CENTRAL VICTORIAN
Primary Care Partnership

Strategic Plan 2017-2019

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Revised CVPCP Strategic Plan, Sept 2016

CVPCP Strategic Plan review

Background

Since the development of the Central Victorian Primary Care Partnership (CVPCP) 2013-17 Strategic Plan there has been continual shifts in the health and social services landscape that impact our local partnerships, services and communities.

The CVPCP Board called an extraordinary meeting to review the strategic priorities. In navigating their new direction a number of factors were considered, which included:

- available state government PCP funding
- responding to the varying community profiles across the catchment
- adapting to changes in the health and social landscape
- achieving the best value for money
- addressing gaps and reducing duplication
- seeking opportunities for synergy and collaboration.

As a result of this process the CVPCP board reiterated their investment and commitment to working in partnership across the three shires and identified a more targeted and focused approach to the priorities, with more investment in evaluation.

Central Victorian Primary Care Partnership

The CVPCP is a network of health and community service organisations and local governments, across the CVPCP catchment. This group of organisations formed a voluntary alliance in 2000 to improve the health and wellbeing of people in the area by working in partnership with one another.

The CVPCP region is located in North Central Victoria, within the Loddon Mallee region, and takes in the local government areas (LGAs) of Central Goldfields, Macedon Ranges and Mount Alexander Shires. In 2011, the region had a usual resident population of 71,947 and it covered approximately 4,810 square kilometres.

The CVPCP region includes the regional centres of Maryborough, Castlemaine, Kyneton, Woodend and Gisborne as well as a large number of other smaller service centres and rural townships. The rural area also includes broad-acre farming, intensive agriculture, large forested areas, national and regional parks, rapidly growing commuter settlements and a large component of lifestyle and ‘tree change’ properties. The socio-economic and health status of residents varies considerably both between and within the CVPCP

local government areas. The map above illustrates the location of the CVPCP Catchment area within the Victorian context.

Vision

Our vision is to be an effective and sustainable partnership of health and community organisations to improve the health and wellbeing of the community.

Principles

The guiding principles of our work align with the state department's PCP Program logic. These include:

Tackling health inequities: Adopting a social determinants of health approach to tackle health inequity across the full continuum of health and wellbeing, particularly for the most disadvantaged. PCPs should work at the system level to address health inequities within locally agreed and consolidated priority conditions. For broader determinants, PCPs have a responsibility to advocate for change with cross-sector partners.

Community centred: All groups / stakeholders in the community have the opportunity to participate actively in the planning, monitoring and implementation of local services, initiatives and programmes. Relationships between service providers and the community will be built on trust, equality, sensitivity to values and cultures, power sharing and accessible and transparent decision-making.

Evidence-based and evidence-informed decision making and action: Evidence-based decision making founded on a shared understanding of community need and priorities and – where possible – the range of evidence based (or evidence-informed) interventions that are available.

Cross-sector partnerships: Striving for seamless service delivery throughout the consumer journey across health and relevant non-health sectors by collaboration.

Accountable governance: Effective and accountable leadership and facilitation. Transparent, accountable and responsive. Shared commitment to, and participation in addressing health inequities in partnerships across health (public and private) and non-health sectors.

Wellness focus: Holistic focus on prevention, early intervention and wellness.

Sustainability: Efficient and effective use of resources, including optimum use of technology where it is available and cost effective.

