



# Wimmera Primary Care Partnership Strategic Plan 2017-2021

Progress | Partnerships | People



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## The Wimmera Primary Care Partnership and the communities we serve

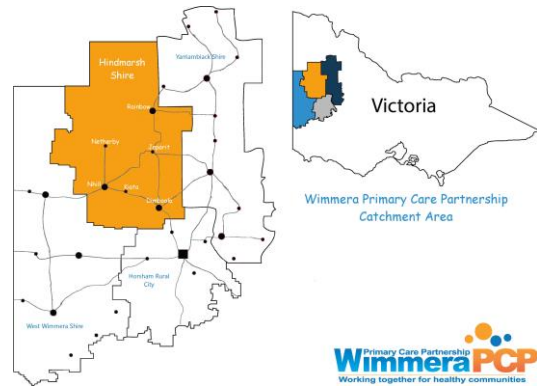
The Wimmera Primary Care Partnership is made up of 27 member agencies, including local government, welfare, disability, primary health care, health services, social services and education. We have four health services spread over fourteen campuses and two bush nursing centres. The Wimmera Primary Care Partnership region covers some 28,041 square kilometres and services a population of 38,375 including the Local Government Areas of West Wimmera, Yarriambiack, Hindmarsh and Horsham Rural City.

	<b>BENETAS</b>	<b>CENTRE FOR PARTICIPATION</b>	<b>COMMUNITY AXIS</b>	<b>EDENHOPE &amp; DISTRICT HOSPITAL</b>
<b>FEDERATION UNIVERSITY</b>	<b>GOOLUM GOOLUM ABORIGINAL COOPERATIVE</b>	<b>GRAMPIANS COMMUNITY HEALTH</b>	<b>HARROW BUSH NURSING CENTRE</b>	
<b>HINDMARSH SHIRE COUNCIL</b>		<b>HORSHAM RURAL CITY COUNCIL</b>	<b>HORSHAM REGIONAL ARTS ASSOCIATION</b>	<b>RURAL NORTHWEST HEALTH</b>
<b>THE SALVATION ARMY</b>	<b>WESTERN VICTORIA PRIMARY HEALTH NETWORK</b>		<b>WEST WIMMERA HEALTH SERVICE</b>	<b>WEST WIMMERA SHIRE COUNCIL</b>
	<b>WIMMERA HEALTH CARE GROUP</b>	<b>WIMMERA HEARING SOCIETY</b>		<b>WIMMERA REGIONAL LIBRARY CORPORATION</b>
<b>WIMMERA REGIONAL SPORTS ASSEMBLY</b>		<b>WIMMERA SOUTHERN MALLEE LLEN</b>	<b>WIMMERA UNITING CARE</b>	<b>WIMMERA WEST GRAMPIANS NEIGHBOURHOOD HOUSE NETWORK</b>
<b>WOMEN'S HEALTH GRAMPIANS</b>	<b>WOOMELANG &amp; DISTRICT BUSH NURSING CENTRE</b>	<b>YARRIAMBIACK SHIRE COUNCIL</b>		<b>YMCA, HORSHAM AQUATIC CENTRE</b>

## Hindmarsh Shire

Hindmarsh Shire is located about 350 km north-west of Melbourne, and the most populous community is Nhill. Hindmarsh experienced population decline from 2002 to a population of approximately 5,494 in 2015 and is anticipated to have a continued population decline to 2022.

More than 50% of residents are aged 45 or older, and 4.6% are aged 85 or older which is more than twice the Victorian rate.

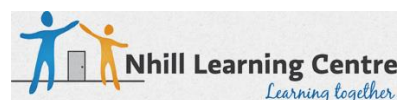


The Aboriginal and Torres Strait Islander population is more than double the Victorian average. Nhill has also recently become home to 186 Karen residents, including children. This coupled with a growing number of Thai and Italian residents means that approximately 10% of Nhill's population are newly arrived migrants.

