

Upper Hume
Primary Care Partnership

Welcome to our first newsletter

We hope you enjoying our first newsletter, which will be published every quarter. We will bring you news and activities about Upper Hume Primary Care Partnership. Please feel free to share with others you think would be interested.

Message from the EO

Welcome to our first UHPCP Newsletter – and thank you for taking the time to read our updates. This newsletter is our first (at least since I have been in this role) and we are committed to providing a newsletter on a quarterly basis. In the past two years the UHPCP has been on a journey of reinvigorating and re-establishing the important role of our PCP. You may have noticed the most obvious sign of this is our new logo, but there has also been lots of reflection, planning and achieving over that time. Our focus is in developing and supporting opportunities for collaborative responses to prevention, system Integration and family violence. Our current focus includes ensuring effective community engagement and participation in all of these challenges. We now have six staff-members, but more importantly 13 member agencies, including seven executive member agencies. The criteria for becoming a member is simply that as an organisation you are engaged in working collaboratively with other organisations and the community to enhance community and individual wellbeing. It is an exciting time for PCP with many opportunities available to support, facilitate and encourage collaboration, and UHPCP is engaged in a range of initiatives, examples of which are provided below. More information can be found on our website. I'd like to take this opportunity to thank our staff, our executive, the many community members who have supported our work and other member agencies for their energy and enthusiasm to date, and to invite you to contact any of us if you think our support or participation may be relevant for any activity you are engaged in.

- Jenny Donnelly
Executive Officer



Monitoring and evaluation workshop a success



How many great programs and initiatives are out there that have never taken off because there is no evidence to back them up?
How many programs and services are being delivered but no one really knows if they are meeting their stated aims and consumer needs?
All too often the missing ingredient in getting programs and services right is collecting meaningful data. With this in mind the UHPCP organised for three of the region's leading monitoring and evaluation experts to provide training on how to undertake regular and effective monitoring and evaluation (M&E) using a strengths based participatory framework.
More 20 participants from organisations across the catchment attended the first two days of the training, held in June. All participants brought with them their ideas and plans about a program or project that they were to develop a M&E plan for.

After inspiring presentations and practical activities by Dr Alana Hulme Chambers, Dr Kathleen Brasher, and Dr John Donnelly participants were well equipped to start designing their own M&E plans. Additional to the initial two days face to face training is access to all three experts for ongoing advice and support, over the following three months; with a follow up one day workshop later in the year.

Participants all expressed high satisfaction and renewed motivation to embark on strategies to implement M&E plans utilising what they learnt.

Such is their enthusiasm; many have already contacted the presenters for advice and support regarding the M&E regime that they have since developed. With the

increased capacity in the catchment now, it is anticipated that there will be increased outcomes focused plans and program implementation based on appropriate M&E that reviews what programs are meeting the needs of clients and consumers.

The role of pharmacists in managing Chronic Obstructive Pulmonary Disease

The role of pharmacists in the primary health care team is one that has to date not had much focus, especially in the area of COPD management.

As pharmacists are a highly trained group of health professionals, the UHPCP undertook stage one of a project to explore what roles pharmacists can play in the management of COPD, and what roles they were actually undertaking.

Fourteen pharmacists completed a survey and/or were interviewed. There are many elements of COPD management that Pharmacists believe should definitely be in their role; however there is a large discrepancy between what they believe they can do and what they actually do. They identified opportunities to increase the role of pharmacy in COPD management.

The UHPCP also explored reasons why there was such a difference in what pharmacist's reported they could do and what they actually were doing. In most instances pharmacists' surveys indicated no significant barriers; however, access to appropriate resources was reported to be either a minor or partial barrier by approximately 50% of pharmacists.

The PCP is now collaboratively exploring ways to help overcome these barriers to ensure that pharmacists become a well utilised partner in primary healthcare. A first step has been to have pharmacy representation on a working group redesigning the Model of Care for COPD.

Tricia to lead engagement and participation

My name is Tricia Hazeleger and I have joined the UHPCP as Engagement and Participation Coordinator (2018/2019).

