



**Manningham**  
**Community Health**  
SERVICES LIMITED

*Yours, Ours, Together*

# Manningham Community Health Services Limited

## Strategic Plan 2009 - 2012



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## Overview

Manningham Community Health Services Limited is a Company Limited by Guarantee and is governed by a Board of Directors. We are a Not for Profit organisation that provides Primary Health Services across the Local Government Area of Manningham as well as some regional funded services across the whole of the Eastern region of Melbourne. We were established in 1992 as an Incorporated Association and we moved to a Company Limited by Guarantee in 2009. We are funded by the Department of Human Services, Department of Education and Early Childhood Development along with Home and Community Care (HACC) funding from the Federal Government. We also receive a small amount of funding from Manningham City Council.

Our Board of Directors has adopted a strategy of evidence-based growth for its upcoming 3 year plan, based on the following cycle:

- a) adopt a limited number of key focus / discipline areas;
- b) take active steps to quantify need in these areas within our community and deliver evaluatable high-quality interventions;
- c) track the growth of our profile and the effectiveness of our interventions amongst our communities and our funders.

The vision for our organisation is that:

**“Manningham is a community which is healthy and well”**

We share this overarching vision with a number of other agencies within the health, local government and community service space. In our case, specific areas of focus and discipline will be:

- **chronic disease management:** keeping people’s chronic conditions stable so they enjoy improved quality of life (KRA1);
- **mental health:** enabling people with non-acute conditions to capably function in their daily lives (KRA2);
- health and wellbeing **education:** ensuring that children with needs make positive transitions at school and home (KRA3);
- **health promotion:** assisting people with information and resources so they can make good decisions about their own health (KRA4).

We align our health promotion emphasis with therapies that complement a ‘mind and body’ family-based approach aiming to strengthen protective factors within the family environment. These include counselling as well as disciplines like podiatry, physiotherapy, dietetics, occupational therapy and speech therapy.

We see these areas of work as interlinked ‘cells’, rather than silos, departments or units (see diagram on page 3). They function together seamlessly, passing relevant information to one another, utilising cross-functional skillsets within MCHS. Furthermore, these ‘cells’ are enhanced by two systemic focus points:

- **research and evaluation** helps us understand our local needs and the effectiveness of our responses (KRA5);
  - **service system capability** helps us see where gaps exist and what we and others might do to create a seamless service system for our communities (KRA6).
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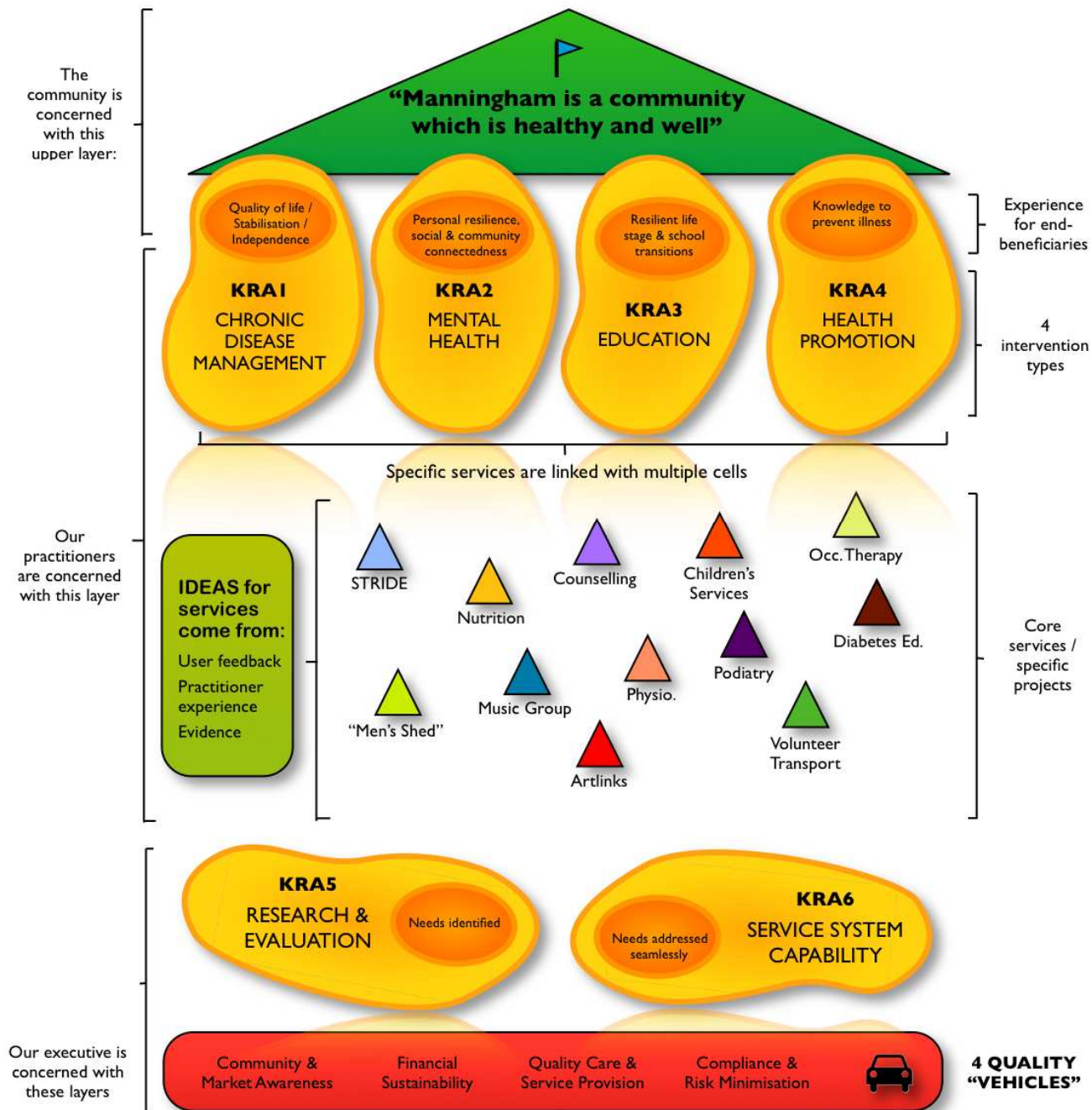
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Finally, the organisation's work is supported by 4 enablers, or 'quality vehicles':

1. Community & Market Awareness;
2. Financial Sustainability;
3. Quality of Care and Service Delivery;
4. Compliance and Risk Minimisation.

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## Strategy Map



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## Key Result Area 1: Integrated Chronic Disease Management (ICDM)

**Residents with complex chronic conditions receive an integrated system of care which enables them to successfully self-manage their health.**

### **Rationale and description**

Integrated Chronic Disease Management (ICDM) occurs when health services work together with the client (and / or their carer) with a chronic condition to improve their health and wellbeing and quality of life. Those people with chronic disease receive responsive, person-centered care over time through the different stages of disease progression.

MCHS will use the Wagner model of Chronic Care (1999) to implement practice change through the Assessment of Chronic Illness Care (ACIC) tool. MCHS will focus upon the delivery of one Burden of Disease ICDM program, moving from a reactive approach (responding mainly when a person is sick) to one that is proactive (keeping a person as healthy as possible).

The Diabetes Self Management initiative has been chosen to better help clients within Manningham manage and prevent diabetes. Adults with Type 2 diabetes need access to a responsive person-centred and effective system of care. The evidenced based self-management approach is recognised as a key component of chronic disease management.

### **ICDM projects and programs**

The assumption that all adult disciplines will be involved where needed in the treatment of our ICDM type 2 diabetes clients. This will involve:

- Physiotherapy, Podiatry, Occupational Therapy, Counselling, Diabetes Nurse, Dietetics;
- In partnership with GP Networks, develop Medicare Benefits Schedule (MBS) shared care item arrangements for MCHS allied health staff and G.Ps;
- Develop and build 'Life' Diabetes prevention group programs at MCHS.

