partnering agreement with DHHS, which covers a range of matters including PCP objectives, deliverables, term (and renewal or extension), membership and [reporting](#).¹² Amid some uncertainty about the PCPs future, the funding agreement has been confirmed for up to a further four years and PCPs are entering a new planning cycle for the period 2017-21.

As part of their agreement with DHHS individual PCPs are required to have a strategic plan, approved by the Department, which should be developed according to seven guiding principles:

- Tackling health inequities;
- Person and family centred;
- Evidence based and informed;
- Cross-sector partnerships;
- Accountable governance;
- Wellness focus; and
- Sustainability.¹³

In addition, PCP strategic and operational directions are set by the [Statewide PCP Program Logic 2013-2017](#). The program logic aims to strengthen cooperation and integration across sectors in order to maximise health and wellbeing outcomes; promote health equity; and avoid unnecessary hospital presentations and admissions across three domains:

- Early intervention and integrated care (including integrated chronic disease management and service coordination);
- Consumer and community empowerment;
- Prevention (including integrated health promotion).¹⁴

In early February 2017, DHHS advised that the PCP program logic and reporting guidelines due to expire on 30th June 2017 would be extended for an additional twelve months to June 2018, and that it would continue to liaise with PCPs to develop the program, priorities and reporting guidelines for the following period. The impact on strategic planning processes and timelines is yet to be determined.

4.3 PCP statewide platform

[Vic PCP](#) is voluntary alliance overseen by an Executive Committee comprised of representatives from PCPs in each region and is supported by a small number of paid, part-time staff.

In response to the changing policy landscape and continuing questions about PCPs ongoing role, points of difference, and value add to the system, Vic PCP undertook a review of its structure, purpose and resourcing in 2014-15 and developed a new Statement of Purpose in October 2015.

Vic PCP exists to support and promote the primary care partnership platform and the broader use of partnerships to achieve improvements in population health and well-being. In order to achieve this Vic PCP:

- Advocates for future investment in PCPs;

¹² Department of Health and Human Services (2016). [Primary Care Partnership governance](#). (Accessed 2/1/17)

¹³ *Ibid.*

¹⁴ Department of Health and Human Services (2016). [Primary Care Partnerships strategic directions](#). (Accessed 2/1/17)

- Identifies and capitalises on new opportunities for growth in the PCP platform; and
- Supports PCPs to deliver excellent outcomes that will improve the health status of all Victorians.¹⁵

Vic PCP [supports submissions and other inputs](#) from across the platform into key policy debates and review processes. It engages PCP staff, governance groups and member agencies from across Victoria through a range of mechanisms including forums for Chairs and Executive Officers and networks and forums organised by sub groups representing each of the PCP program logic streams. It is funded by contributions from all PCPs according to a percentage of funding formula.

In addition to efforts supporting improved coordination and collaboration across the statewide PCP platform, so too are opportunities being explored at regional levels. The INW PCP has explored opportunities for improved partnership with its North West Metropolitan Region colleagues, discussed in more detail in section 5.3.2.

¹⁵ Vic PCP (2016). *Victorian Primary Care Partnerships (PCPs)*. (Accessed 2/1/17)

5. Inner North West Primary Care Partnership context

The INW PCP was formed in 2010 and currently comprises 38 health and human service agencies within the four local government areas of Melbourne, Yarra, Moreland and Moonee Valley. (see Appendix 1)

The INW PCPs vision, founded on a social model of health, is for strong partnerships, equitable outcomes and healthy communities. The INW PCP seeks to achieve this vision through sharing collaboration and expertise across the partnership by:

- Engaging and supporting partners to facilitate inter-sectoral integration in primary health care;
- Engaging partners across sectors to respond to the social determinants of health;
- Using evidence to inform actions and improvements;
- Demonstrating the value of health promotion and chronic disease, prevention and early intervention; and
- Advocating for improved outcomes for consumers and communities by engaging and collaborating with member agencies in the primary care sectors, community sector and local government around integrated health promotion, service coordination and integrated chronic disease management.