The CVPCP Board

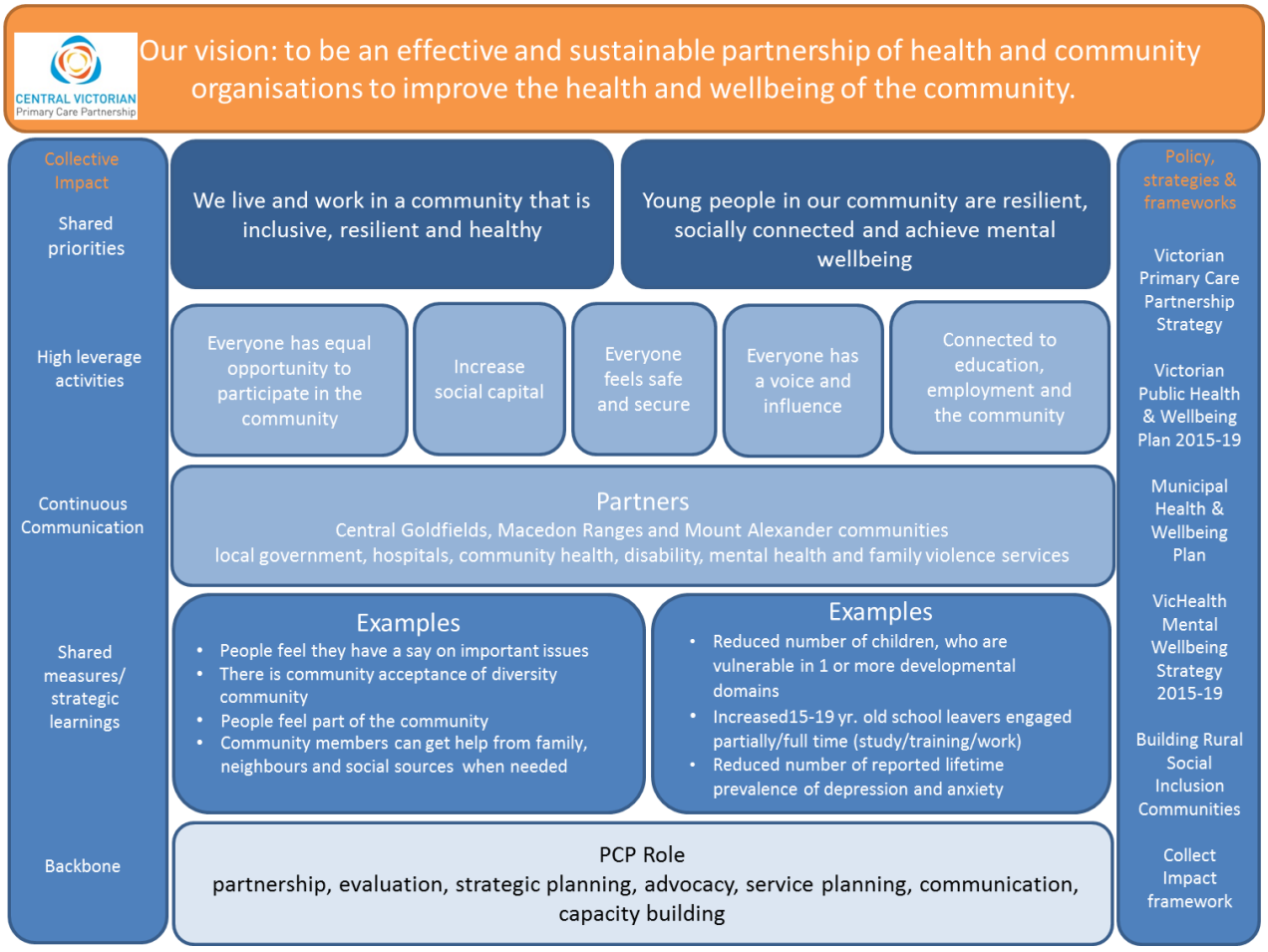
The work of the CVPCP is managed by the CVPCP Board in accordance with the Partnering Agreement. This includes, but not limited to, the development and approval of the CVPCP strategic plan and to establish and monitor mutual responsibilities of the partnership to achieve the objectives of the plan.

Organisation	Representative
Castlemaine Health & Maldon Hospital	Ian Fisher (Chair) CEO
Cobaw Community Health	Margaret McDonald (Deputy Chair) CEO
Macedon Ranges Shire Council	Karen Stevens (Exec) Director Community Wellbeing
Central Goldfields Shire Council & Go Goldfields	Sharon Fraser (Exec) General Manager
Mount Alexander Shire Council	Vicky Mason Director Economic & Social Development
Castlemaine District Community Health	Anne Bates CEO
Macedon Ranges Health	Don Tidbury CEO
Kyneton District Health Services	Maree Cuddihy CEO
Maryborough District Health Services	Tracey Wilson Director Community Services
Windarring (disability service)	Chris O'Connor CEO
Asteria Services (disability service)	Annie Constable CEO
Centre for Non Violence	Margaret Augerinos CEO
Women's Health Loddon Mallee	Tricia Currie CEO
Mind (mental health)	Ruth Davenport Regional Manager
ACSO (mental health)	Gengiz Soyturk Chief Operating Officer

Priority areas

In the context of rising health care costs and growing emphasis on budgetary containment and evidence-based decision-making, there is an increased interest in health promotion and prevention initiatives. Prevention is thought in many instances to be cost-effective; investing in prevention now will avoid having to pay for more costly acute interventions. Good health and improved quality in itself may generate economic growth, with people having more opportunities in life to maximize their educational, labour, and social potentials.

