

# Part 1 PARTNERSHIP

## 1.1 Introduction

**Vision** To facilitate partnerships, increase capacity and integration to achieve better health and wellbeing of our communities.

### Guiding Principles

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

### Key Activities

Partnerships - supporting existing & new partnerships, particularly with other sectors such as education, arts, sports and local business.

Capacity building - assisting innovation and supporting the network of primary care health professionals with training and development opportunities.

Facilitation and leadership - providing a neutral mechanism for change, including assistance with strategic planning, partnership development etc.

## 1.2 Background to the Plan

### Achieving the vision

A member and stakeholder survey was conducted in June 2006 to inform the development of the PCP's Strategic Plan. The survey revealed some common themes regarding the PCP's capacity to achieve and the challenges ahead. A strategic planning forum held in August 2006 with staff and Executive Committee, has identified priority areas for the next 3 years. This Plan demonstrates how the ***strong capacity of the partnership*** will be used to meet current and future challenges.

### PCP capacity:

- i) the SGG PCP is a strong partnership. There is a general sense of collaboration with little conflict or competition reducing partnership initiatives. This is a rare quality and an excellent foundation for partnership work. The partnership has been assessed using the VicHealth Partnership Analysis Tool with results indicating that partners perceive the PCP has operating as a 'collaboration' with an overall score of 8 out of 10 satisfaction.

- ii) while core funding is low, the SGG PCP has demonstrated its ability to secure additional funding and to 'get on with the job' regardless of funds.
- iii) the SGG PCP is active in engaging with a range of sectors and enjoys a positive engagement with local government, indigenous cooperatives, arts, sports and community sector.

**PCP challenges:**

- i) Raising awareness of the PCP at the periphery
  - the level of awareness that an organisation has of the PCP is directly related to the level of their involvement. Communicating with stakeholders at the periphery of involvement is a key challenge, as these stakeholders have a perception that the PCP lacks direction.
- ii) Connecting better with senior management
  - at the time of preparing this Strategic Plan, the PCP has no formal communication or reporting link with Chief Executive Officer's of member agencies. It is therefore expected that few senior managers have a clear understanding of the PCP and how the partnership can support their core business.
  - lack of ownership by senior management can be detrimental to the implementation of organisational initiatives such as service coordination.
- iii) Meeting member expectations with few resources
  - a range of expectations exist amongst members, including an interest in the PCP providing funds to support agency initiatives; the PCP coordinating grass-roots community development initiatives and PCP staff being more accessible. Clearly, with the small core resources available, the PCP is unable to meet the expectations of all members. A clear strategic plan and engagement of senior management will, however, help to clarify expectations of what is achievable.
- iv) Recognising and celebrating achievement
  - agency staff have a wealth of experience and commendable commitment to improving the health of their communities. Recognising this is an important way of celebrating achievements and supporting staff. Feedback suggests that agency staff are reluctant for the PCP to implement any formal mechanisms for recognition and hence the challenge is to ensure excellent performance is recognised appropriately.

### 1.3 Partnership – Strategic Plan

#### GOAL 1 – To consolidate and maintain our success to date

Objectives	Strategies	Estimated Impact
<p>1. To increase connection with senior managers in each Member Agency and other agencies by July 2009.</p>	<p>1.1 Seek Agency commitment to PCP MOU by May 2007            1.2 Deliver PCP presentation to Board of each Member Agency annually/biannually            1.3 Provide monthly PCP update to CEOs of Member Agencies            1.4 Formalise connection with key non-member stakeholders</p>	<ul style="list-style-type: none"> <li>• PCP invited annually to Boards of member agencies</li> <li>• Positive annual result from senior managers of VicHealth Partnership Analysis Tool with overall partnership rating of 8-10 and quality of partnership rated as High</li> <li>• Positive results using Network Analysis</li> <li>• New Associate Members – including representatives from education and natural resource sectors</li> </ul>
<p>2. To develop, implement and monitor a clear strategic direction for the next 3 years, 2006-09.</p>	<p>2.1 Develop and implement 3 year Strategic plan            2.2 Implement the VicHealth Partnership Analysis Tool annually, commencing June 2007</p>	<ul style="list-style-type: none"> <li>• Positive annual result of VicHealth Partnership Analysis Tool with overall partnership rating of 8-10 and quality of partnership rated as High</li> </ul>
<p>3. To implement a robust, well run organisation</p>	<p>3.1 Staff learning and development initiatives to include advanced mentoring            3.2 Business tools and systems improvement, with specific focus on PCP website in year 1            3.3 Decision making processes reviewed to ensure member involvement            3.4 Refine Executive Committee, Working Group and member reporting processes</p>	<ul style="list-style-type: none"> <li>• Positive results of staff satisfaction survey</li> <li>• Member survey reports satisfaction with PCP processes, communication, website etc</li> <li>• Executive Committee and Member survey reports satisfaction with PCP Governance</li> </ul>

