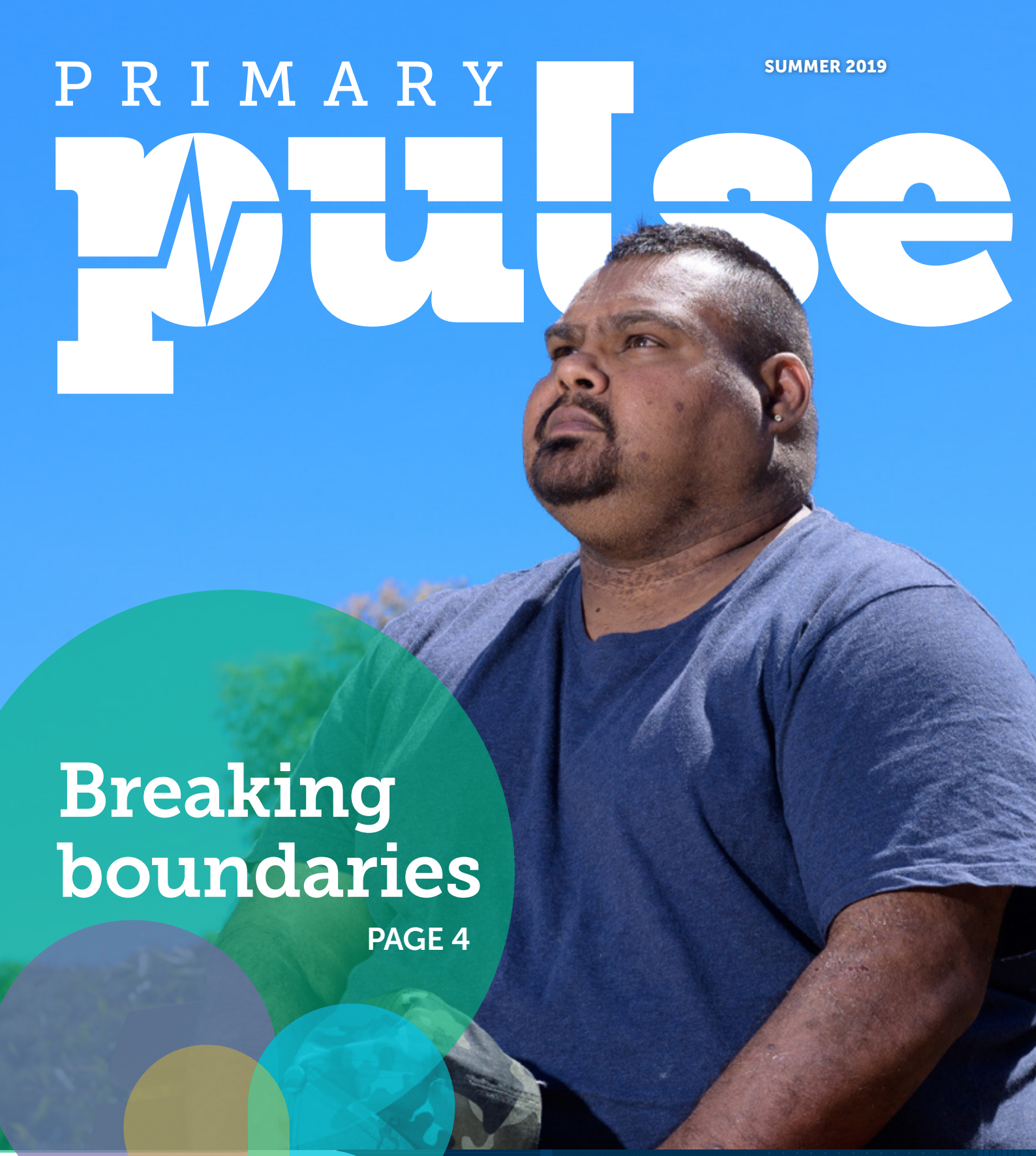
PRIMARY Pulse

SUMMER 2019



Breaking boundaries

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phn NORTH WESTERN MELBOURNE

An Australian Government Initiative

Full spectrum health

Welcome to issue 12 of Primary Pulse, our quarterly magazine focusing on the key issues and partnerships shaping health in the North Western Melbourne PHN region.