### **Measuring our ICDM progress**

Outcome measures: Service

- Service Coordination: Number of clients with diabetes plus another diagnosis needing treatment on waiting list;
- People with Disabilities: Number of people with disabilities and who live in shared accommodation attending MCHS with chronic conditions are identified and referred appropriately;
- Registry of ICDM type 2 diabetes clients;
- Reports about CHS diabetes care generated every 12 months and shared with GP practices.

Outcome measures: Client

- Statistically significant improvements in identifying risk factors and an increase in physical activity levels maintained at 6 and 12 month post-program.

### **Potential partnerships for ICDM**

- PCP agencies (via ICDM Strategic Plan);
- Melbourne East GP Network;
- Self management groups who connect to our group programs after care episode completed;

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- Manningham City Council (via Municipal Public Health Plan 2009 – 2013);
- Eastern Health HARP program;
- Community leaders through faith organisations and social groups focusing on migrant populations.

## **Internal development required for successful ICDM**

- Identification of diabetes client target group via social determinants of health;
- Promotion of MCHS ICDM programs to Manningham target populations;
- All clinical staff develop competencies across range of ICDM functions;
- Develop relevant staff caseloads with complex ICDM clients;
- Care plans created for identified complex CDM clients with an identified clinician responsible for these
- Medication management built into MCHS screening process.

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## Key Result Area 2: Mental Health

**People with non-acute and non-chronic conditions receive effective and responsive services that will improve their mental wellbeing.**

### **Rationale and description**

MCHS is not a specialist mental health provider; however, we recognise the critical importance of mental wellbeing for three of our target populations: (i) those with chronic complex conditions, (ii) families with children making school / life transitions and (iii) culturally diverse groups at risk of social isolation. We therefore deliver a small range of 1:1 counselling interventions, mental health interventions built into our coordinated care plans, and programs which promote social connectedness.

### **Mental Health projects and programs**

- Individual counselling for mild to moderate mental health problems e.g. anxiety and depression;
- Culturally diverse social inclusion group program;
- Multidisciplinary care planning incorporating mental health interventions for people with complex chronic conditions;
- Family-based school and life transitions.

### **Measuring our progress in Mental Health**

Outcome measures:

Access:

- People with mental health problems in association with psychosocial life conditions who access our services;
- Children & Families: Mental Health early intervention identification for child and family clients;

Process measures:

- Mental Health Promotion Plan: Develop a plan addressing two determinants: (i) social inclusion and (ii) freedom from violence and discrimination;
- Service Delivery: (i) uptake of targeted parenting programs and (ii) number of counselling sessions and usage by young people and their families;
- Care Plans: Proportion of coordinated care plans for clients with complex chronic conditions with mental health interventions proposed.

### **Partnerships for Mental Health**

- Keystone (support groups);
- Doncare Counselling (Women's program);
- Chinese Social Services
- Chinese Health Foundation of Australia
- Manningham City Council (via Municipal Public Health Plan 2009 – 2013);
- Primary Care Partnership;
- YMCA;

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- Local Primary Schools;

- Beyond Blue;
- Eastern Health hospitals.

**Internal development required for successful MH**

- Redefine MCHS scope of practice and counselling capacity;
- Participate in development of MH Advocacy Strategy with Manningham City Council.

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## Key Result Area 3: Education

**Families with children in our community receive education and support to enable their smooth & emotionally resilient transition to, and participation in, school.**

### **Rationale and description**

The setting for this work will be primary schools within the Manningham Local Government Area. Our implementation is guided by the notion that 'it takes a village to raise a child' and MCHS will providing services that help make school environments family friendly. We can, therefore, help to overcome anxieties and signal to families that the school is a place for them where support for a range of health issues concerning their children can be found.

Primary schools, and teachers and support staff through their regular contact with families, provide an ideal access point for a number of interventions. These interventions will range from:

1. Playing our part in creating an environment to promote positive wellbeing and cultivate collaboration with teachers/ parent/carer relationships in schools;
2. Provide education on social and emotional skills like parenting information /resources and providing general parenting programs;
3. Provide professional services to children, families and carers experiencing mental health difficulties which require specialist early intervention support.

