

The value of local area planning

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Abstract

The following case study describes the Barwon Primary Care Forum (BPCF) model for local area planning and the value this model has brought to the member agencies. The model was developed from a locally identified need for social planning which historically had resulted in numerous community consultations and needs assessments, often duplicative and potentially burdensome to the community. The process for this local area planning model is described in detail.

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THE BARWON PRIMARY CARE FORUM (BPCF) is one of 32 Primary Care Partnerships (PCP) in Victoria. The Victorian Department of Human Services established PCPs in 2000 to develop, through partnerships, a primary health care system that can deliver better health outcomes and stronger communities. Participating agencies, which are mainly primary health care providers, such as local governments, community health services, district nursing, aged care assessment services, psychiatric disability support services and divisions of general practice, enter into an agreement to work together towards integrated health promotion and service coordination. Inherent in this is the establishment of strong partnerships and planning.

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The BPCF operates with a social model of health, which recognises the role of individuals, families and communities, together with professional services, in achieving health outcomes. In Victoria, the government sets the policy agenda and each agency is required to develop plans based on local data and relevant research. Most of the BPCF member agencies are too small to engage consultants or support a full time planning position that can provide the required level of supporting documentation. The BPCF has filled this gap locally, providing opportunities for agencies to integrate their planning for a common purpose. This case study describes how BPCF provides this planning service using commercially available products, within limited resources.

The BPCF local area planning strategy

The BPCF local area planning strategy uses population health methodology, defining the populations within a community and identifying needs and developing strategies that address identified issues. The Australian Department of Health and Ageing (2003) defines population health practice as the business of managing risks within a community. Population health therefore involves understanding the issue (eg, surveillance, research), managing the issue by implementing programs and strategies, and communicating the results to stakeholders and affected communities. Typically, this type of planning is completed centrally and in relative isolation from local service providers.

No single intervention is effective for all groups (Morrow et al. 1999) and, therefore, compilation of community analyses, along with the identification of local 'hot' spots and priority issues, provides a focus for service providers to deliver

services (Lauri et al. 1997). Engaging segments of the population with targeted interventions is seen to be the most effective approach to planning delivery of services and programs. To this end, the goals of the BPCF planning strategy are to support regional needs analysis, to increase agencies' access to information that can be used for their planning purposes and to act as the Barwon-wide 'clearing house' for agency activity and service information (particularly health promotion activities). This access to planning information in a timely and user-friendly fashion provides a means by which strategic service and health promotion planning activities of member agencies and the region can be supported locally.

Supported by the initial BPCF staff, which included a masters-prepared community health nurse, a doctorate-prepared behavioural scientist, and a health information manager, the local area planning strategy began with a regional needs analysis, which included a review of the major international, national, state and regional policy documents, organisational strategic plans and community consultations. The result was a set of high level, regional priority issues that are used to facilitate integrated planning across the relevant local sectors, such as health, local government, education, sports and recreation and even church groups.

Generally, data collection and analysis tends to be centrally driven. The BPCF has found that data provided for local government areas (LGAs) often smooths over local differences. To overcome this, over the past 3 years, the BPCF has been accumulating datasets from which it can extract valuable local area planning information. The main criterion for BPCF datasets is that they must support analysis of the smallest relevant locality, such as collector districts or suburbs. Currently, the datasets that the BPCF has collected that meet this criterion include: the 2001 Census Data (Australian Bureau of Statistics 2003). Data analysis undertaken by the Barwon Primary Care Forum using ABS data (2001) with permission from the Australian Bureau of Statistics; including the 2001 Socio-Economic Indexes for Areas), Victorian hospital admissions data (VAED), Victorian emergency department presentations

data (VEMD), Centrelink data, Cancer Council Victoria data, immunisation data and perinatal data. BPCF also accesses existing population studies and datasets such as the Victorian Burden of Disease Study (DHS 2001), the Jesuit Study (Vinson 2001), the Department of Human Services' Community Health Plan Dataset (DHS 2004) and the Australian Dental Association Directory (2002).

Some of these datasets are freely available, while other datasets, such as census data, are expensive to purchase. Maintaining a dataset that is relevant and up-to-date is beyond the resources of many small- to medium-sized agencies. As well, there is considerable expense in maintaining the tools and skills required to 'mine' the datasets while at the same time the larger agencies may all be purchasing the same data, thereby potentially duplicating efforts. The BPCF has purchased the relevant software and has trained staff to perform the required tasks. The BPCF does not charge member agencies for data requests or reports.

Qualitative data is generally more difficult to collect and so the BPCF undertook two major surveys, one in partnership with a local government to establish a baseline for physical activity (City of Greater Geelong 2004) and another with a local university establishing the level of social connectedness across the catchment area (Savage et al. 2002; Savage, Bailey & O'Connell 2003).

The product

The BPCF presents data at the most suitable and practical geographical level, such as Statistical Local Areas (a subset of LGAs), suburbs, towns, postal areas and even collection districts (a census-derived area of about 200 households). In some circumstances, a customised area specific to an agency's needs may be analysed.

The BPCF produces three types of reports from the datasets. The first is standard reports that contain basic demographic and hospital admission data for the BPCF's catchment area. The second type of report comprises regional 'replicas' of national reports. For example the Australian

Bureau of Statistics' report *Melbourne ... a social atlas* (Lazzaro 2003) has been re-created for the Barwon region. A third type is specially requested reports which may be used to present a profile of the agency's catchment area, identify a local issue or 'hot spot' that may require further consideration and/or intervention, support a funding submission or assist in planning a health promotion program. The BPCF in-house reports are used to inform the strategic planning activities of the agencies within the region.

The BPCF believes it has discovered a niche in providing small area, customised data from a range of datasets to member agencies that previously could not access this type of information for lack of time and/or resources.

Discussion

Confirmed by a governance review, the BPCF Local Area Planning Strategy is a valued service which has enabled the BPCF to facilitate local area planning. As a consequence of the strategy, agencies are able to define their target areas and population needs in a manner that is more locally relevant. This in turn has facilitated a process of needs analysis and strategic development that is ongoing rather than episodic and dependent upon purchased consultancies. The process has developed local competencies in planning that have resulted in some major regionally funded initiatives such as a falls prevention program, a strong network of chronic disease self-management course leaders, a project encouraging children and adults to leave cars at home and walk to school ('Walking School Bus') and a regional physical activity project ('10 000 Steps Barwon'). The BPCF Strategy has provided a common link and purpose to member agencies, and this in turn has significantly contributed to the development of a broad regional public health strategy, possibly the most relevant and sustainable outcome of all.

Competing interests

None identified.

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