

PCP optional case study 2015

Name of PCP	Lower Hume Primary Care Partnership
Case Study Title	The success of collaborative Lower Hume Prevention work
Which PCP program Logic domain does your case study relate to?	<input type="checkbox"/> Early intervention and integrated care <input type="checkbox"/> Consumer and community empowerment <input checked="" type="checkbox"/> Prevention
What was the need?	<p>A 2009 audit found there were 62 health promotion (HP) plans across Hume Region and identified 13 different health promotion priorities. Findings reported a lack of integrated planning between Health Promotion agencies, limited use of evidence, evaluation and strategic targeting of interventions. These issues highlighted the need for a systematic approach to support best practice health promotion and a more efficient and effective use of limited resources for prevention.</p>
What was the aim of the initiative/action?	<p>As a result, the Regional Health Promotion Strategy was developed in 2011 to maximise health promotion outcomes in our rural communities, through a focused and integrated approach. 4 Primary Care Partnerships (PCPs) consolidated resources, with agencies identifying a single priority for the Hume Region (Healthy Eating) and one at the Lower Hume level (the prevention of Alcohol Related Violence and Harm).</p> <p>The role of Lower Hume PCP (LHPCP) was to facilitate and coordinate an integrated planning process with agencies and develop collaborative health promotion plans. In 2012/13 shared goals, objectives and priority populations were identified and one integrated plan was developed.</p> <p>Over the past 3 years the Prevention focus has been to support and build capacity of agencies and local government who are members of the LHPCP Integrated Health Promotion Collaborative. The aim of the group is to collaborate and integrate with broader stakeholders to implement evidence based health promotion initiatives and maximise the health and wellbeing of local residents, with a focus on disadvantaged communities.</p> <p>The goal is implementation of mutually reinforcing activities, reducing duplication, support the sharing of resources, knowledge, and skills across a large rural area, to consolidate prevention efforts and create stronger partnerships between agencies.</p>
Who was the target group?	LHPCP member agencies (funded and non-funded) and ultimately local communities throughout Murrindindi and Mitchell Shires
What was the setting?	Agencies/organisations working in Health Promotion / Prevention, Schools, Early Learning Centres, Community groups and gardens in Murrindindi and Mitchell Shires
Who did you work with?	<p>Health Promotion funded partners; Alexandra District Health, Seymour Health, Yea and District Memorial Hospital, Nexus Primary Health</p> <p>Non-funded partners; Lower Hume Aboriginal Health and Wellbeing Project worker, Mitchell Shire Council, Murrindindi Shire Council, Primary Schools, Early Childhood Centres, Local food networks, Community Groups, Berry Street Alexandra & Seymour, Valley Sport, Sports Clubs, Victoria Police, Secondary Colleges, The Salvation Army</p>
How did you do it?	The main focus to assist agencies to get the best Health Promotion / Prevention outcomes has been on capacity building. There are regular Collaborative meetings for all partners, allowing shared knowledge, skills, resources and strengthening partnerships. The meetings now include 2 workshops and 2 forums to create, learn, share and network.

	<p>Having local government as partners and aligning our plan with Municipal Public Health and Wellbeing Plans is an important connection for collaboration and consolidation of resources to enhance the impact of our efforts in the community.</p> <p>The Collaborative uses dropbox to share resources, work on documents and projects together and allow shared dissemination. Bi-monthly reporting has enabled improved capturing of achievements and evaluation according to their annual plan.</p> <p>Continuous Quality Improvement cycles to evaluate the capacity building activities results in regular changes to systems or processes. For example an annual review of the Terms of Reference, the Partnership Analysis tool to measure partnerships, and bi-monthly reporting to ensure we are capturing the right and relevant information.</p> <p>In the planning and review of the plan sourcing evidence to select the right strategies and initiatives and continually evaluating to understand impact, relevance etc, using surveys and population health data.</p> <p>Working closely with the other 3 PCP's in the Hume region, holding regular monthly meetings, using dropbox and sharing resources, providing collective opportunities for training, information dissemination and evaluation.</p> <p>Attending Statewide Health Promotion/Prevention meetings and building network to ensure we are implementing best practice and aligning with State and National strategic priorities. The sharing of resources and ideas amongst PCP's reinforces the collective impact of collaboration and improved outcomes.</p>
<p>What was achieved? (Consider whether results were benefits for clients and/or for service providers and/or for the system)</p>	<p>Across the four PCPs, mutually reinforcing activities are being implemented including Healthy Food Connect, Achievement Program Schools and Workplaces, Smiles 4 Miles, community action research projects and social marketing.</p> <p>The impact on Lower Hume Health Promotion/Prevention has seen a local commitment to a common agenda (Healthy Eating and prevention of alcohol related violence and harm), resulting in consolidated prevention efforts and stronger partnerships between agencies.</p> <p>This year we now have 73% of Primary Schools and Early Childhood Services in Murrindindi and Mitchell have registered for the Achievement Program or Smiles 4 Miles programs.</p> <p>The member agencies partnered in 52 healthy eating activities throughout the year reaching 7040 recipients, and approximately 38 community groups/organisations were supported to build capacity and linked to form partnerships. There are 11 community gardens across the catchment (2 are new and 9 received ongoing support from the agencies). One existing food network continues to be supported and another has been created.</p> <p>Working together using a coordinated planning process has seen agencies increase the use of evidence based interventions and plan comprehensive evaluation measures.</p> <p>In the past year the Bike Composting project 'Hungry Caterpillar', a partnership of the Yea Community garden group and Yea Secondary College estimate they collected 6,000kg of waste for composting from businesses, organisations and individuals. This was collected by a VCAL student/ volunteer on a bike, for an hour once a week, for the year. The Secondary College now has their own vegetable garden and Certificate III in Agriculture in their VCAL program, an important training opportunity for a rural agricultural area.</p> <p>In a recent review in our Collaborative meeting in September (2015), agency Health Promotion workers were asked what they were most proud of for the year</p> <ul style="list-style-type: none"> • 'food security progress and the partnerships because it addresses recognised community need in a sustainable way. Supporting and evolving the food networks.'