## GOAL 2 – To Grow our influence and impact

Objective	Strategies	Estimated Impact
<p>1. To improve service coordination and overall system configuration – detail of service coordination included in Part 3</p>	<p>Year 1:</p> <p>1.1 Map current client needs against the current service map</p> <p>1.2 Coordinate agency input into the DHS Service Coordination state-wide snapshot survey</p> <p>1.3 Host/facilitate co-ordination forum(s) with senior and operational managers to identify system configuration initiatives to address system gaps. Identify the role (or not) of the PCP in the strategy</p> <p>Year 2:</p> <p>1.4 Facilitate integrated planning between agencies, including early childhood services and youth.</p> <p>Year 3:</p> <p>1.5 Use integrated planning as a model for learning of improved service system configuration</p> <p>Year 3:</p> <p>1.6 Map services against Year 1 baseline to assess ongoing gaps</p>	<ul style="list-style-type: none"> <li>• Key agency involvement in service system discussions</li> <li>• Agreement on scale of service gaps and shared commitment to address priority gaps</li> <li>• Reduction in service gaps over time</li> </ul>
<p>2. To Increase system capacity by July 2009</p>	<p>2.1 Liaise with the Acute CEO's Group, as needed</p> <p>2.2 Establish/host working groups to address specific capacity issues that surface from forums and mapping processes and identify suggested solutions. eg: workforce development</p> <p>2.3 Facilitate skills and knowledge transfer within and beyond the PCP</p>	<ul style="list-style-type: none"> <li>• System capacity able to meet service demand</li> <li>• Positive annual result from senior managers of VicHealth Partnership Analysis Tool with overall partnership rating of 8-10 and quality of partnership rated as High</li> </ul>

Objective	Strategies	Estimated Impact
3. To facilitate stronger health promotion planning and co-ordination – detail included in Part 2	3.1 Secure agreement on regional HP priorities 3.2 Obtain commitment from each member agency for at least 1 HP priority to be reflected in their organisation's plan. 3.3 Facilitate integrated planning between Local Govt and others 3.4 Lobby Govt or peak bodies on particular HP regional issues, as relevant 3.5 Champion HP innovation opportunities across the PCP catchment 3.6 Facilitate member agencies to enhance their partnerships with non-health sectors	<ul style="list-style-type: none"> <li>• 100% of member organisational plans reflect regional HP priorities</li> <li>• Local Government take leadership role in 'place based' planning</li> <li>• Secure changes to Government policy on key HP issues</li> <li>• Range of non-health sectors involved in HP across the PCP catchment</li> </ul>
4. To improve integrated chronic disease management – detail included in Part 4	4.1 Map the existing network of self management options with agencies 4.2 Identify gaps & barriers to self management 4.3 Develop a plan with agencies to address the gaps and reduce barriers. 4.4 Identify how to keep mapping information current, accessible and relevant.  Year 3: 4.5 Map network of self management options and compare with Year 1 baseline	<ul style="list-style-type: none"> <li>• Increase in Agency understanding of integrated chronic disease mgt</li> <li>• Agency commitment to implementing changes to internal practices, including self management</li> <li>• At least 1 initiative/agency implemented to meet gaps in self management options + reduce barriers to participation</li> <li>• Network of self management options increases and increase in client participation</li> </ul>
5. To disseminate PCP results to motivate & inspire others	5.1 Present PCP's success, purpose and future direction across decision maker groups 5.2 Identify and implement other opportunities to recognise and acknowledge innovation and agency excellence eg awards, dinner, local govt, radio etc	<ul style="list-style-type: none"> <li>• Results of VicHealth partnership tool</li> <li>• Positive results using Network Analysis</li> <li>• Increased diversity of stakeholders involved in PCP initiatives</li> </ul>
6. To coordinate interagency activities in the event of urgent community issues, eg. drought, including with non health organisations	6.1 Facilitate or assist with the coordination of interagency partnerships to identify and address needs eg. Southern Grampians Drought Committee	<ul style="list-style-type: none"> <li>• Satisfaction results report that PCP has been responsive to urgent community issues</li> <li>• Evaluation of interagency initiatives reports high satisfaction from participants</li> </ul>

