



Integrated Planning Workshop

Southern Grampians Glenelg
Primary Care Partnership
Thursday September 18



Senior Management Team planning day

- Welcome
- Background briefing
 - The organisation
 - The data
 - Identification of assets and liabilities
 - Responding to prioritised assets and liabilities
 - Business rules
- Outcomes
 - Suite of priorities for business unit planning processes
 - Framework to identify priorities



The organisation

- Health responsibilities in the geographic areas defined by local government areas of South Grampians and Glenelg
- Entering into organisational planning process that sets the direction for the next 3-4 years
- Identification of key outcome areas - essential to informing business units planning mechanisms



Reminder – Key organisational values

- Inclusive and consultative
- Collaborative
- Foster innovation and use of evidenced based practice
- Social model of health



The data (1)

- SEIFA- Broad definition of relative socio-economic disadvantage in terms of peoples access to material and social resources, and their ability to participate in society
- SEIFA - four summary measures
 - Index of relative socio-economic disadvantage
 - Index of relative socio-economic advantage and disadvantage
 - Index of economic resources
 - Index of education and occupation

NHPAs: Risk and Protective Factors

	Heart & Stroke	Diabetes	Cancers	Asthma	Mental Health	Injury
Tobacco use	✓	✓	✓	✓	+	
Alcohol misuse	✓		✓		✓ +	✓
Hypertension	✓	+			+	
Dyslipidemia	✓	+				
Nutrition	✓	✓	✓	?	+	
Physical Activity	✓	✓	✓		✓	✓
Obesity	✓	✓	✓		+	?
Chronic Stress	?	?	?	?	✓	
Social Support	✓	?			✓	
Depression	✓	? +	+	+	✓	✓
Early Life	✓	✓	?	?	✓	?
Low Socio-economic status	✓	✓	✓	✓	✓	✓

✓ ESTABLISHED + ASSOCIATED/COMORBIDITY ? POSSIBLE



Response to data

- What does mean to the organisation?
- Where does this point investment?
- Are we already investing in this space?



Three directions to reduce health inequalities

- Reduce the disadvantage that leads to illness
- Promote health for all
- Provide quality services to those in need



Reduce the disadvantage that leads to illness

- **Purpose:** To support action on the economic and social circumstances that form the foundation of our health and well being.
- **Rationale:** Social and material disadvantage and exclusion have been proven to drive unequal health outcomes.
- Poor health compounds disadvantage, limiting participation in employment, education and the community.



Reduce the disadvantage that leads to illness

- **What would be different – possible action areas:**

- Skills, training and employability
- Focus on educational attainment
- Supporting livable communities to ensure infrastructure and environments support social and economic participation

(Actions around the inequitable distribution of the SDOH)



Promoting health for all

- **Purpose:** Enable health promotion and disease prevention opportunities to reach all.
- **Rationale:** Exposure to disease risk factors are socially patterned and unequal. The growing burden of chronic disease and its concentration among the disadvantaged heightens the significance of prevention activities being more effective in reaching and influencing all Victorians.



Promoting health for all

- **What would be different – possible action areas:**
 - Health behaviors can be made easier to adopt if prevention and HP measures respond to the underlying social context and the concentration of disease risk factors
 - Focus risk factor activities in those communities that are most disadvantaged
 - Remove barriers to healthy environments (natural, built, social and economic)



Provide quality services accessible to those in need

- **Purpose:** Limit the compounding impact of illness on disadvantage by ensuring that health and human services are accessible, appropriate, based on best available evidence and responsive to individual need
- **Rationale:** Service availability, use and results vary for particular population groups and contribute to unequal health outcomes. Illness also has unequal social consequences unless services support disadvantaged people when they are unwell, job loss, poor school attendance, social exclusion etc may follow



Provide quality services accessible to those in need

- **What would be different – possible action areas** : Health and community services to consider the barriers that may be inadvertently placed in the way of early identification, care or recovery for disadvantaged people and how services can support need in a diverse community



The data (2)

- Community Indicators data
 - Healthy safe and inclusive communities
 - Dynamic resilient local economies
 - Sustainable built and natural environment
 - Culturally rich and vibrant communities
 - Democratic and engaged communities
- Barwon South West area based planning data
 - Collected using AIHW – The rural, regional and remote health information framework and indicators



Task

- Look at data provided
 - What did you already know?
 - Any surprises?
 - Anything not there?
- Gather a one pager that summarises our assets and liabilities – *the big ticket items*
- Use the Community Indicators domains to gather this information



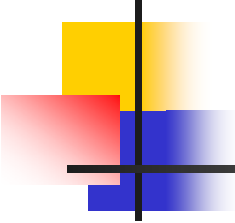
Identifying priorities

- Use impact and change process to identify priorities



How can we address these priorities?

- Action framework
- Ottawa Charter for Health Promotion
 - Create Healthy Public Policy
 - Create Supportive Environments
 - Community Action
 - Develop Personal Skills
 - Reorientation of services



Business / organisational approach

- Business unit leadership?
- Multi unit input?
- Business rules?



Capacity building / support role

- Where would the CB/S Unit need to invest its resources.
- What can you see to the barriers and enablers to this integrated approach?



Reflection on planning process

- Did Community Indicators framework for information collection work?
- Practical way of thinking about the process
- Does this framework work for your agencies?