5.1 Current structure and strategic directions

The INW PCP is overseen by a Governance Group comprised of 12 senior representatives from member agencies (see Appendix 1).

With current key deliverables in areas including partnership, integrated health promotion, service coordination and integrated chronic disease management, the work of the INW PCP and its staff is supported by two member-driven alliances – one for health promotion and another for service coordination/chronic disease.

The INW PCP current [Strategic Directions 2013-17](#) includes two strategic priorities:

1. Prevention of violence against women (inclusive of children and families); and
2. Improve system capacity to increase prevention and support people from priority populations with chronic disease and its co-morbidities.

A range of strategies and projects supports each strategic priority. An overview of key INW PCP projects is available at Appendix 2.

5.2 Strengths, challenges and opportunities

In December 2016, a brief workshop was held with INW PCP Governance Group members to identify key strengths, challenges and opportunities for the partnership as it heads into the next planning cycle. Summarised below, many of the themes identified by the Governance Group support those earlier identified as part of the partnership evaluation discussed in more detail in section 5.3.1.

5.2.1 INW PCP strengths

Consistent with the value proposition discussed in section 4.1 above, Governance Group members identified a range of strengths related to the local connectedness and diversity of the INW PCP partnership. Members cited strong understanding and acknowledgement of local community need particularly for vulnerable communities, and the capacity to bring together diverse parts of the primary care and community services system to work collaboratively towards system improvements.

The benefits of the collaborative approach were manifold. Collaboration enabled partners to connect in both formal and informal ways, and to deliver projects and outcomes not achievable in isolation. Examples included work to improve cultural safety in mainstream organisations through Koolin Balit, family violence responses and improvements to diabetes management.

Collaboration also enables organisations to leverage off one another's work, particularly where priority activities were additional to individual members' core business. Coordination of this effort enables members to understand issues, who's involved, and how and where they can make a difference.

The INW PCP partnership helps create impact. Members identified the importance of research and practice materials developed by the INW PCP, and the contributions made to planning processes. Collectively and individually, members are able to engage with key policy and planning discussions, harness available resources, and develop a more nuanced understanding of how issues across the continuum and at a systems level impact locally. Participants cited several examples of PCP input and influence on key emerging policy directions.

The availability of PCP resources is a key strength enabling the partnership to achieve its objectives.

5.2.2 INW PCP challenges

Governance group members cited continuing challenges for the PCP platform in clearly articulating its value proposition, particularly given the frequent invisibility of partnership work. A combination of key messages and consistent refining and communication of them were identified as critical.

Recognising and better leveraging the value of the full partnership was also identified as an area for further attention. Members identified a need to look beyond the limited available staffing resources within the INW PCP and better harness the contribution made by all members.

Members cited limited reach into their organisations of the work of the INW PCP beyond key people working on projects, and the importance of creating more touch points between members and the partnership. The partnership review similarly highlights opportunities to shift from transactional to transformative partnership arrangements.

Members cited a range of challenges relating to competing priorities, shared planning and limited available resources. All members are bound by their own strategic priorities and accountabilities making alignment of effort and strategic directions challenging. Multiple and shifting planning levels and mechanisms create duplication and additional complexity.

Examples of improvement and success were cited, including for example the shift towards alignment of PCP planning cycles with local government MPPs, as well as collective impact approaches to planning in specific areas such as the INCEPT prevention of violence against women project.

Lack of DHHS clarity about its desired role and purpose for PCPs, particularly in an environment where roles, responsibilities and boundaries between key stakeholders are rapidly changing, and new potential partners are emerging, was identified as a key challenge.

5.2.3 INW PCP opportunities

Notwithstanding the challenges associated with a rapidly changing external environment, Governance Group members identified a range of opportunities for the INW PCP as it moves into its next planning cycle. Some opportunities invite discussion about refined or changed directions and require further exploration. Further recommendations to explore new opportunities were also identified in the partnership evaluation discussed in section 5.3.1.