Adjunct Associate Professor Chris Carter | CEO

DURING OUR CROAKEY GO EVENT IN August, Fran Timmons from St Vincent's Hospital spoke about how their Safe Haven Café project was providing alternative care and support for people attending the hospital's emergency department with mental health concerns.

"We were beginning to think about why people come to our emergency department," Ms Timmons, Director of nursing, mental health and addiction medicine, said. "Because they're not actually admitting they've come because its two o'clock in the morning and they're feeling lonely, haven't spoken to anyone in two days and feel so desperate that they'd rather jump off the balcony than stay in their flat.

"They don't say that. Instead they'll come and say they've got a headache."

The Safe Haven project is focused specifically on mental health, but the insights it has yielded into consumer behaviour and motivation are relevant across the board. People rarely present to a health service saying, "I have mental health issues" or "I have a chronic disease". Instead they might say they have trouble sleeping, or that they've had a sore stomach for weeks, or that they are feeling breathless, or a million other things.

The trouble sleeping might be anxiety. The sore stomach could be related to excessive alcohol consumption. And the breathlessness might be asthma. The right health provider can provide treatment for each of these issues individually, with organisations like ours funding mental health, alcohol and other drug (AOD) and chronic disease programs to help them do so.

"We need to take account of the full spectrum of a person's needs if they are to achieve their best possible health."

What doesn't work so well is when a person has all of these issues or has multiple hidden issues that are the root cause of the presenting concern. Sleeplessness might be caused by anxiety, but what if that anxiety is influenced by housing instability, or the stress of caring for a child with a life-limiting disability? How can standard mental health treatment help resolve those issues? Likewise, AOD issues can often be related to trauma, mental health issues, social isolation and many other things.

No matter how well each of these issues are treated in isolation, we need to take account of the full spectrum of a person's needs if they are to achieve their best possible health.

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Acknowledgments

North Western Melbourne PHN acknowledges the people of the Kulin Nation as the Traditional Owners of the land on which our work in the community takes place. We pay our respects to their elders – past, present and emerging.

Editor: Jeremy Kennett

In this issue

In this issue we cover a range of programs looking to break down the barriers that make it harder for people to receive holistic care. This ranges from improving the physical health of people living with severe and complex mental illness, to easing the transition between general practice and hospital-based services.

This work is important because in the end mental health isn't separate from AOD, which isn't separate from physical health, which isn't separate from ageing. Addressing them as interconnected parts of a person's overall health is a step towards the truly person-centred system we need to meet the health challenges of the future.

P.S This is our last issue of Primary Pulse for the year. We wish you a safe and healthy festive season and a happy new year. Primary Pulse will return in Autumn 2020.