### **Education projects and programs**

- Undertake a significant needs analysis of partnership opportunities in primary schools in Manningham. Identify gaps in service delivery for all primary schools in Manningham;
- Tailor the existing Health Promotion project related to Kids Go For Your Life from a Health Promotion initiative into this broader education program. This will mean continuing key elements of the program that promote healthy eating and physical exercise in primary schools. Adjustments will be made to accommodate our healthy mind and healthy body approach into primary schools;
- Develop a business case for the Department of Education and Early Childhood Development / Department of Human Services for an early intervention mental health program into primary schools. This early intervention mental health program would be based upon the same trans-disciplinary approach that our current 0 - 6 STRIDE (Stride Forward Early Intervention Program) model provides – however its focus would be dealing with mental health issues for primary school children;
- Our counselling services will be further developed in conjunction with the schools current and future identified needs.

### **Measuring our progress in education**

- Measurements will include evaluation of outcomes and number of clients accessing services
- Review early intervention programs and accessibility of these services.

### **Partnerships for Health Promotion**

- Principals of Primary schools in Manningham (private and public);
- Teachers and support staff at primary schools;
- Manningham City Council School field Officer;

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- YMCA;
- Kids Matter Project officer for Victoria;
- Department of Health and Ageing;
- Department of Education and Early Child Development.

## **Internal development required for successful Health Promotion**

- Realignment of counselling activity to reflect this direction;
- Realignment of other allied health services to reflect this direction into primary schools and develop appropriate programs;
- Significant additional resources to be provided for the specialist early intervention model for primary school.

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## Key Result Area 4: Health Promotion

**Residents will have the necessary knowledge and support to access resources to enable their health and wellbeing**

### **Rationale and description**

Our actions in this area recognise the need to mobilise communities directly, rather than presume that service provision alone at an individual level makes the biggest difference to a community's health. Our focus is on the empowerment of communities and engaging public participation to promote peoples own health. This will be provided through adopting the VicHealth Mental Health Promotion Framework for 2009 – 2012. We will draw on the strong evidence base and expertise of statewide / nationwide organisations to provide added credibility and validity to our Health Promotion program/s. In particular, MCHS will work with the Kids Go For Your Life and Kids Matter frameworks.

### **Health Promotion projects and programs**

Future programs will be working with two principal determinants for promoting mental health in our community as identified by our Inner East Primary Care Partnership agencies.

### ***Social Inclusion***

Focus on whole-of-community approaches to enhance the societal conditions for inclusion. In particular:

- address intolerance and promote respect in the community;
- support social participation and a sense of belonging;
- encourage accessible and equitable government services; and,
- Promote the value of cultural diversity and the responsibilities of all members of our society.

We will work with the culturally and linguistically diverse Iranian and Chinese communities in Manningham.

### ***Freedom from Discrimination and Violence***

New interventions will be aimed at supporting primary school children's mental health in Manningham. The aims will be to:

- improve the mental health and wellbeing of primary school students;
- reduce mental health problems amongst students; and,
- achieve greater support for students experiencing mental health problems.

### **Measuring our Health Promotion progress**

Department of Human Services Integrated Health Promotion Operational Plan deliverables for 2009 – 2012

Kids Matter Framework

### **Partnerships**

- Universities – La Trobe / Deakin / Monash;
- Primary School Principals / teachers / support staff;

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- Chinese Social Services;
- Chinese Health Foundation of Australia;
- Relevant state and national bodies;
- Department of Health and Ageing/ Department of Early Childhood and Development;
- Inner East and Outer East Primary Care partnership;
- Manningham City Council;
- Other health and education based agencies in Manningham.

## **Internal development required for successful Health Promotion**

- A focus on prevention and early intervention across all disciplines;
- Development of self management skills training for staff;
- Constructing care pathways.

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## Key Result Area 5: Research and Evaluation

**Health and social wellbeing needs which affect specific populations within Manningham are identified and quantified and strategies to address these proposed.**

### **Rationale and description**

MCHS will allocate funding for research and development (R&D) to improve our future service delivery for our clients. Potential MCHS directions like children's / men's health require **fundamental research** to increase our understanding of the determinants of health for these target populations. Initially, we require shared intentions with research partners regarding the health inequities our R&D is intended to measure and respond to for example, health disadvantage, health gaps or health gradients.