We believe that a partnership approach and the available PCP resources would be best placed to tackle the complexity of community change that is required to address the challenges of rural life such as the effect of climate change, isolation, reduced tolerance of diversity and economic stress. It is agreed to focus the limited resources of the CVPCP on prevention and to work together across the three shires to build socially inclusive and resilient communities to improve health and wellbeing. To build a socially inclusive community will require effectively engaging the community, building community capacity, ensuring equity of access to supports, mobilising social capital, embracing diversity and facilitating community empowerment. The figure below summarises our priorities and approach to progressing the CVPCP strategic plan.



Building socially inclusive rural communities

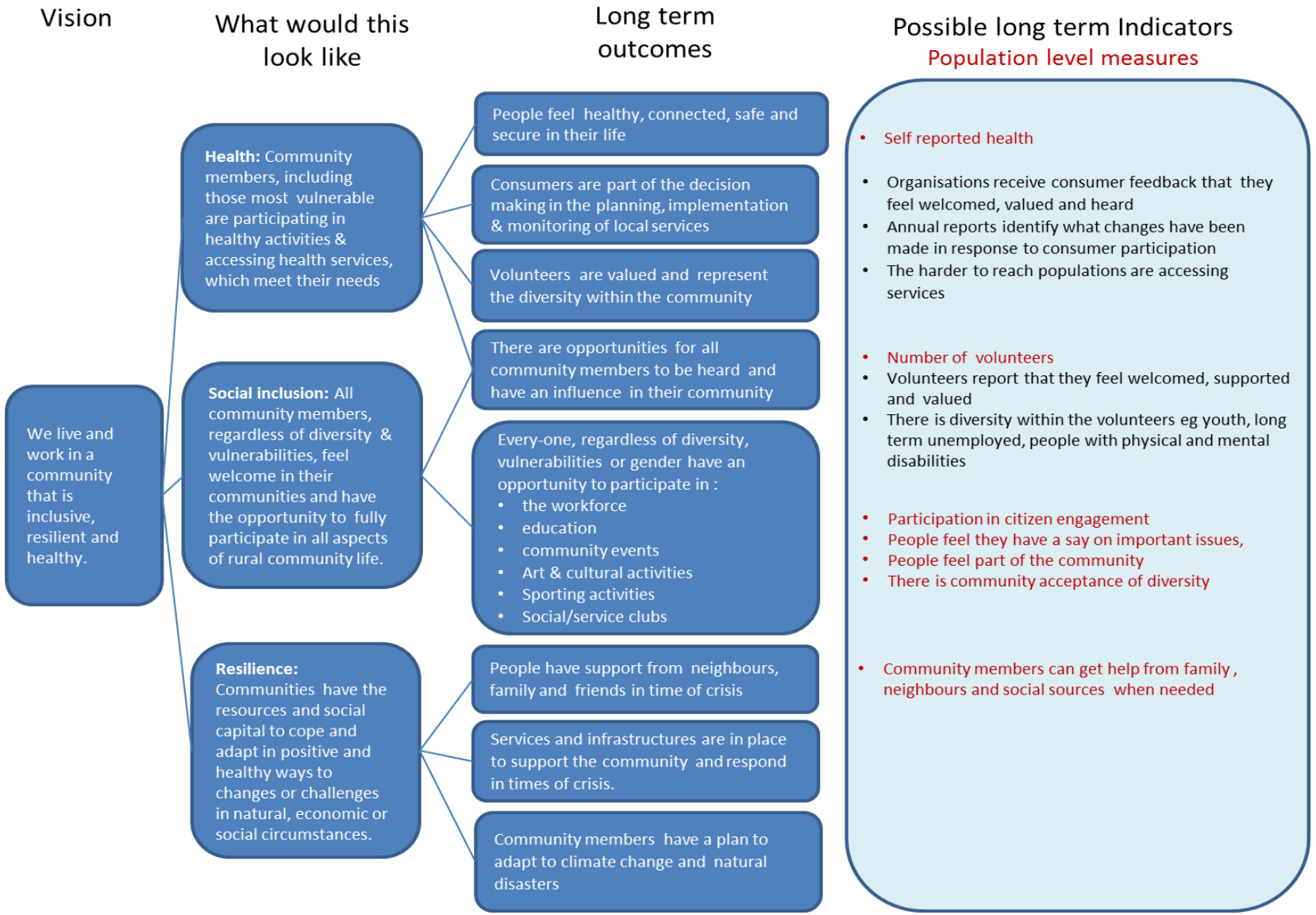
A socially inclusive rural community is one where all people, regardless of diversity, are able to feel welcome in their communities and to fully participate in all aspects of rural community life. Rural communities disproportionately experience barriers to social inclusion including poorer access to housing, transport and support services, lower incomes and higher unemployment. There is evidence that areas within the CVPCP catchment, particularly the most disadvantaged localities, suffer from many of the factors that contribute to, and are consequences of social exclusion. These include lower median household gross weekly income, lower housing affordability, lower labour force participation rate, less youth that are fully engaged in either employment or training and lower education attainment, than the Victorian average (see CVPCP Community Profile).