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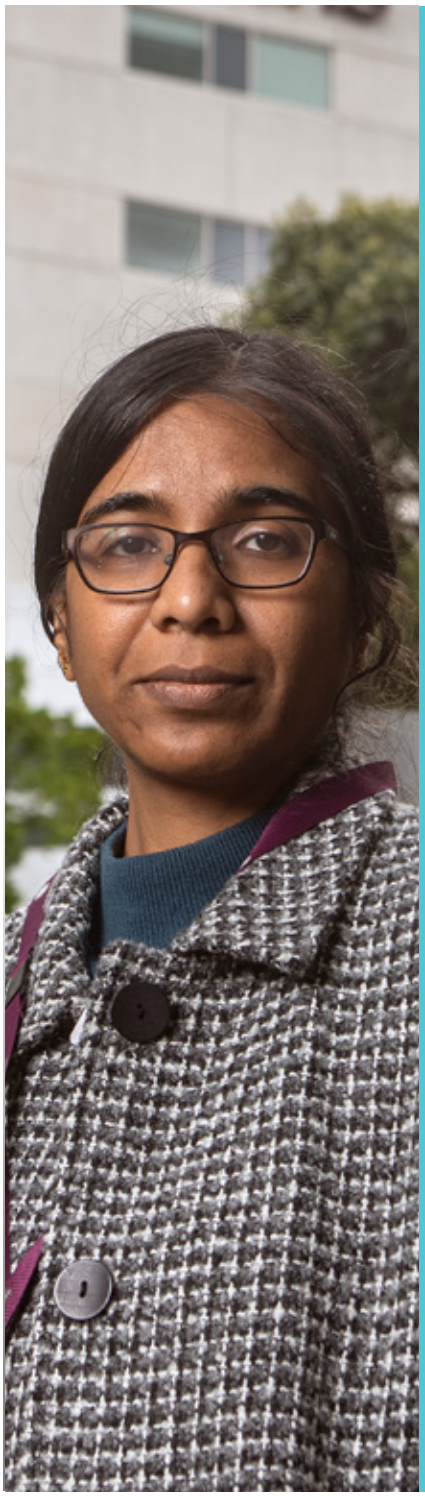

Left: Vasvi Kapadia, Primary Care Liaison Officer at the Royal Women's Hospital.

Photo: Leigh Henningham

Front cover: Vinay Cooper, ITC program client.

Photos: John Donegan

Breaking boundaries

Jeremy Kennett

For too long, people with multiple chronic conditions, as well as those living with both mental and physical health issues, have had their conditions treated in isolation from one another – often leading to poorer health outcomes. But new care coordination and support programs are breaking down barriers to better care for those with complex health issues.

Vinay Cooper moved from Western Australia earlier this year and initially struggled to find appropriate and accessible care for his health issues, including diabetes, cataracts and kidney failure.

But a fortuitous referral to diabetes nurse educator Sally Berger, after receiving dialysis treatment at Sunshine Hospital, has set him on the path to a healthier future.

Ms Berger is also a Care Coordinator with the Integrated Team Care (ITC) program, which is supporting Aboriginal and Torres Strait Islander people in our region living with chronic disease.

She was able to enrol Mr Cooper in the ITC program and centralise his care through the Braybrook Community Hub.

"I wasn't living too far [from here] so I didn't want to be going here, there and everywhere," Mr Cooper said. "It's all here and I haven't been anywhere else since I first came here.

"Once I got my foot in the door I started knowing a lot more.

Vinay Cooper (left) and ITC Care Coordinator Sally Berger are working together to give Vinay a healthier future.
Photo: John Donegan

"[Now I've got a] dietitian, podiatrist, everything that I needed was all here."

Mr Cooper had been a semi-professional darts player, but cataracts on both his eyes had limited his ability to play and were threatening his sight. The cataracts on his left eye were removed before he left Western Australia, but he had been struggling to access care to investigate his right eye before joining the program.

"His eyes are really important for him and he said to me 'I don't want to lose my eyes', which is pretty scary, isn't it?" Ms Berger said.

"Because he's got some scarring, the ophthalmologist said they would like a surgeon but unfortunately the wait times for that were about a year and a half. I was worried that Vinay might need to access [surgery] earlier and I didn't want him to lose sight.

"So we paid for a specialist to check out his eyes. Luckily, he doesn't need surgery currently but I think it was just nice to know that rather than waiting that amount of time."

As well as getting treatment for his eyes, Mr Cooper has also been able to get his blood sugar and phosphate levels under control since joining the program. But for him the main benefits can't be measured medically.

"I got to play darts again," Mr Cooper said. "That's my hobby. I don't do a lot of other things, but I've been brought up playing darts.

"So, I need my eyes. If I didn't have my eyes I wouldn't be here today, I'd be back home, and I'd probably just stay in the bush.

"[Sally's] been really helpful. When I do have appointments come up, she always texts me or gives me a ring, lets me know you've got one coming up. Without her I wouldn't have got to where I am."

