



Southwest PCP

YOUR PRIMARY CARE PARTNERSHIP

THE REGIONAL HEALTH AND WELLBEING CHALLENGE:

The role of Primary Care Partnerships in supporting Regional Victoria

Rural and regional Councils across Victoria have extensive and unfunded responsibilities for community health and wellbeing under the Local Government and the Public Health Acts. Making sure that coordination and collaboration sit at a community level is the most effective way for community health and wellbeing interventions to be developed and implemented, but many Councils do not have the capacity to do this work without support.

Whilst metropolitan councils have the resources and capacity (financial and staffing expertise) to undertake the mandated processes to develop, implement and review municipal health and wellbeing plans with partners across their community, the divide between large well-resourced local governments in metropolitan areas and large regional cities versus small rural and regional councils is vast. Primary Care Partnerships (PCPs) are perfectly positioned to bridge this capacity and resource gap.

Over the past decade, Primary Care Partnerships have built local capacity by increasing the understanding of local government councillors and officers about their roles and responsibilities; have created foundations for good planning by providing regular policy and evidence summaries; and have developed strong data profiles and analysis to guide planning and interventions across the community.

Without PCPs playing a peer and mentor role for rural councils in South Western Victoria, health and wellbeing would rarely be considered in planning and policy activities. Council initiatives and projects risk being developed and delivered without the evidence and evaluation support, therefore risking the scant resources

that are invested in health and wellbeing activities by Councils being poorly targeted, not aligned to state policy or potentially not integrating with other partners and community goals.

In addition, PCPs regularly step in as a partnership facilitator/broker and secretariat for many community wide initiatives which without PCPs would be lost. This backbone support is critical for the success of any collective or collaborative approach to succeed and no agency alone has the funding or capacity to commit to this role.

The idea that topping up prevention activities via primary health services would replace the role of PCPs in rural and regional Victoria is misguided. Health services in south-west Victoria function as one of many partners working towards common health and wellbeing goals, however they do not have the capacity to facilitate effective and efficient partnership efforts.

Health promotion needs to remain embedded in community wide partnerships where it can have the most impact, rather than as a lower priority arm of health service delivery organisations.



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The role of Primary Care Partnerships

Imagine an orchestra without a conductor. All of the musicians are highly talented in their own right, but without someone to bring them together, it's hard for them to coordinate their efforts. Some parts are played twice, some are missed entirely and the entire group loses synchronisation. The musicians become focused solely on what they are doing, and lose sight of their place in creating a beautiful symphony.

The PCPs are like conductors, while the partners and services are like musicians. Only by working together can they ensure community health priorities are identified and addressed in the most effective and efficient way.

The proposal to remove the conductors, while increasing funding to the musicians may lead to better musicians, but a much less cohesive orchestra, and one that will find engaging with an audience (the community) much more difficult.



The PCP and the St Patrick's Day Fires

One prominent example where the South West PCP had a major impact on the health and wellbeing of the community was in the wake of the devastating St Patrick's Day Fires in 2017.

SWPCP staff have built extensive and trusted community relationships across sectors to ensure action on priority issues during emergencies and periods of recovery, and these relationships were brought to the fore.

SWPCP took the lead in making all partners aware of each other's services, increasing access to health and community services and improving the efficiency and effectiveness of services delivered.

They mobilised partners to respond to the situational distress of local farming communities. Long after the fires were out, SWPCP was still working diligently. It was instrumental in establishing a new farmer health network and advocated for outreach counselling and community development and engagement activities.

As a result of this action, the South West PCP has partners across sectors advocating for recurrent funding of outreach counselling services that have no delays in access to services.



What does the South West PCP do that no-one else can?

PCPs provide extensive support to the mandated Municipal Primary Health and Wellbeing Planning (MPHWP) processes. They are a key partnership broker in bringing partners to the table to enable collective action to occur around these plans. With rate capping many Councils don't have staff to develop, implement, review or evaluate plans and actions. This support is provided by 26 of the 28 PCPs across the state and if lost would have a massively detrimental impact on the MPHWP responsibilities of all rural and regional Councils.

PCPs provide each Council with comprehensive health and wellbeing data to inform decisions around priority health issues. This analysis and summary of health trends on community health issues isn't available from any other agencies. If the South West PCP doesn't do this, Councils will have no other way of accessing this evidence base for future planning.

PCPs coordinate action on the integrated health promotion plans within their local catchment. They collate agency action in support of their partners, which the agencies on their own don't have the mandate, expertise or resources to do by themselves. PCPs are recognised as a non-partisan entity and create equal opportunities for member agencies in the best interest of the region.

Delivers training and education to partner agencies on how to engage and connect with vulnerable cohorts of community. This is delivered as part of health literacy training to allow people to provide feedback on the appropriateness of communications to enhance access to their service. This training led to 62 new quality improvement strategies being delivered across partners to improve service access. SWPCP has also provided training to partners to undertake audits of how well they engage vulnerable cohorts of community, and establish action plans to address these gaps.

Champions monitoring of liquor outlets to help ensure no-one under 18 purchases alcohol or has it purchased for them. This is done as part of a broader partnership working to reduce the harm of alcohol and the early initiation of youth to alcohol. It supports partnership applications to change the alcohol supportive culture of rural community and sporting groups.

Works as a key partner in the prevention of violence against women and children. SWPCP raises awareness and advocates for action by community through the distribution of planned social marketing of key messages through our partners. SWPCP also creates awareness and engagement of community of people with disabilities in a strategy called "Everybodies Business".

Works with smaller rural councils to promote better health and wellbeing service access to critical services like mental health counselling for youth, alcohol and other drug counselling. Part of this is bringing together service providers to promote the need for outreach services and community engagement in very small towns.

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