The median household income is well below average and there are high percentages of low income individuals and families. Around 70% have not completed year 12. Rates of volunteering are well above average, and community engagement is high.

Hindmarsh has a much higher than average percentage of overweight and obese persons, the second highest rate of cancer incidence for males, second highest percentage of people with poor dental health, very high rates of admissions for ambulatory care sensitive conditions, and a high percentage of persons at risk of short term harm from alcohol consumption. The percentage of persons that require assistance with core activities is one of the highest of all LGAs, as is the rate of disability support pension recipients.

Hindmarsh is however reasonably well serviced (with respect to population rates) for medical and dental clinics, pharmacies and community and residential aged care. Rates of hospital admissions are highest in the state, with less than 8% of those admissions occurring in private hospitals. GP attendances are also above average.

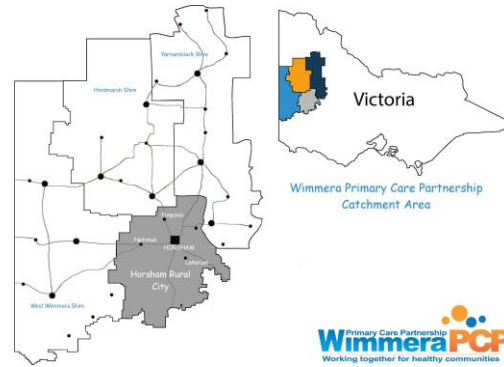


Some of the above agencies work across other LGA's.



## Horsham Rural City Council

Horsham Rural City is located north-west of Melbourne, north of the Grampians. Population growth has been modest since 2002 with an approximate population of 19,774 in 2015. Population growth is expected to remain at similar levels through to 2022, but the growth still well below the Victorian average. There are higher than average percentages of children aged 0-14 and persons aged 45+, but a relatively low percentage aged 25-44.



Horsham's Aboriginal and Torres Strait Islander population is more than twice the Victorian average, but cultural diversity is low, with 3.5% born in a non-English speaking country.

The rates of volunteering and community engagement are higher than average. The unemployment rate is low, and while median household income is well below average. The percentage of social housing dwellings is above average.

Rates of asthma and arthritis are above average, and female obesity rates are among the highest in the state. Intentional and unintentional injury rates are the highest in the state, and avoidable mortality due to cardiovascular and respiratory disease is also higher than average. Smoking rates are below average, particularly among females, and childhood immunisation rates are third highest in the state.

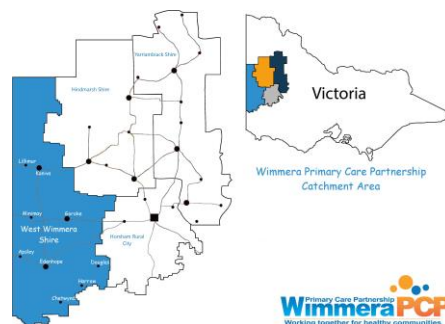
Rates of hospital separations are higher than average and only around 14% are from private hospitals. Around 81% of public hospital separations are from Wimmera Health Care Group (Horsham campus). Emergency department presentations are among the highest in the state, while GP attendances are around average. Rates of drug and alcohol clients are second highest in the state, and rates of mental health clients and HACC clients are also above average.



Some of the above agencies work across other LGA's.

## West Wimmera Shire

West Wimmera Shire lies in western Victoria on the South Australian border, about half way between Melbourne and Adelaide. The most populous community is Edenhope. West Wimmera has experienced a population decline since 2002, with an approximate population of 3879 in 2015 that is anticipated to continue to experience a decline projected to 2022. West Wimmera has much higher than average percentages of the population in the 45+ age groups (57.6%) and much lower than average percentages aged 15-44 (25.3%).



The level of cultural diversity is among the lowest in the state. The percentage of one parent headed families is the lowest in the state and the proportion of these which are male headed is the highest in the state. Unemployment is low and the median household income is also low.