The overall goal of the program is to equip Mr Cooper and other ITC clients with the knowledge and support they need to successfully manage their own care, and lead healthier, more connected lives.

Using a care coordination model to drive empowerment and self-management is also the model behind the new Integrated Chronic Care (ICC) programs also being funded by North Western Melbourne Primary Health Network.

While the ICC program is specifically focused on improving the physical health of people with severe and complex mental illness, it shares a focus with the ITC program on breaking down logistical and systemic barriers faced by people who require care for multiple health conditions.

Mental and physical health are fundamentally intertwined, with research into the link between them going at least as far back as the early 1990s. More recently, a 2016 policy paper from The Royal Australian and New Zealand College of Psychiatrists showed that people living with severe mental illness are two to three times more likely to suffer from diabetes and that their rate of cardiovascular disease is almost four times that of the general population.

Continued Page 6

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Then President of the College, Professor Mal Hopwood, said people with serious mental illness commonly live 15 years less than others in the community.

"What is often not recognised even by clinicians is that most do not die as a result of their mental illness, but from the very same chronic physical conditions that are successfully treated in their neighbours and friends," Professor Hopwood said.

Further evidence from youth mental health provider Orygen shows this association becomes clear almost as soon as mental illness first develops, which is often when a person is in their teens and early twenties.

Rates of obesity are higher for young people living with a mental illness, making them more likely to develop chronic physical conditions as they get older. Their nutrition is also likely to be poorer, with 42% of young people living with a serious mental illness eating one or less serve of vegetables a day, much lower than the general population.

Young people with mental illness are also much more likely to use alcohol, tobacco and other drugs. Drug misuse in this group is five times higher than that of their peers who are not living with mental ill health.

Greg Bourke, Health Impacts Leader at community health service cohealth, who are implementing the ICC program in Maribyrnong and Brimbank, said these are just some of the factors that lead to poorer health outcomes.

"It's quite common that people with mental health [issues] have difficulties with their physical health," Mr Bourke said. "Often that's because [they might come from] a low socio-economic background, so there's difficulty with employment, with housing, difficulty with diet and regular food. All of those thing impact on your physical health."

While the link between mental illness and physical health has been clear for a long time, treating physical health and mental health issues in concert is still the exception rather than the rule.

Di Nally, Victorian Western Regional Manager for Neami National, who are implementing ICC in Moonee Valley, Moreland and Hume, said people will often be treated for whichever of their health needs is most urgent, even if their physical health crisis is being driven by their mental health, or vice versa.

"People who have experienced severe mental health often haven't looked after their physical health," Ms Nally said. "That becomes secondary in their lives, and often isn't picked up particularly well as their mental health is the primary issue being addressed."

Ms Nally said that chronic physical health issues were often only treated when they reached crisis level or when the person was in recovery from their mental health condition.

Di Nally from Neami says physical health often takes a backseat for people living with severe mental illness.
Photo: Norm Oorloft

Even when a person is receiving treatment for all their conditions, it is likely they need to travel to see different health services who may not be communicating with one another.

ICC program implementation is in its early stages, but Mr Bourke said a priority is providing care coordination to help people overcome the barriers and siloed care delivery that are preventing them from receiving optimal care.

"That could be around transport, that could be around Wake Up Calls, what we call 'care facilitation'. Secondly, it might be about some motivational interviewing and actual self-management, such as education and health coaching, to get someone more ready for change in their physical health world.

"Then thirdly, it is ... making the appropriate referrals. So often there's a suite of interventions required for someone's physical health."

Mr Bourke said the care coordinator makes sure those referrals and appointments are made and that there is a "warm handover" between each service, which allows the client to receive care without having to repeatedly tell their whole story.

Like with the ITC program, the key goal is to give people in the ICC program the tools, knowledge and motivation to manage their own care.

"We work with people so that they can ultimately self-manage," Ms Nally said. "And part of what we also deliver is the optimal health program, which is a structured program to support people to identify their goals, and pathways to reach those goals."