Among the range of opportunities identified by the Governance Group were:

- Stronger engagement with other PCPs and DHHS through the program logic working group, to inform future directions and outcome evaluation measures for the PCP platform;
- Opportunities arising from the strengthened primary prevention focus in key policies including Health 2040, the Royal Commission into Family Violence and the Roadmap for Reform;

- Opportunities to influence and engage with the place-based discussion paper and its proposed development of a performance framework;
- Active consideration of the PCP relationship to and engagement with new and emerging stakeholders, including for example with:
 - the Metropolitan Partnerships;
 - private and interstate providers emerging as a consequence of primary health, NDIS and aged care reforms;
 - expanded Victorian membership arising from the amalgamation of DHHS; and
 - supporting the increasing interest in community-based options that divert and minimize reliance on the acute health system.
- Prioritised focus to clarify and negotiate roles, relationships and boundaries with the North West PHN to reduce duplication and enhance the interface between respective leadership roles for primary prevention and early intervention;
- Consideration of the PCP role as a neutral but active observer and advocate in relation to system reforms – bringing local evidence and experience of loss of services, reduced funding, added navigation complexity especially for vulnerable communities;
- Reduced siloing of effort and duplication of effort within the INW PCP organisational structure;

5.3 Other current INW PCP planning initiatives

In recent months the INW PCP has undertaken a number of initiatives with a direct relationship to the current strategic planning process.

5.3.1 Partnership evaluation

In March 2016, the INW PCP Governance Group commissioned an evaluation of the partnership and engaged The University of Melbourne to undertake this work. The purpose of the evaluation was to identify partnership drivers, actions and outcomes resulting from the partnership, and contextual factors influencing collaborative partnership.

The findings, recommendations and evaluation framework were finalized in late 2016 and are an important source of information to support the current strategic planning project.

They include a range of drivers for members' participation in the partnership, actions resulting from that engagement and outcomes. Further to those identified in section 5.2 above, the evaluation identified a range of key strengths and challenges and made a series of recommendations to optimize the INW PCP collaborative partnership into the future.

A summary of the partnership evaluation findings and recommendations is at Appendix 3.

5.3.2 Collaboration between the PCPs of the north west metropolitan region

In recent years the PCPs of the North West Metropolitan Region – INW PCP, HealthWest Partnership, Hume Whittlesea PCP and North East PCP - have invested to promote collaboration across the region.

A *Statement of intent to collaborate* developed in 2014 has supported monthly meetings between EOs and the delivery of a range of joint projects in areas including:

- NWMR Identifying and Responding to Family Violence project;
- NWMR Koolin Balit project;
- North West Metropolitan Alliance project (HACC transition);
- Building Organisational Health Literacy Responsiveness Project;
- Preventing Harm from Gambling projects;
- Healthy Ageing in Public Housing project;
- Workforce Development – Integration across NWMR;
- Physical Health Matters Too project (HWPCP and NEPCP); and
- Accredited course in service coordination.

Significant opportunities exist to refine, improve and scale these efforts and in mid-2016 a series of workshops and conversations were held between the Executive Officers of the four PCPs to reflect on:

- current partnership strengths and areas for development;
- opportunities to strengthen regional PCP structures and approaches to support greater influence and improved outcomes; and
- engagement of key (and changing) stakeholders including DHHS, governance group members, PHNs, members, and communities.

As an outcome of the discussions, early work commenced to develop a value proposition for a potential new approach to joined up, regional collaboration. The features of a potential new model were proposed to include:

- a collective impact approach shared across the four NWMR PCPs;
- a shared plan developed regionally and delivered locally;
- up to four shared priority focus areas or vulnerable groups with each PCP responsible for regional leadership of one, and local delivery of all; and
- new governance arrangements to support regional coordination and local delivery.