I am keen to hear about any community or consumer engagement and participation activities that are under way or on your agenda for the year ahead.

The purpose of my role is to build the capacity of community members and member agencies across the UHPCP catchment to:

- * Understand and enable collaborative approaches to wellbeing.
- * Increase understanding and use of the International Association of Public Participation (IAP2) spectrum.
- * Develop policies, guidelines and tools to support effective, evidence based consumer engagement and participation by member agencies, particularly with marginalised communities and individual.
- * Engage in specific community engagement and participation initiatives which will inform an understanding of, and an approach to, co-design for system change.

My background in working with community engagement and participation through working with rural communities, regional community development, community planning and research. My focus is on health needs, family and youth services development, disaster resilience, women's health, advance care planning and family violence reform.

Most recently, I have worked with the emerging refugee communities in Albury-Wodonga to keep families safe and prevent violence against women.

The priorities identified at the UHPCP Members Forum 2018 included a strong commitment to strengthening engagement and participation across the partnership

Priority 2: Enable and strengthen cross-sector collaboration, community engagement and co-design

Priority 3: Advocate for consumer participation, and collaboration with communities to foster a culture of action and innovation

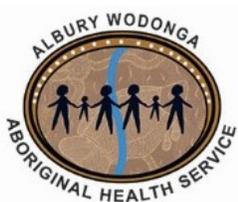
Please give me a call to talk all things Engagement and Participation (E&P) .

Tricia works Tuesdays, Wednesdays and Fridays and is engaged until June 2019.

She can be contacted at tricia.hazeleger@upperhumepcp.com.au or by phoning 0427 659 721.



Consortium an example of working together



The Murray Consortium is a governance group comprising four local agencies, who oversee the strategic management of funding for local programs which aim to improve access to services for Aboriginal and Torres Strait Islander people in the Ovens-Murray area to services that support and enhance health and wellbeing outcomes for the Indigenous community.

The Murray Consortium was developed in 2017 and has recently completed an evaluation of the partnership model. As a result of the evaluation an action plan has been developed. One of the recommendations from the action plan was to increase communication from the Murray Consortium to consumers and community.

The four member agencies of the Murray Consortium include Albury-Wodonga Aboriginal Health Service (AWAHS), Mungabareena Aboriginal Corporation (MAC), Gateway Health (GH), and Upper Hume Primary Care Partnership (UHPCP).

The Murray Consortium is responsible for the strategic planning and implementation of the 'Integrated Team Care (ITC)' program, a care coordination program for Aboriginal and Torres Strait Islander people with chronic and/ or complex care needs in the Ovens Murray region. The ITC team is employed through three of the

Murray Consortium's member agencies (AWAHS, MAC, and GH).

Below are links to the member agencies' websites which have further information about the roles, programs, and projects of each organisation.

- Albury Wodonga Aboriginal Health Service: <http://awahs.com.au>
- Mungabareena Aboriginal Corporation: <https://mungabareena.org.au>
- Gateway Health: <http://gatewayhealth.org.au>
- Upper Hume Primary Care Partnership: <http://upperhumepcp.com.au>

Updates on the consortium activities will be provided in future newsletters.

Focus on age-friendly Indigo

The Indigo Consortium has been re-established to specifically focus on a collaborative approach to health and well-being across Indigo Shire.

Consortium members include Indigo Shire, Indigo North Health, Beechworth Health Service, Yackandandah Health and the Department of Health and Human Services.

The consortium provides oversight to the Indigo Municipal Health and Wellbeing Plan, which was recently adopted by Indigo Shire Council, and is a great document which sets the scene for the Council's future direction.

The work which the consortium is doing has a particular focus on age-friendly approaches, which include:

1. Working with the Council on future strategies through which support an 'Age Friendly Indigo'. In future editions, we will provide updates on this.
2. The consortium has completed a submission to the Department of Health and Human Services to support the development of an age-friendly health system for residents of the Shire. We are very hopeful that this will be a successful submission and lead to real benefits for our communities in Indigo.

The consortium's work also includes participation from Gateway Health, Albury Wodonga Health and North East Health Wangaratta and consortium member agencies.