West Wimmera has high rates of overweight/obesity, high blood pressure and cancer incidence. The percentage of persons who do not meet fruit and vegetable consumption guidelines is well above average. Cervical and cancer screening is well below average. Avoidable death rates due to cancer, cardiovascular disease and all causes are among the highest of all LGAs.

The rate of GPs per 1,000 population is the lowest of all LGAs, inpatient separations are slightly higher than average, with only 6.8% in a private hospital, the lowest in the state. The length of stay amongst all inpatients is the highest in the state. Emergency department presentations are low and rates of drug and alcohol clients are the lowest in the state.

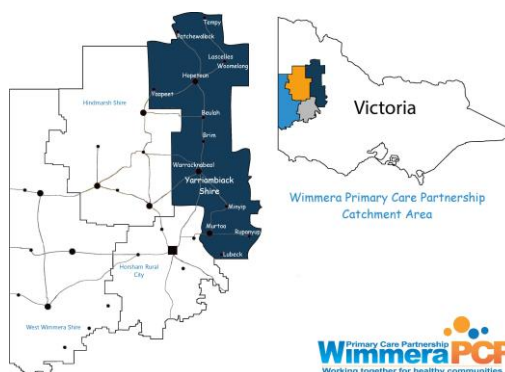


Some of the above agencies work across other LGA's.



## Yarriambiack Shire

Yarriambiack Shire is in north-western Victoria, about 330 kilometres from Melbourne. Yarriambiack has experienced population decline since 2002, with an approximate population of 6,759 in 2015. It is anticipated that the Yarriambiack Shire will continue to experience very slight decline through to 2022. The population is older than average, with over 30% in the 45-64 age group, and nearly 25% aged 65+.

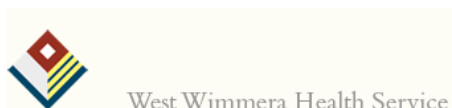


Cultural diversity is low, with 3.2% born in a non-English speaking country. Rates of volunteering and citizen engagement are among the highest of all LGAs, while social networking is the second lowest. Unemployment is low, however 70% of the population have not completed year 12.

There are high levels of high blood pressure, current smokers, heart disease, arthritis, cancer incidence and poor dental health, and the level of obesity is highest in the state. A much higher than average proportion of Yarriambiack residents report fair or poor health status. The percentage of the population with a severe or profound disability or who require assistance with core activities are among the highest in the state, as is the rate of disability support pension recipients.

Childhood immunisation rates are the highest in the state and the percentage of children attending three year old maternal and child health checks is well above average.

The rate of inpatient separations is high, as is average length of stay, however inpatient separations are projected to decline in the future. GP attendances are among the highest in the state and rates of HACC clients are also much higher than average.



Some of the above agencies work across other LGA's.

## Aligning the strategy with organisational capability and sector requirements

In developing this strategy a number of factors had to be considered. One set of factors is to ensure the direction of the Wimmera Primary Care Partnership is aligned and consistent with the Victorian and Commonwealth Government directions. The development of this strategy has been informed by and is aligned to the following key government documents:



It is important to note that this strategy is being developed at a time of rapid and substantial change in the health sector. A Harvard Business Review recently opened with the observation that “in healthcare, the days of business as usual are over” (Porter & Lee 2013). Models that adhere to a “sustain the status quo” approach are under increasing pressure as the fundamental principles, structures and systems that underpin the system are being disrupted. Some of the changes precipitating new thinking and action include:

- Major policy and funding reforms taking place across key elements of the health system
- Ongoing fiscal constraints putting pressure on government, organisations and communities
- Workforce profiles
- Rapid advancements in technologies are disrupting old models and creating new opportunities for action
- An increasingly engaged citizenry is changing the nature of the relationship between government, organisations and communities

More specific evidence that transformative change in the health sector is imminent can be seen in:

- Reforms that promote the principles of a market based approach (for example, aged care and disability services reforms)
- Changes to the funding models and a move towards more activity/ outcomes based funding structures
- Funding envelope changes that shift some of the cost to consumers
- The introduction of service delineation platforms across the nation
- The introduction of revised commissioning arrangements for the Primary Health Network with a focus on population health outcomes
- Ever increasing level of transparency
- The shifting expectations of consumers

Whilst government frameworks, expectations and policies continue to evolve we will need to ensure that our support services are aligned to our member organisation requirements and impact positively on the health and well-being outcomes for the communities of the Wimmera Southern Mallee. By understanding the drivers of excellent service provision we will be well positioned to adapt to the continuing contextual shifts. We will be increasing our focus on understanding the Wimmera Southern Mallee community needs and improving coordination and alignment with member agencies. We will pay particular attention to servicing the needs of the following cohorts:

- Ageing members of the community
- Those with chronic disease
- Those at risk of chronic disease
- Those impacted by social determinants of health
- Those facing health inequality



## Health sector priorities

### National Health reform

- Helping clients receive more seamless care across sectors of the health system
- Improving the quality of care patients receive through higher performance standards, unprecedented levels of transparency and improved engagement of local clinicians
- Providing a secure funding base for health and hospitals into the future

### Department of Health and Human Services priorities

- Support people to live healthier more active lives and participate in their local communities
- Empowering patients, clients and carers
- Build the capability of universal services to better respond to risk and vulnerability
- Increase earlier intervention
- Reduce waits for health and human services
- Make it easier to access better connected care
- Improve Aboriginal health and well-being
- Support better safer care
- Planning together for the future



## **Our challenges**

The Wimmera Primary Care Partnership and the communities of the Wimmera Southern Mallee continue to face a number of challenges including:

### **Ageing population**

Significant portions of the population are ageing across the Wimmera Southern Mallee which results in pressure on the workforce, service delivery models and modes

### **Financial pressures**

Prioritising and delivering services within a broader constrained fiscal environment with increasing community expectations of the scope of services provided, changing funding models and ensuring value for health dollars

### **Burden of complex and chronic disease**

Increasing rate and diversity of complex and chronic disease across the Wimmera Southern Mallee communities

### **Community and service expectations**

Providing care or connecting to care at the right time, right place each and every time

Whilst there are a number of context challenges that the Wimmera Primary Care Partnership needs to navigate the three greatest challenges directly impacting on us is our:

### **Relevance**

The need for staff, stakeholders and member organisations to understand who the Wimmera Primary Care Partnership is, why it exists and why that is important to them.

### **Value**

The expectation that the Wimmera Primary Care Partnership will generate new and additional value for its staff, stakeholders and member organisations.

### **Significance**

The requirement for the Wimmera Primary Care Partnership to act with skill to deliver value whilst having a positive impact on its member organisations and the communities in which they serve.



## Our Opportunities

The key opportunities for the Wimmera Primary Care Partnership to embrace include:

### Forming the right relationships

Forming and maintaining active and complementary relationships within and outside our membership and geographical catchment, capitalising on opportunities to recruit and co-create with cross sector partners

### Improve capability and capacity

Building member organisation capabilities and capacity consistent with the Wimmera Primary Care Partnership strategic objectives and the requirements of the strategic environment

### Learning and innovation agenda

Ongoing development of focused learning and innovation will provide member organisations with the skills and knowledge to identify and meet the community's needs and provide the unique learning experience that diverse healthcare needs bring

### Healthcare reform

Using the reform agenda to build the investment case and momentum for change across member organisations so that improvements are made to their service delivery and operating models that offer tailored localised solutions and the best value for health dollars

### Models of Care

Adapting models of care, building on innovation, streamlined care pathways and new and future technologies to assist member organisations to deliver more effective health services and improved outcomes



## Our Methodology

In preparing this strategic plan we used a strategic planning framework to assist us in ensuring that our strategic plan would deliver value to our stakeholders, member organisations and the communities of the Wimmera Southern Mallee and to hold us to account on delivering value. To execute this strategic plan we will need to:

- Ensure our staff, stakeholders and member organisations are inspired by the direction Wimmera Primary Care Partnership is taking to catalyse local solutions to deliver improve health and well-being
- Use our ingenuity and innovation capability to create new and added value for our member organisations. This will require us to look and think differently about how we work
- Have a positive impact on the lives and experiences of our staff, stakeholders and member organisations. If we can do this then we will have delivered value

By establishing a clear purpose and direction for the Executive, stakeholders and member organisations the strategy will guide decision making over the coming four years. It is important to note that this strategy is being developed at a time of rapid and substantial change. The challenges will only intensify as the sector responds to a range of issues including policy changes, ongoing fiscal constraints, shifts in consumer needs/aspirations and vulnerability in parts of the service provider network.

The need to reduce systemic socio-economic disadvantage and demand for high quality services will place pressure on the Executive and member organisations to adopt new systems, processes and practices to ensure scarce resources are deployed for maximum effect.



## Renewal Phase

There is an appetite for renewal amongst the Executive and many other stakeholders. Times of rapid change favour those who can read the play, define their value proposition and configure themselves to deliver on that purpose.

In renewing our approach the Wimmera Primary Care Partnership will:

- Communicate a **compelling story** that enables people to understand what we do and why
- Design and move towards **purpose built systems and processes** that make it easier for member organisations to deliver improved health and well-being outcomes
- Foster collaborations by supporting a **network of member organisations** to build the skills, resources and connections to prosper
- Identify and lead partners in **addressing the reforms** required to improve population health outcomes
- Maximise investment across the Wimmera Southern Mallee by building an **evidence base** demonstrating the value of the work we do



## Our Mission

The Wimmera Primary Care Partnership exists to:

Collectively improve the health and well-being of the Wimmera Southern Mallee communities, reducing health inequality across the region

### Wimmera Primary Care Partnership: a smart investment

The Wimmera Primary Care Partnership mission clearly describes the reason for what we do and the value we create.

The most efficient way to improve the health and well-being of a population is to address the ongoing disadvantage experienced by particular communities and population cohorts. Outcomes across rural and regional cohorts are considerably poorer than the state average across a range of indicators. Our ability to collectively improve the health and well-being of the Wimmera Southern Mallee communities and to reduce health inequality across the region means that investing in, engaging with and utilising the Wimmera Primary Care Partnership makes sense.



## Our Culture & Values

We are here to ensure improved and sustained health and well-being for the Wimmera Southern Mallee communities. We are accountable to each other, our member organisations and our governing and funding bodies. We work with our stakeholders and member organisations to achieve this.

We are a 21<sup>st</sup> century organisation displaying our leadership in health and well-being by being:

### Strategically minded:

- We know tough problems and unique opportunities require a holistic and strategic perspective to allow new possibilities to emerge
- We use available evidence and intelligence to underpin our decision-making
- We are pre-disposed to act, we let go of agendas and listen to see what's really needed and possible

### Open:

- We are honest with others and with ourselves
- We know it is important for our stakeholders to be fully informed
- We share knowledge generously and know that strong communication channels are our most effective means of building a trusting relationship

### Collaborative co-designers:

- We know our limitations and we work with others
- We know that our greatest work occurs when we listen, understand and act in partnership with our stakeholders
- We act as one group, accountable to each other and those we serve

### Respectful:

- We listen to individual perspectives, but we challenge opinions and behaviours when needed
- We do not shy away from points of tension but actively seek to understand and challenge our own thinking



## Our Priorities

The work of the Wimmera Primary Care Partnership is underpinned by four key principles:

- Use data to continuously learn, adapt and improve
- Support leaders with system leadership strategies and skills
- Build a culture that fosters relationships, trust and respect across participants
- Customise for local context

## Our Strategic Plan

The Wimmera Primary Care Partnership Strategy builds upon the existing strengths of the last 10 years and positions the Executive, stakeholders and member organisations favourably for changes taking place. The strategy provides the high level details of why, how and what will be done.