Perceived benefits of such an approach include:

- continued delivery of innovative, place-based initiatives enabling locally-identified solutions, community participation and co-design within a more aligned, coordinated and integrated regional approach;
- efficient use of limited resources through reduced duplication, scaled effort, pooled resources, and use of shared processes and systems;
- access to shared data to inform planning and enable flexible allocation of resources according to needs of vulnerable population groups within catchment, region and/or sub-regional areas (see figure 2);
- increased influence and authority through a united approach and voice, including with respect to the development of the statewide DHHS PCP plan and program logic and regional engagement with the PHN;
- increased opportunities for shared learning and expertise between PCPs and across project areas leading to the development of new service models;
- greater capacity to consider strategic investment opportunities and/or attract new resources for projects of scale; and
- increased expertise in catchment-based, regional prevention and measurement of triple bottom line outcomes.

The proposal for a new approach and structure is in the very early stages of development and requires significant further discussion with PCP members and other key stakeholders.

5.3.2 INW PCP Alliance planning

As outlined in section 5.1 and illustrated in Appendix 1 and 2, the majority work of the INW PCP is supported by two member alliances – the Integrated Health Promotion Alliance and the Service Coordination/Chronic Disease Alliance.

In recent months, both alliances have undertaken various reviews of their activities, terms of reference and/or structures. These reviews have been undertaken in anticipation of the forthcoming INW PCP strategic planning process.

A workshop with members of the SC/CD Alliance in November 2016, identified a high degree of participant alignment about the purpose of the Alliance as well as opportunities for its improved functioning. Broadly, participants agreed that while information sharing and opportunities to engage with colleagues were important features of the Alliance, they were keen to ensure the Alliance had a clearer, action-oriented purpose explicitly linked to INW PCP strategic directions.

Members of the Alliance in attendance recommended consideration be given to a revised structure and terms of reference that would position the Alliances as planning, monitoring

and reporting linkages between the operational delivery of specific project working groups and the broader strategic objectives of the INWPCP.

As with discussions relating to possible new ways of working with the other PCPs within the NWMR, these discussions about internal structures, roles and functions also require further exploration.

MEMBERS

Access Health and Community
 Anglicare Victoria
 Australian College of Optometry
 Australian Vietnamese Women's Association
 Care Connect Limited
 City of Melbourne
 City of Yarra
 cohealth
 Diabetes Victoria Australia
 Inner West Area Mental Health Service, RMH
 Launch Housing
 Melbourne Counselling Service
 - Gamblers Help City
 - Crossroads Youth & Family
 - Salvation Army
 Melbourne Health
 Merri Health
 Migrant Resource Centre North West Inc
 MIND Australia
 Moonee Valley City Council
 Moreland City Council
 MOVE muscle, bone & joint health
 Neami National
 North and West Metropolitan Region
 Palliative Care Consortium
 North Richmond Community Health Centre
 North Western Melbourne PHN
 Odyssey House Victoria
 PRONIA
 ReLink Australia
 ReGen-Uniting Care
 Royal District Nursing Service
 St Mary's House of Welcome
 St Vincent's Hospital
 The Royal Victorian Eye and Ear Hospital
 The Royal Women's Hospital
 Travellers Aid Australia
 Victorian Transcultural Mental Health
 VincentCare Victoria
 Women's Health in the North
 Women's Health West
 Youth Projects Inc

GOVERNANCE GROUP

District Nursing Royal District Nursing Service	Local Government City of Yarra	Mental Health Neami National	Community Health Merri Health
Women's Health Women's Health West	Local Government City of Moreland	Hospital St Vincent's	Community Health cohealth
Ethno-specific Australian Vietnamese Women's Association		Homelessness St Mary's House of Welcome	Hospital and ACAS Melbourne Health

ALLIANCES

IHP Alliance

CD/SC Alliance

INWPCP STAFF

INWPCP Executive Officer

INWPCP Project Coordinator
 (Integrated Health Promotion)

INWPCP Communications & Administration Officer
 (Administration)