Building inclusive and resilient communities is important because they are more likely to cope and adapt in positive and healthy ways to changes or challenges in natural, economic or social circumstances. Connected communities are resilient communities because they are ready to look after each other in times of crisis, whether that is a flood, bushfire or economic challenges. Studies have shown that social capital is an important resource for supporting communities to take collective action on issues of concern to them, contributing to social and economic growth. At an individual level social support and good social relations give people the emotional and practical resources they need for resilience and good health. Building resilient communities fosters good health, prevents illness and benefits everyone.

The literature review undertaken by the CVPCP show that rural communities have less trust and tolerance of people outside the community and are resistant to social diversity, which may be attributed to limited bridging social capital. This is confirmed in the VicHealth Indicator survey and the Victorian Population Health Survey (2011) that shows Macedon Ranges and Central Goldfields are below the Victorian average for community acceptance of diversity, with Central Goldfields being ranked third in Victoria for the lowest tolerance to diversity. It must also be noted that there is less cultural diversity in these 3 shires when compared to Victoria, which may further marginalise minority groups.

The available data for CVPCP, indicate that levels of social connection/cohesion, are predominantly higher than the Victorian average, which may be expected in smaller rural communities. However, we must continue to support and improve community social cohesion and resilience if we are to mitigate the damaging effects of climate change that affect not only the agricultural community but the townships that service them. In the Macedon Ranges shire alone there have been eleven separate fires affecting 550 properties with 11 houses lost, 15,837ha of land burnt, and significant agricultural losses in the last two years. This has resulted in displacement of effected residents, emotional anguish, increased family violence and lost homes. In addition, Central Goldfields has been identified as one of the ten LGAs most affected by drought conditions and eligible for state government drought relief in 2016.

Building socially inclusive rural communities: Program Logic



Building resilience in our youth to improve mental health and wellbeing

Mental illness is one of Australia's top leading causes of disease burden and the largest contributor to the disability burden in Victoria. Gender differences are evident with more females reporting very high levels of psychological distress. It is estimated that mental illness costs the Victorian economy $5.4 billion/year.

Young people are particularly impacted by mental illness. Anxiety and depression are the leading disease burden for young people, and one in four 15-19 year olds have a probable serious mental illness[1]. Approximately 1:10 young Australians aged 12-17 years reported having self-harmed[2] and in 2013, suicide was the leading cause of death of children between 5-17 years of age in Australia[3]. The Children's Right Report (2015) highlights the trauma of children and young people exposed to family violence 'Even when the child does not directly witness family violence, maternal stress and the overall environment of fear is known to have deleterious impacts on the child's mental health, with 80-90% of children estimated to suffer from vicarious trauma even if they do not witness the incident directly.' The effects of family violence on adolescents may include:

- mental health diagnosis
- delinquency
- anger to peers or parent
- depression
- fear, sadness and loneliness, including suicidal feelings.