The ITC and ICC programs are both relatively small, locally focused programs, but NWMPHN CEO Adjunct Associate Professor Christopher Carter said those types of tailored and flexible initiatives have a huge potential to reform the health system for the better.

Mental Health Regional Plan update

The task of creating a person-centred health system goes beyond individual programs. Like other Primary Health Networks across Australia, NWMPHN is working on a Regional Plan for Mental Health. This is one of the ways we are creating change at a system and well as local level.

NWMPHN is engaging with a range of stakeholders for the project, including hospital networks, other service providers and especially consumers, to ensure the final plan reflects a shared understanding around the key issues and opportunities to improve mental health in our region.

The plan will also acknowledge that mental health does not exist in isolation from other health issues, with AOD and Suicide Prevention being formally included in the plan's remit.

NWMPHN Executive Director of Service Development and Reform Jag Dhaliwal said the key steps at this stage are to capture the experiences of people who come into contact with the system, whether as consumers, carers or as a health professional.

"What we're doing with the Regional Plan is actually enabling those people that use the service system, whether it's mental health or AOD, to tell us what works well and what doesn't," Mr Dhaliwal said. "And I think it's the 'what doesn't work well' that we really want to know, so we can start working with users of the services and providers of services to start to connect better supports together."

Jag Dhaliwal, NWMPHN Executive Director Service Development and Reform.

"Every part of our health is connected, and health conditions don't respect boundaries or silos," A/Prof Carter said.

"If we can shift our focus from individual conditions and treatments to a more person-centred model, then we have a great opportunity to create better care for our whole community."

Natalie O'Connor is providing psychological support for women fleeing family violence.

Photo: Leigh Henningham

Helping women escaping family violence

One of the things that primary Health Networks are tasked with is identifying and filling gaps in the health system – especially for those most at risk.

The families who arrive at McAuley Community Services for Women, often with just the clothes they are wearing and maybe a cherished toy, are especially vulnerable.

North Western Melbourne Primary Health Network (NWMPHN) has collaborated with McAuley to deliver specialist counselling to women who are homeless due to family violence and mental illness.

NWMPHN's CAREinMIND Targeted Psychological Support Services (TPSS) program has provided funding for McAuley to employ a mental health practitioner to work on location providing specialist psychological support to women and children across the organisation's three sites.

Natalie O'Connor, the CAREinMIND mental health practitioner at McAuley, said the program is having a direct and positive impact on the outcomes that women are identifying for themselves, such as finding housing and employment, both of which will help enable them to break the cycle of disadvantage.

"One of our clients who had lived in shared housing for over ten years, had been unemployed and revictimised during this time, has thrived at McAuley House," Ms O'Connor said.

"Through the program and the opportunity to work through her childhood trauma and disadvantage with me, she has been able to complete a qualification and is looking at finding work and moving into independent living."

Ms O'Connor supports women across the three branches of McAuley Community Services for Women: McAuley House (short to medium term support for women at risk of homelessness), McAuley Care (crisis) and McAuley Works (employment).

Since the program started, the number of women and children engaging with mental health support has increased rapidly.

"Given the majority of women who come to McAuley are experiencing difficulties with their mental health, having a mental health professional on site to see the women and provide secondary consultation to the teams is improving the outcomes for these women and allowing more accurate incorporation of mental health issues into our planning," Ms O'Connor said.

The close relationships she has created with her clients has also led to more regular consultation and collaboration with outside organisations, such as the area mental health team, child protection and schools. This has provided deeper support for the women and children as they work through their multiple traumas that can be barriers to recovery.

For the women and children who seek sanctuary at McAuley, physical safety is a critical first step but family violence sensitive counselling is also essential. Case managers said having the inhouse mental health worker providing specialised counselling gave the women and children hope and practical help to rebuild lives shattered by family violence.

"The benefits of having a specialist working onsite are enormous," Ms O'Connor said.

"I would highly recommend this service to other organisations."

For more information, visit the NWMPHN website.

Richie Goonan says weekends can be especially hard for people experiencing homelessness.