### **Measuring our research and evaluation progress**

1. Half-yearly investigation into current needs reported to Board;
2. Half-yearly presentations to the Board of Directors on our research partnership developments for R&D.

### **Partnerships for research and evaluation**

- Manningham City Council – Municipal Public Health Plan;
- Migrant Information Centre;
- Chinese Social Services;
- Chinese Health Foundation of Australia
- YMCA;
- Doncare;
- Religious Leaders within community (CALD groups);
- Universities – La Trobe / Deakin / Monash;
- Department of Human Services – Health Promotion planning & research development;
- Eastern Health;
- Austin Hospital;
- Melbourne East General Practitioner Network.

### **Internal development required for successful research and evaluation**

The MCHS Quality Improvement Program will be framed to incorporate:

1. Evidence that is generated and used in a continuous cycle. This will involve evidence production, guidance and policy development, implementation and then learnings from the implementation to inform the initial evidence base;
2. Evidence on inequities that can be measured and monitored.

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## Key Result Area 6: Build service system capability

### **Service users appropriately access and use our services.**

#### **Rationale and description**

MCHS service coordination improvement will continue in line with the Department of Human Service's Statewide Service Coordination framework. The *Service Coordination Continuous Improvement Framework* provides agencies with an agreed set of practice standards that will enable more streamlined access for consumers across agencies and health sectors. MCHS in seeking consistent practice with other agencies in a whole of community approach will provide a number of benefits for service users. They include:

1. Consumers will be better informed about consent issues;
2. Service users will experience consistent intake and assessment processes with less duplication;
3. Consumers receive more timely attention;
4. Consumers experience a health system that works together with the aim of placing consumers at the centre of service delivery for improved health outcomes.

#### **Measuring our service system capability progress**

- Measures within the Service Coordination Practice Standards which track MCHS service use: (i) initial contact, (ii) initial needs identification, (iii) assessment and (iv) care planning;
- MCHS service use: (i) waiting lists and (ii) referral destinations;
- Twice yearly report on quantifiable service gaps and capability shortfalls;
- Annual report on partnership formation.

#### **Partnerships for service system**

Inner East PCP Service Coordination agencies.

#### **Internal development required for successful HP**

- Implement Care planning into our practice in 2009 and expecting that this element will have the greatest effect on this Key Result Area;
- Further skills and knowledge development of our dedicated Service Coordination Team;
- Restructure the service coordination team to better facilitate staff training and day to day operations.

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## The Board of Directors:

Our Board has set a solid foundation, with a well planned approach to successful governance of MCHS, these include:

- Clear Executive limitations are articulated by The Board to the CEO to underpin good governance
- Board formal structure
- Board HR policies & procedures
- Director's roles & responsibilities
- Clearly defined Board Sub Committees
- Chairman in a non-executive position
- Code of Conduct & Conflict of Interest
- Directors have access to independent advice
- Directors induction & orientation
- Risk Management & Company Secretary
- Cost of Governance
- Board Member Code of Conduct (including conflict of interest)

In the context of the above our Board of Directors are supported by our internal structure of management and staff. This structure includes the following organisational quality vehicles to support formal reporting on a regular basis.

## Organisational Quality Vehicles

Subject to Key Result Areas with periodic proactive reporting to the Board:

### 1 Community and Market Awareness

- Our community is increasingly aware of our existence, the benefits we offer and our scope of services;
- Funders are aware of the evaluation results of our programs and projects;
- Funded opportunities which align with our Key Result Areas are identified and recommended.

Subject to Executive Limitations with exception reporting to the Board:

### 2 Financial sustainability

- Financial Planning & Budgeting;
- Financial Condition and Activities;
- Compensation and Benefits;
- Changes to Banking Authorities;
- Use of Reserve Funds;
- Asset protection

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## **3 Quality care and service provision**

- Clinical Governance;
- Professional Capacity and Professional Development;
- Treatment of clients.

## **4 Compliance and risk minimisation**

- Quality Improvement;
- Quality Accreditation
- Treatment of staff.