

1997 Awards for Innovation and Excellence in Primary Health Care – Alliances and Collaboration

North Eastern Community Health Centre Alliance
East Preston, Northcote, West Heidelberg, Eltham, Lalor, Whittlesea, and Diamond Valley Community Health Centres

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Brief Description of the Program

An alliance was formed between the East Preston, Northcote, West Heidelberg, Eltham, Lalor, Whittlesea, and Diamond Valley Community Health Centres in the North East of Melbourne, first, to position the Centres to play a key role in developing a coherent and strong primary health care sector, based on 'community health principles', within the prime catchment area of the North Eastern Healthcare Network. The second purpose of the alliance was to assist in facilitating continuity of care between the acute and primary health sectors.

The alliance was established early in 1996 with a Memorandum of Understanding signed by the seven Community Health Centres involved. The alliance developed strong links with the Network, with the Divisions of General Practice, and with the four local municipalities resulting in changes to how Community Health Centres were perceived, changes to the local health care system, and several other innovative projects.

The aims of the program

The stated aims of the alliance are to:

- achieve strong working relationships between its members;
- develop strategic alliances with the North Eastern Health Care Network and the Northern and North East Valley Divisions of General Practice;

- develop co-operative arrangements with the four municipalities (Banyule, Darebin, Nillumbik and Whittlesea) and other local service providers;
- develop effective referral pathways between service providers in the subregion;
- initiate and explore funding opportunities for sub-regional primary health care programs and services;
- act as a steering committee or committee of management for sub-regional projects;
- share information and training opportunities amongst members at management and staff levels;
- act as a forum to discuss issues of mutual concern;
- raise the profile of Community Health Centres and the alliance in the sub-region and with funding bodies;
- endeavour to standardise protocols and processes; and
- explore ways to reduce administration costs, and to share resources.

The target group

The target group was made up of the seven alliance Community Health Centres and their relationships with other primary health care providers and the North Eastern Healthcare Network.

Why the program was undertaken

Continuity of care and co-ordination of primary health care services was becoming an increasing problem for the communities of the Centres in the alliance. There was a

nervousness that Community Health Centres were vulnerable to takeover by the North Eastern Healthcare Network and that this was not in the interests of their clients. Similarly, there was a belief that the primary health care sector needed to be strengthened and integrated and that Community Health Centres needed to act collectively within the sub-region to maximise their influence.

It was also believed that the time was right for alliances, as current management thinking favoured alliances and partnership rather than amalgamations. This belief was strengthened by the fact that the local health care system was itself changing with the creation of the General Practice (GP) Divisions, the North Eastern Healthcare Network, and Council amalgamations.

The Strategies

The Chief Executive Officers of the Community Health Centres met to discuss the formation of an alliance. A Memorandum of Understanding was drawn up and discussed and then approved by the Board of Management of each of the Centres. The alliance was launched, involving staff, Chief Executive Officers and the Boards of the alliance Centres. The aim of the launch was to gain acceptance and ownership by the stakeholders and to raise the profile of the alliance.

The North East Primary Health Care Forum was established involving the alliance Centres and representatives from the North Eastern Healthcare Network, GP Divisions and local government. The forum meets quarterly to discuss joint proposals, sharing of resources and continuity of care issues. An affiliation agreement between the alliance and the North Eastern Healthcare Network was negotiated. Quarterly meetings are held between the Chief Executive Officer and senior officers of the North Eastern Healthcare Network and the Chief Executive Officers of the Community Health Centres.

The alliance was publicised through conferences, local press and the GP and

North Eastern Healthcare Network newsletters. A convenor for the alliance was agreed upon so as to facilitate and streamline communication within the alliance and with the North Eastern Healthcare Network and GP Divisions.

An overall strategy was to ensure that the alliance had early 'wins'. Wins were new projects, noticeable improvements in working relationships between agencies, and shifts in how Community Health Centres were perceived by the North Eastern Healthcare Network, GP Divisions and by themselves.

Community participation

The establishment of the alliance and its links with other key providers involved extensive discussion between Chief Executive Officers, members of Boards of Management and staff of the seven alliance Centres. The purpose of the alliance was to ensure the primary health care sector in the north east developed in accordance with community health principles. For example, for Community Health Centres to retain their local focus and their responsiveness to and ownership by their communities.

Collaboration

North East Primary Health Care Forum has resulted in a dramatic increase in collaboration between alliance Community Health Centres, Northern and North East Valley GP Divisions, North Eastern Healthcare Network and local governments. For example, alliance Community Health Centres are now consulted by GP Divisions on all their major funding proposals, by local government on the development of municipal health plans and by the North Eastern Healthcare Network on any of their developments that affect primary care.

Outcomes

The program's key achievements are the Launch of the alliance; an affiliate agreement with the North Eastern Healthcare Network; the establishment of the North East Health Promotion Centre as a three-year pilot

program from 1997 to 1999. Funds and support have been committed to the Centre by the Public Health Division of the Department of Human Services, the North Eastern Healthcare Network, the Community Health Centres involved, La Trobe University, the GP Divisions, and the four local governments.

Funding has also been gained for the 'Improving Access to Community Health Centres in the North East of Melbourne Project'. This project is funded by the Department and will be carried out from October 1996 to December 1997. The project aims to develop and implement a set of common access procedures and protocols, common service standards, and improved referral pathways between the alliance Centres and between the Centres, GP Divisions and the Network.

The alliance Community Health Centres are sharing resources and ideas and acting collectively on sub-regional issues. For example, the Centres decided to tender for Maternal and Child Health Services in each of the four local municipalities. The Centres pooled resources and were able to employ an excellent consultant to prepare their tenders. Another example is that the Chief Executive Officers of the alliance Community Health Centres have adopted specialities for seeking out sub-regional opportunities and for responding to service development proposals (e.g. aged, mental health, health promotion, and post acute care). The development of a post acute proposal, and its implementation, is currently under discussion with the North Eastern Healthcare Network.

The alliance has allowed the establishment or strengthening of the following projects. All projects serve the catchment area of the alliance Centres.

The Northern birthing support service

Co-ordinates birthing services in the north east and involves community based and hospital based midwives, GPs and Maternal and Child Health Centres. Seeding funding was provided by the Department.

The North East AIDS prevention service

Provides Needle Exchanges and other prevention programs throughout the catchment area.

The problem gambling counselling service

Provides problem gambling counselling and is funded by the Community Support Fund.

Sub-regional projects have been given a framework to operate within and are exploring the many possibilities that arise with close links with the GP Divisions and the Network.

The Cost of the Program

There were no costs involved in the formation of the alliance apart from the time involvement of the seven CEOs, and to a lesser extent time involvement of staff and Board members and minor administrative costs. The time spent was not additional time but rather more effective use of time already being spent on exploring links with the external environment.

The cost of the launch was \$500. The additional cost of administrative support for the alliance was estimated to be \$2,000 per annum. These costs have been shared amongst the alliance centres.

For the amount of time invested the alliance has produced significant gains in terms of new projects, strengthened alliances and facilitating a forward looking, confident atmosphere in the alliance Community Health Centres.

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