Photo: Leigh Henningham

A room for living

After years of sleeping rough in country Victoria with only his dog for company, William* decided it was time to seek a different life in the busy streets of Melbourne's CBD.

After jumping on a train and ending up at Flinders Street Station, William happened upon the Living Room clinic nestled within another Melbourne landmark, the iconic Hosier Lane.

Youth Project's Living Room clinic is a drop-in service for people aged over 18 experiencing homelessness. This free primary health service provides them with a safe and welcoming space to improve their wellbeing and connect with others in a respectful environment.

There are showers, toilets, laundry facilities and internet available as well as spaces to rest and recover.

Medical staff are onsite during all opening hours, to help with the immediate physical and mental health needs of clients.

Over the past five years those opening hours have been extended to include Saturdays, thanks to funding from North Western Melbourne Primary Health Network (NWMPHN).

Richie Goonan, Operations Manager of Community Health at Youth Projects, said having the clinic open on a Saturday was integral to the wellbeing of those experiencing homelessness.

"Being homeless doesn't define who they are, it is just the circumstance they find themselves in."

"While there is a breadth of services Monday to Friday in the CBD, there are very few services after hours and on weekends," Mr Goonan said. "The ability to have a safe space to go to are few and far between.

"We provide a drop-in service so that people [who] are living out in the elements, out in the public gaze, are able to take a break and go to a safe space that they know they belong to and [where] they know people will treat them with dignity and respect."

The clinic was able to organise crisis accommodation for William and his dog after his first visit, and began the process of transferring his health care from country Victoria to Melbourne. Clinic staff were also able to help William with his application for permanent housing.

After six weeks of receiving support from the Living Room, William had all his mental and physical health care transferred to local services, with help from the clinic's mental health nurse, general practitioner and practice nurse.

He was also provided with counselling and treatment for his chronic health conditions, including diabetes and hepatitis C.

Mr Goonan said the clinic allows clients to have quick access to health care in a non-judgemental setting, as opposed to the difficulties faced accessing care through venues such as hospital emergency departments.

The Living Room's statement is 'No Judgement', as staff say they know many in society judge people that are disadvantaged, vulnerable and homeless, and blame the individual for their unfortunate circumstances.

"We at the Living Room know that it's structural and environmental factors that cause people to become homeless," Mr Goonan said, "Being homeless doesn't define who they are, it is just the circumstance they find themselves in at the moment."

**Name changed for privacy*

Vasvi Kapadia from the Royal Women's Hospital has seen great improvement in referrals quality since the hospital started using HealthPathways as a triage tool. Photo: Leigh Henningham

Smashing the silos

Ruby Selwood-Thomas

Primary health and specialist care are both integral to our health system. Separately, they each do great work. But working well together can sometimes be another matter.

Specialist wait lists for some conditions in public hospitals may stretch for years - and then when a person does get an appointment, they may find they haven't had the necessary tests or investigations required to receive further care.

From the hospital's point of view, general practitioners may not be adhering to the required referral criteria before referring patients.

However, from a GP's perspective, referral criteria can be unclear and inconsistently applied between different hospitals.

North Western Melbourne Primary Health Network (NWMPHN) is working to break down the barriers between the primary and hospital-based systems, by empowering GPs to extend their treatment of a range of conditions and provide clear and consistent information on referral requirements.

A key way we are doing this is through HealthPathways Melbourne, a collaborative efforts with Eastern Melbourne Primary Health Network (EMPHN) which provides clinicians with a single website to access clinical and referral pathways, and resources. The website is designed to enhance clinical knowledge and promote best practice care, aiming to reduce the number of patients referred to specialist care who could be managed in a primary care setting.

It also assists clinicians to align their referrals with local hospital requirements, potentially resulting in less referral rejections and higher patient satisfaction.

Vasvi Kapadia, Primary Care Liaison Officer at the Royal Women's Hospital (RWH), focuses entirely on improving coordination and communication between primary health and hospitals.