## 1.4 Supporting Information

### PCP Structure

#### i) Membership

The SGG PCP is an unincorporated joint venture consisting of agencies which have signed the agreement. Membership is open to any incorporated body which provides primary care services in the catchment area subject to the approval of members.

The SGG PCP agrees that other parties may become involved in the processes of partnership development, services coordination and service planning via the signing of a Service Linkage Protocol (SLP). A SLP is a formal statement setting out the purposes, goals, responsibilities and agreed working relationships between each of the parties who agree to its terms. It is not legally or financially binding. Parties to the SLP have no voting rights but shall have the right to receive information, reports and may participate in the primary care development via membership on working groups as determined by the Executive Committee.

The following is a list of PCP members who have signed to the Joint Venture Agreement and other key stakeholders associated with the PCP.

#### PCP Members

Organisation	Service Descriptor	Membership type	Executive Committee membership	Deliverables involved in:
ASPIRE, a Pathway to Mental Health Inc	Mental Health Service	Joint Venture Agreement (JVA)	YES	All
Balmoral Bush Nursing Centre Inc	Health Service	JVA		All
Brophy Family and Youth Services Inc	Family and Youth Service	JVA		1-3
Casterton Memorial Hospital	Health Service	JVA	YES	All
Coleraine District Health Service	Health Service	JVA		All
Community Connections (Vic) Ltd	Family and Community Service	JVA	YES	All
Dartmoor and District Bush Nursing Centre Inc	Health Service	JVA	YES – represents SGG Bush Nursing Centres	All
Glenelg Shire Council	Local Government	JVA	YES	All
Hamilton Community House Inc	Neighbourhood House	JVA		1-3

Heywood Rural Health	Health Service	JVA		All
Kyeema Centre Inc	Disability Service	JVA		
Mulleraterong Centre Inc	Disability Service	JVA		1-3
Old Courthouse Community Centre inc	Neighbourhood House	JVA		1-3
Otway Division of General Practice Inc	Regional Peak Body	JVA		1-3
Portland District Health	Health Service	JVA	YES	All
Portland Neighbourhood House Inc	Neighbourhood House	JVA		1-3
Southern Grampians Shire Council	Local Government	JVA	YES	All
Western District Health Service	Health Service	JVA	YES	All

#### Other Key stakeholders

Organisation	Service Descriptor	Membership type	Executive Committee membership	Deliverables involved in:
Winda Mara Aboriginal Corporation	Aboriginal Cooperative	Memorandum of Understanding (MOU)		All
Dhaurwurd Wurrung Portland & District Elderly Citizen's Association	Aboriginal Cooperative	No formal arrangement		ALL
South West Sports Assembly	Regional Peak Body	Service Linkage Protocol (SLP)		1-2
Department of Veterans Affairs	State Government	SLP		1-2
Glenelg Outreach Health	Health Promotion	SLP		1-2
Regional Women's Health Resource Worker	Health Promotion	SLP		1-2
Baptist Community Care	Family and Community Service	SLP		1-3
South West Primary Mental Health Team	Mental Health Service	SLP		All
Local Learning and Employment Network	Youth Service	Memorandum of Understanding (MOU)		1-2

**ii) Governance**

The following summarises the PCP governance structure.