INWPCP Project Coordinator
 (Service Coordination; Integrated Chronic Disease Management)

KEY DELIVERABLES

Partnership

Integrated Health Promotion

Service Coordination

Integrated Chronic Disease Management

PURPOSE	Governance Group	<p>The purpose of the Inner North West Primary Care Partnership/INW PCP Governance Group is as follows:</p> <ol style="list-style-type: none">Develop, implement and monitor strategic directions;Further develop robust governance systems and process;Take responsibility for the Primary Care Partnership/PCP internal accountability;Implement appropriate management structures and processes for the PCP to enable planning and effective change within and between partner agencies and the broader health system;Provide decision making with respect to the PCP planning, priorities and activities;Actively support the PCPs vision and core values andCommunicate with PCP members and stakeholders.
	IHP Alliance	<p>To contribute to identifying shared Integrated Health Promotion (IHP) vision, priorities and goals, and developing complementary objectives and strategies, for the Inner North West Primary Care Partnership (INW PCP) IHP Plan and member agencies’ health promotion (HP) and Municipal Public Health and Wellbeing (MPHW) Plans to strengthen IHP practice in the INW PCP catchment by:</p> <ul style="list-style-type: none">Driving a coordinated best practice primary prevention approach to shared IHP priorities across the four Local Government Areas (LGAs)Advocating for greater understanding of, participation in and commitment to a collaborative response by agencies within the INW PCP catchment that addresses shared priorities within a social determinants frameworkBuilding intersectoral and collaborative IHP partnerships. <p>To identify and facilitate opportunities to address Health Promotion (HP) workforce development needs.</p>
	CD & SC Alliance	<ul style="list-style-type: none">To drive and monitor chronic disease and service coordination priorities as they relate to the strategic directions of the INW PCPTo support, coordinate and establish priorities for enhancing provision of chronic disease activities in the Inner North WestTo support and advise on priority service coordination activities undertaken within the Inner North WestTo build the capacity of evidenced based chronic disease management practice through linkages and partnershipsProvide a communication forum to discuss current/proposed initiatives with a focus on integrating work across the Inner North WestDirect the establishment of working groups for specific projects as required
	Koolin Balit Wellbeing Partnership	<p>Building upon the Closing the Health Gap Project, the NWMR Koolin Balit Project aims to enhance the capacity of mainstream agencies in the N&WMR to provide high quality, culturally responsive and respectful services to the Aboriginal Community. Thereby increasing access by Aboriginal people to the services they need, and as a result improving their health and wellbeing. This project is being conducted by four PCP across the NWMR region.</p>
	Care Planning Collab’tive	<p>The Inner North West Primary Care Partnership, together with its member agencies seeks to develop a consistent, integrated approach to person centred care planning practice in the Inner North West catchment in order to enhance communication and service coordination between agencies and ultimately improve client outcomes.</p>
	Care Pathways Projects	<p>The Care Pathways Projects include the following:</p> <ul style="list-style-type: none">Diabetes Services Review Collaborative ProjectCardiac Services Review Collaborative ProjectRespiratory Services Review Collaborative Project <p>The projects aim to improve current pathways of care for populations with diabetes, cardiovascular and respiratory disease, whereby consumers can access the right service, in the right setting, at the right time.</p>
	Self Manag’t Network	<p>The Self-Management Network provides opportunities for health professionals to share self-management practices and innovations, network, collaborate and share relevant service information.</p>
	Identifying & Respond. to Family Violence	<p>The Identifying and Responding to Family Violence project aims to assist PCP member agencies in the NWMR to provide a more streamlined and coordinated service system response to the diversity of women and children experiencing family violence. The working group utilises a quality improvement framework, identifying areas for improvement and implementing changes within and between their organisations in order to develop consistent principles and processes in the region so that all staff can identify and respond to family violence.</p>
	INCEPT (Inner North West Collective Evaluation Project)	<p>INCEPT is a collaborative evaluation initiative which aims to build a consistent approach to evaluation, and to better understand the collective impact of local preventing violence against women (PVAW) health promotion initiatives.</p>
	Health Literacy Project	<p>The project aims to pilot the organisational health literacy responsiveness (Org-HLR) self-assessment tool, and support partner organisations to identify their HL strengths and limitations.</p>
	Healthy Ageing Project	<p>The project aims to further develop referral pathways and an assertive outreach model that connects community allied health and nursing services with older persons 50+, including Aboriginal and Torres Strait Islander and Culturally and Linguistically Diverse communities. The INW PCP provided evaluation support to Merri Health throughout the project and hosted a regional forum to share lessons learned from the project.</p>