Three years ago, the RWH started triaging all gynaecological referrals against the criteria outlined on HealthPathways Melbourne in order to preserve their capacity to accommodate women with complex

or high-risk health needs requiring specialist care.

Women who require care for general gynaecology problems are now being referred to their local hospital or women's service.

Over the three years, Ms Kapadia has noticed a substantial increase in general practitioners using HealthPathways Melbourne to check the correct referral processes and criteria, instead of sending in incomplete referrals that then need to be rejected.

"The GPs get less rejection letters now that they are constantly referring to HealthPathways, which has made the referral process easier and more time effective for them and helps patients get appointments quickly and easily." Ms Kapadia said.

Ms Kapadia said that more services should be triaged against HealthPathways as it can become very confusing for GPs when hospitals are all using different referral criteria.

Dr Andrew Bahardeen, a general practitioner at Niddrie Medical Centre, said he has been benefiting greatly from the HealthPathways program, which has enabled him to know exactly where he can find up to date information on most Victorian referral criteria.

"Any time that I come up against a condition that I want to make sure I'm using the correct pathway for, HealthPathways is very useful for this," Dr Bahardeen said.

Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition.

"The 'when to refer' section on the website is particularly helpful," Dr Bahardeen said. "It is great in that it tells you the red flags of the condition in which you would need to consider referring."

Dr Bahardeen has been using the HealthPathways referral criteria to refer to the Royal Women's Hospital for some time, primarily for antenatal care and gynaecological conditions such as endometriosis.

He recommends all general practitioners use HealthPathways and ensures that all new registrars that come through his clinic become familiar with the site.

The Hospitals Admission and Risk (HARP) program is another initiative helping to improve collaboration between hospitals and primary health organisations.

HARP is a short-term service that supports people with chronic conditions to better manage their condition in the community and reduce avoidable hospital admissions.

The program provides specialist treatment including cardiac services, respiratory services, diabetes services and a diabetes foot unit, along with medication management services.

Jade Mitchell, HARP and Community Services Manager at the Royal Melbourne Hospital, said the HARP program aims to help patients overcome the barriers that can prevent them getting the care they need, where they need it.

"Consequences of barriers between primary and tertiary health can lead to reduced independence and the self-management capacity of our older and more vulnerable adults in the community, whether it be due to chronic health issues, mental health conditions or cognition concerns," Ms Mitchell said.

"This in turn can lead to disengagement with support services or clients not knowing where to go when they need support with medications or treatment, which can lead to unplanned or avoidable presentations to the emergency department."

The HARP program aims to provide coordinated, holistic and integrated support to clients at risk of presenting to the hospital when they are unaware of community services that can meet their needs. This short term, intensive assistance is designed to link the client with support and empower them to understand their health conditions and how to manage them.

The HARP program runs both in the hospital setting and in the community, allowing staff to access information and improve communication channels to ensure an efficient and effective service is being delivered.

"We have a HARP liaison service based in the hospital setting which screens and triages all patients who present to the emergency department or are admitted to the ward from the previous day." Ms Mitchell said. "We then undertake bedside reviews, speak with staff on the wards and undertake file audits to understand who is eligible for the program and may benefit from HARP involvement."

Jade Mitchell is helping ease the interface between the primary and tertiary care systems. Photo: Leigh Henningham