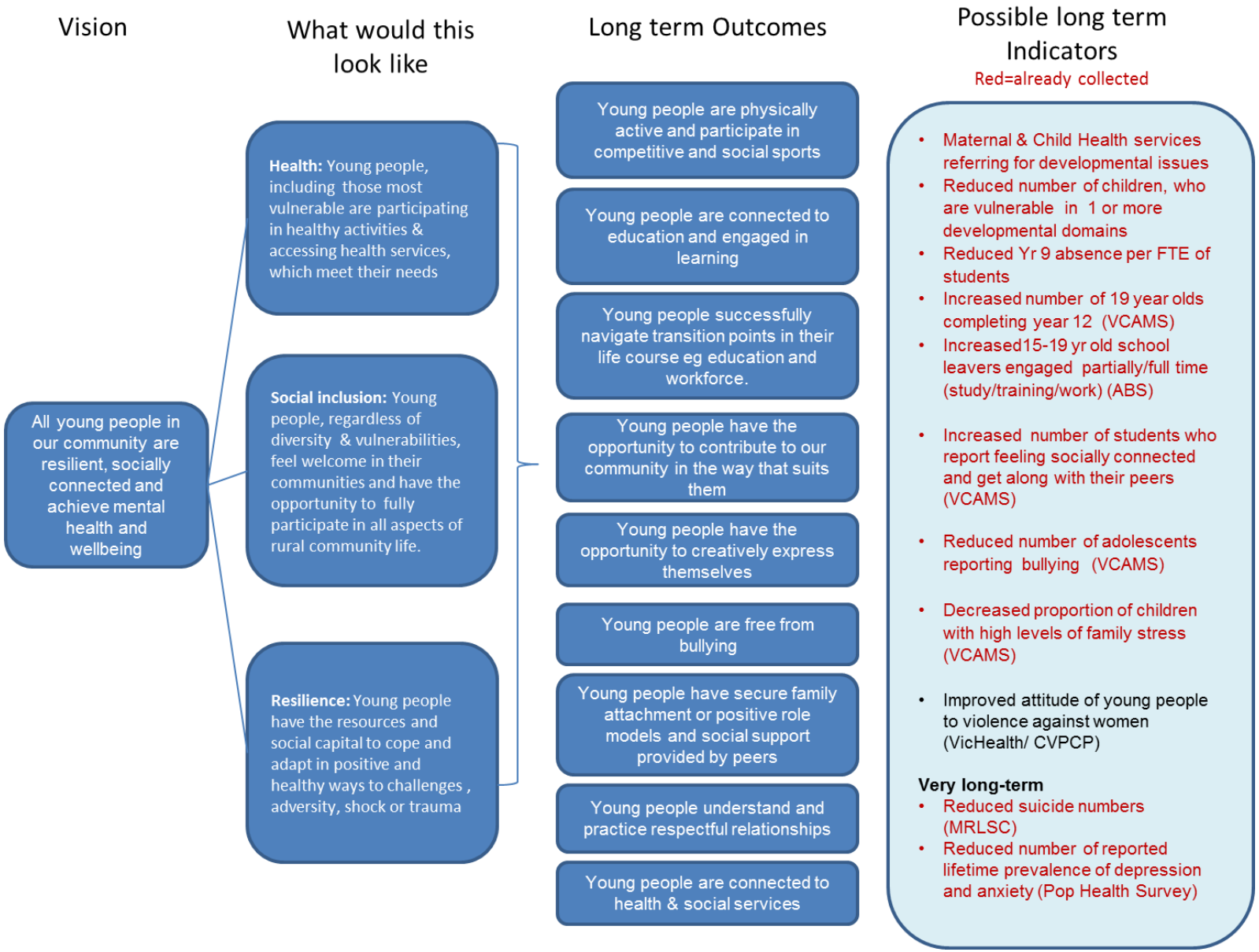
Data indicates high rates of suicide in the Macedon Ranges and Mount Alexander, well above the Australian average. Other available evidence tells us that some communities within the CVPCP have high rates of people with depression, anxiety and mental and behavioural problems in the general population. There is also a high rate of adolescents who report being bullied compared to the Victorian average. These statistics drive a focus on mental illness but less is understood about mental wellbeing.

Mental wellbeing contributes to healthier lifestyles, better physical health, improved quality of life, greater social connection and productivity. The environments where we live, work, learn, play and build relationships with others are powerful influences on mental health wellbeing and prevention of mental illness. All of these inter-related factors require a broad partnership approach if we are to make a positive impact in the community. We also know that about 75% of mental illness commence before 25 years of age[4] and investing in the early years establishes good health and resilience that will have benefits throughout life.

Positive social relationships, networks and community connectedness are associated with improved mental wellbeing and reduced mental illness. Conversely, social isolation is associated with anxiety, depression

[1] Bailey V., Baker, A-M., Cave, L., 2016, Mission Australia's 2016 Youth Survey Report, Mission Australia
[2] Website accessed June 2019, https://youngmindsmatter.telethonkids.org.au/our-research/self-harm/
[3]Australian Bureau of Statistics https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2013~Main%20Features~Suicide%20by%20Age~10010
[4] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Arch Gen Psychiatry 2005;62:593– 602.

and increased rates of morbidity. To improve mental wellbeing and resilience the CVPCP will focus on initiatives to promote positive social connections, support at life transition points, community cohesion and respectful relationships for the youth in our communities.

The program logic for building resilience in our youth to improve mental health and wellbeing is based on the VicHealth Mental Wellbeing strategy 2015-2019.

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