

INNER NORTH WEST PRIMARY CARE PARTNERSHIP STRATEGIC DIRECTIONS 2017-2021



WHO WE ARE AND WHAT WE DO

The Inner North West Primary Care Partnership (INW PCP) brings together nearly forty health and human services operating in the Inner North West region of metropolitan Melbourne. We aim to improve community health and wellbeing by building a stronger, more integrated service system through a collective impact approach supported by four pillars for action: leadership, partnership, system strengthening, and advocacy and influence.

Our vision is founded on a social model of health. We seek to strengthen relationships with primary care, acute and community sectors; where our primary prevention and access and equity focus intersects with their delivery of early intervention and other services to our shared communities.

Our work supports alignment with key policy directions of the Department of Health and Human Services including its Strategic Plan 2016-17, the Victorian Public Health and Wellbeing Plan 2015-19 and outcomes framework, and Health 2040; with Statewide PCP directions and local government municipal public health and wellbeing planning, and other policy and planning directions such as those emerging from the Royal Commission into Family Violence.

OUR CATCHMENT

The Inner North West PCP catchment comprises of the local government areas of Melbourne, Moreland, Moonee Valley and Yarra and has a population of 574,479 (2016).

The Inner North West is a vibrant and diverse community and has varying levels of prosperity. Some areas of the Inner North West have high levels of income and employment, and others have complex challenges that impact people's opportunity and choice.

The Inner North West catchment is characterised by:

- Diversity, including diversity of population, culture, educational and ethnic backgrounds. 27.5% of population were born in a non-English speaking country.
- A knowledge-based infrastructure including world class universities and hospitals
- A rapidly growing population and increased high/medium density development with significant growth in the population forecast over the coming years.
- A strong history of partnering and collaboration to foster positive health outcomes

To see a snapshot of the population health data for the inner north west catchment – [Click here](#).

For more information about who we are and what we do visit the [INW PCP website](#).

MEMBER AGENCIES

Access Health & Community
Anglicare Victoria
Australian College of Optometry
Australian Vietnamese Women's Association
Campbell Page
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 (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 Richmond Community Health Centre
North Western Melbourne PHN
North & West Metropolitan Region Palliative Care Consortium
Odyssey House Victoria
PRONIA
ReLink Australia
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
UnitingCare ReGen
Victorian Transcultural Mental Health
VincentCare Victoria
Women's Health in the North
Women's Health West
Youth Projects Inc



INW PCP acknowledges the support of the
Victorian Government



INW PCP acknowledges the traditional custodians of the land on which we work and pay our respects to Elders past, present and emerging. We acknowledge the sorrow of the Stolen Generations and the impacts of colonisation on Aboriginal and Torres Strait Islander people. We also recognise the resilience, strength and pride of the Aboriginal and Torres Strait Islander communities.

VISION

Healthy and equitable communities

PURPOSE

Strong partnerships supporting prevention, access and equity through collective action

PRINCIPLES

COLLABORATION

We foster inclusive and transparent relationships through a collective impact approach that aligns purpose and direction

EQUITY

We support equitable health access and outcomes by empowering communities and supporting consumer voice, in order to promote respect and justice for all

EVIDENCE-BASED

We demonstrate accountability and responsiveness through evidence-based and outcomes-focused practice and evaluation of our impact

PREVENTION FOCUS

We support primary prevention efforts and their interface with other parts of the planning and service system with a strategic focus on the social determinants of health

INNOVATION

We are creative and inquiring and have a shared commitment to learning, quality, and building our shared capabilities

COURAGE

We demonstrate bold and resourceful leadership that is built on trust and is adaptive and agile in a changing environment

PILLARS FOR ACTION



LEADERSHIP

1.1 Cross-sector planning

We will lead collective action on agreed priorities that aligns partner resources, supports sustainability, is responsive to emerging issues over time, and reduces duplication

1.2 Shared outcomes

We will maximise partner alignment with local, regional and state outcome indicators and reporting and ensure decisions are supported by accessible and reliable data

1.3 Primary prevention

We will link and support existing primary prevention activity or facilitate new activity as needed to improve population health outcomes



PARTNERSHIP

2.1 Member engagement

We will develop and purposefully engage our membership, harness and build its expertise, and clearly articulate partnership roles, responsibilities and accountabilities

2.2 System collaboration

We will harness opportunities to strengthen and formalise our collaboration and interface with local, regional and statewide partnerships, academic, and private sector entities

2.3 Community participation

We will improve our responsiveness to the community we serve by promoting their voices in the planning, co-design and evaluation of our work



SYSTEM STRENGTHENING

3.1 Communications

We will support system strengthening through information sharing, knowledge transfer and demonstrating the impact of our work

3.2 Workforce capability

We will enhance our impact by building workforce capacity and system capabilities with a focus on developing and sharing good practice aligned within our shared priorities

3.3 Research and evaluation

We will partner to identify trends, share research and evaluation findings, and use evidence to inform best practice



ADVOCACY & INFLUENCE

4.1 Reform environment

We will facilitate ongoing and timely response to the impacts of key sector reforms on members and the communities we serve

4.2 Access and equity

We will influence the social determinants of health by developing shared priorities, objectives and strategies that engage members in support of collective action

4.3 Collective action

We will monitor and report on the impact and influence of our collective action by developing agreed catchment indicators and activity reporting