	<ul style="list-style-type: none"> • ‘As a group, the diverse programs to address food security and increase fruit and vegetable consumption’ • ‘The diversity of projects / initiatives represents the diversity and uniqueness of communities, and we all work toward a common goal’ • ‘working with other community groups they help and then it’s reciprocated. The Smiles 4 Miles and Achievement Program cross-over – the partnership has really paid off.’ <p>Alignment of LHPCP Health Promotion / Prevention Plan with the Municipal Public Health and Wellbeing Plans has led to joint initiatives and consolidated resources and more consistent messages and communication for the community. The Wallan Edible Garden, Don’t Let It Get ugly (DLIGU) social marketing campaign for young people and ‘Communities Latching on to Breastfeeding’ campaign are a few examples of joint projects with local councils.</p> <p>Two clear examples of LHPCP facilitating capacity building and collaboration:</p> <ul style="list-style-type: none"> ❖ LHPCP supported a HP worker to undertake an Action research model around Healthy Eating in one community. Volunteers were trained, the community surveyed and Food security was identified as a community need. The community run Triangle Op Shop was formed supplying donated food from people’s vegetable garden. In a neighbouring community the HP worker has supported a thriving self-sustaining volunteer group called ‘Yea Food crew’ creating numerous initiatives around Healthy Eating in the area. They recently identified Food security as an issue and through the HP collaborative meetings and partnerships, the HP workers got the 2 groups together to share and learn from each other. ❖ LHPCP worked in partnership with Co-ops to provide a sustainability workshop in the annual regional HP Community of Practice. As a result, the LH PCP staff member worked with one of the HP workers on a Sustainability matrix for one of her initiatives that had been going for 2 years. The outcomes were creation of a Business Plan, increased partnerships, and Steering Committee. This has enabled improved processes and a shift of ownership for the program to be more sustainable.
<p>What is the status and sustainability?</p>	<p>It’s easy to fall back into ‘silo’ mentality and many of the agencies and community groups work with limited resources and across large geographical areas. A collaborative approach would be difficult and may not exist without the assistance of a facilitator and enabler, such as the support that PCP currently provides.</p> <p>We are continually working together at all levels to share findings at a National, Regional and Local level, submitting numerous abstracts, presenting at three conferences, using newsletters, social media and newsprint to disseminate information. LHPCP continues to source and share Health Promotion best practice at the Statewide, Regional and Local levels, then adapting to meet the local community needs.</p>
<p>What was the specific role of the PCP?</p>	<p>Lower Hume PCP has been the enabler and our key role has been in capacity building with member agencies. With large geographical areas, small budgets and minimal resources some of the work is ‘behind the scenes’, networking opportunities, helping to create surveys, coordinating meetings, sourcing training, funding and dissemination opportunities.</p> <p>To support the collaborative effort the building of partnerships has been an important aspect of PCP work, providing opportunities for building relationships and providing support to work through any issues. The strengthening of relationships has been key to stronger partnerships and successful collaboration on planning, implementation and evaluation.</p> <p>Continuous quality improvement and evidence based decision making</p>

	<p>has ensured the best use of the limited resources that are available. Facilitating one plan for four agencies and coordinating collaborative reporting on the plan are key outcomes of PCP involvement.</p> <p>LHPCP is able to recognise the benefit of one common goal, working collaboratively on local partnerships and managing the diversity of agencies and their priority community needs.</p> <p>In 2015 the Regional Health Promotion Strategy Review of agency staff, respondents were asked to identify the key lessons they learnt through the experience in implementing the Strategy. 'Value of partnerships and collaboration' was the most frequently recorded response (n=11, 31%). Some of the comments from agency staff were</p> <ul style="list-style-type: none"> • 'Regional approaches to preventive health allow strengthening of partnerships between primary health care, community and public health sectors, local government and NGOs ' • 'Agencies can work collaboratively together on a shared plan. This works when agencies have the capacity to uphold the principle that the outcomes for the community are prioritized over kudos for individual agencies.' • 'It is certainly better than the old system. We have come a long way and certainly working more effectively across the PCP catchment. Our efforts are much more coordinated and it feels like we are working towards a common goal.' <p>In evaluating our partnerships we used the Partnership Analysis Tool, and initially we were aiming for all partnerships to achieve a Collaborative level. Through regular evaluation our analysis has found all of our partnerships don't need to be at the same level for various reasons (time, resources, differing community needs). Instead we are now using the tool to assess what's working and what needs be worked on in our partnerships.</p>
<p>What lessons have you learnt?</p>	<p>A collaborative approach, building partnerships and capacity, single focussed priorities, using evidence and evaluation based decision has proven to culminate in more effective Health and Wellbeing outcomes in our regional area.</p> <p>Trust is imperative in partnerships for collaboration to truly work and have more effective outcomes.</p> <p>Sometimes something may not work the first time, but that doesn't mean you can't give it a go further down the track.</p>
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