## A Targeted Approach

There is an expectation that scarce resources will be used wisely and the sector must build capacity to demonstrate the impact of its work. A targeted approach (rather than being all things to all people) enables the Wimmera Primary Care Partnership to make sure services are impactful and that member organisations set themselves up to provide exemplar services that make a positive difference across the Wimmera Southern Mallee communities.

The Wimmera Primary Care Partnership is uniquely positioned to improve health and well-being by focusing on expertise in:

Progress - lead  
meaningful action  
that creates value

Partnerships -  
cooperative effort  
enables more with  
less

People - support,  
value, develop

## Strategic objective 1

### Progress - lead meaningful action that creates value

The diversity of member organisations means that the Wimmera Primary Care Partnership has fertile ground to convene numerous small scale on the ground local system approaches aimed at improving health and well-being. As the primary and community health system stewards, we can develop processes for:

- Collating and analysing regional intelligence
- Defining and selecting regional priorities
- Identifying and acting on promising local system approaches
- Scaling and deploying approaches for more widespread application

## Strategic objective 2

### Partnerships - cooperative effort enables more with less

The Wimmera Primary Care Partnership can only make a significant impact on health and well-being if it is smartly connected to those with a common agenda. The future is increasingly going to belong to good collaborators as those who deliver value across traditional boundaries make themselves highly valuable to a broader set of stakeholders. Armed with a compelling purpose and story, we are well positioned to be proactive, strategic and assertive in establishing strategic relationships and initiating collaborative projects.

The Wimmera Primary Care Partnership will be well positioned to generate investment and deliver on strategic objectives with a network of service providers who work collaboratively to advance their own interest, the interests of their communities, and the interest of the overarching system.

## Strategic objective 3

### People - lead, support, value, develop

The Wimmera Primary Care Partnership values the contribution that its staff, stakeholders and member organisations make to improve health and well-being. Not only is it appropriate that they feel valued, but being valued is intrinsically linked with the way in which we provide support. As an organisation we must look for innovative ways to engage with our staff, stakeholders and member organisations that reflect the unique opportunities that being part of the Wimmera Primary Care Partnership brings.

## Bringing it all together, our plan

### Our Purpose

Collectively improving the health and well-being of the Wimmera Southern Mallee communities, reducing health inequality across the region

### Strategic Outcomes

Integrated systems identify priorities within the primary & community health system that enable measurable health & well-being improvements

Information driven insights are reshaping primary and community services, policies, investment & adding value

Staff, stakeholders & member organisations are engaged & feel valued & this is reflected in everything they do

Initiatives deliver system, member organisation & community benefits

Investment in fewer regional priorities being adopted & benefits are being realised

Complex problems are being solved & innovative solutions are being developed

Adoption of local solutions is accelerated & value is being created

### Our Objectives

#### Progress

Lead meaningful action that creates value

#### Partnerships

Cooperative effort enables more with less

#### People

Support, value, develop

### Our Actions

Build regional intelligence and understanding of health and well-being across the Wimmera Southern Mallee

Lead supportive and productive partnerships and alliances

Attract and retain a quality and progressive workforce

Provide the right information for member organisations to decide and act on regional health and well-being priorities

Influences and advocates for change that will positively impact on health and well-being

Develop and promote a safe, fair and productive workplace

Coordinate and catalyse the co-design of regional priority projects

Attracts new resource and investment that will impact positively on health and well-being

### Our Values

Strategically minded

Open

Collaborative co-designers

Respectful



## Summary

The Wimmera Primary Care Partnership strategy enables member organisations to collaborate and participate in projects that reap immediate benefits at the same time as exploring more expansive opportunities capable of delivering enduring benefits to the communities of the Wimmera Southern Mallee.