Evaluating the Effectiveness of the Inner North West Primary Care Partnership as a Collaborative Partnership

FINAL EVALUATION REPORT BRIEF –November 2016

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Melbourne School of Population and Global Health, The University of Melbourne

BACKGROUND

The Inner North West Primary Care Partnership (INW PCP) aims to facilitate sustainable systems by building the capacity of member organisations to implement, evaluate and sustain evidence informed practices. The University of Melbourne was commissioned to evaluate the effectiveness of the INW PCP as a collaborative partnership. Workshops were conducted with the INW PCP Evaluation Governance Group members, the INCEPT project; the Identifying and Responding to Family Violence Project; the Diabetes Services Review Collaborative Project; and the Chronic Disease and Service Coordination Alliance. Workshops focused on: partnerships drivers, actions and outcomes resulting from the partnerships, and contextual factors influencing collaborative partnership.

EVALUATION FINDINGS

A total of five workshops were conducted involving **41** participants who had a diversity of experiences (but not representative). The evaluation revealed **key drivers** for participating in an INW PCP collaborative partnership, including:

- **Organisation focussed drivers** (to develop intentional working relationships; to gain knowledge; to achieve organisational priorities) and
- **Shared focussed drivers** (to increase system efficiency; to advocate; to demonstrate outcomes; to respond to policy reforms; and to undertake joint planning).

The INW PCP collaborative partnerships are resulting in **key actions**, including: resource development; partnership development; leadership development; infrastructure development; and workforce development. The key actions were contributing to **key outcomes** at an

- **Individual level** (increased staff knowledge, skills, trust, collaborative culture; and use of evidence)
- **Organisational level** (increased ownership, authority, accountability; collective impact; communication; and priority setting); and
- **Systems level** (decreased resource duplication; increased use of appropriate referral pathways; and increased systemic cross regional approaches).

Key strengths of the collaborative partnerships included:

- INWPCP perceived as credible, independent and trustworthy; conduit and ‘backbone’; having dedicated Coordinators; authorised roles;
- Member agencies have: system change clarity; shared need, knowledge, priorities, practices and systems; authorising environment; shared leadership, accountability; collective lens.
- Projects with: clear rationales, consultative and implementation process; and underpinned by asset based community development approaches.

Key challenges to the collaborative partnerships included:

- INW PCP member agencies have differing drivers, cultures, competing or differing priorities, values, practices, systems, readiness and capacity to commit;
- Increasing services system complexity and ongoing service system reforms;
- INWPCP work is to facilitate and not to undertake systems change – hence often invisible, leading to a lack of shared accountability;
- System change efforts are not a one-off event, but need to be embedded and self-sustaining.

RECOMMENDATIONS

To optimise the INW PCP collaborative partnerships, six recommendations are proposed:

- 1) Re-naming and re-framing the collaborative partnerships as ‘**Transformational Collaborative System Change Partnerships**’.
- 2) Aligning collaborative partnerships efforts with **systems change foci**
- 3) Further investing in a **member engagement assessment strategy**
- 4) Further investing in **shared governance structures and processes and accountability systems**
- 5) Assessing **sustainability** of intended actions and outcomes
- 6) Investing in a **Transformational Capability Evaluation Framework** focused on: member engagement, governance structures and processes; and accountability systems.

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