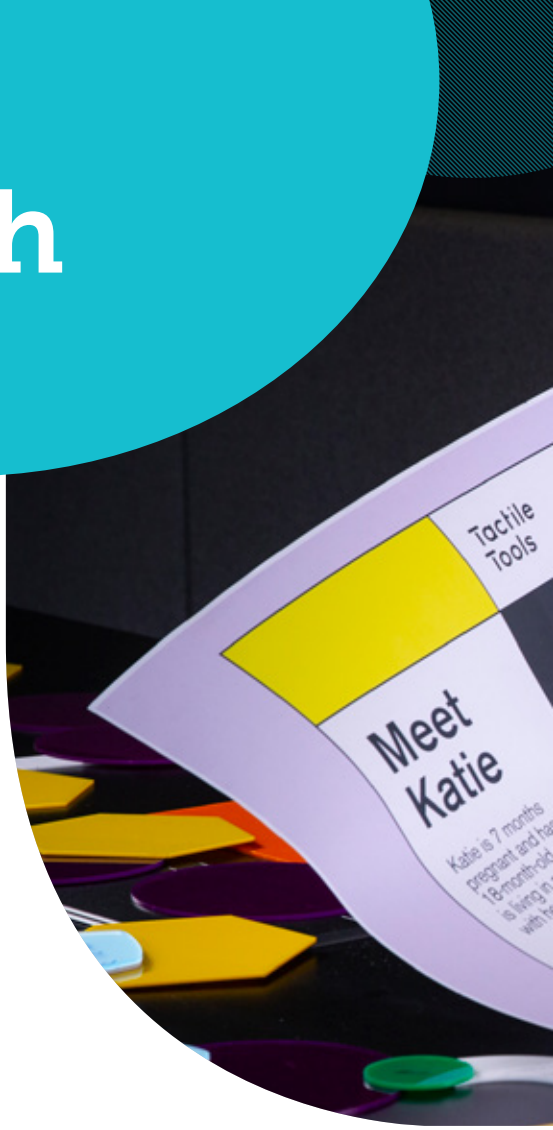
Ms Mitchell said the program is integral to ensuring hospital admission and discharge issues are dealt with in an effective and timely manner, freeing up much needed specialist time.

Working together to break down the barriers between primary and tertiary health is integral to health care reform. Ensuring health care organisations are communicating openly and effectively can break down siloed thinking and care delivery, creating a better health system for our community.

For more information on HealthPathways Melbourne (**melbourne.healthpathways.org.au**)*, including how to access the system as a health professional, please visit* **www.nwmphn.org.au/healthpathways**

Designing health

Jeremy Kennett



Meet Hani. She is raising four of her five children alone in Melbourne with no support. Her son is being brought up in Somalia by his grandmother.

Hani arrived in Australia at eight years old and has experienced trauma throughout her life, including her sister dying in a house fire when she was 14. Hani feels guilty about her son being raised in Somalia and has struggled with mental health issues since the birth of her youngest child.

Now meet Katie. Katie is seven months pregnant and has an 18-month-old son. She is living in a caravan park with her partner Mike. Katie doesn't feel safe in the caravan park and doesn't want to bring her new baby home there. But with money tight and a poor rental history, they don't have another option. She smokes and uses cannabis to relieve her stress, then worries about the impact on her baby. She feels judged by other parents and has withdrawn from her local playgroup.

Finally meet Anita. Anita's 14-month-old son has poor eyesight and mobility issues. She too is now seven months pregnant and is worried about the baby's weight gain. Anita is suffering severe morning sickness that is affecting her mental health, and she has stopped taking her son to physiotherapy. Both she and her partner come from fractured homes and receive little support from their families. She is trying to engage with health services for herself and her children but some days she struggles to get out of bed.

Child and family health is a growing focus for our organisation, particularly in the growth corridors in the north and west. We are working with service providers, community members and interested groups to identify the key health issues and vulnerable groups that we can help most through commissioning new and enhanced health services.

But what people like Hani, Katie and Anita remind us is that our work isn't about issues or cohorts. It's about helping real people, people with individual needs, wants and worries.

Except Hani, Katie and Anita aren't real people. All three are 'personas', created by combining the experiences, health issues and concerns of many real people.

They were created as part of a project to better understand local health needs by Better Health Plan for the West (BHP4W), specifically around families with low birth-weight babies. BHP4W is a partnership of diverse stakeholders, including North Western Melbourne Primary Health Network (NWMPHN), working to improve the health and wellbeing of people in Melbourne's west.

Dr Leah Heiss and Dr Marius Foley from RMIT University's School of Design led the creation of the personas as part of a project called Tactile Tools, compiling large quantities of de-identified health information and shaping it into representative individuals.

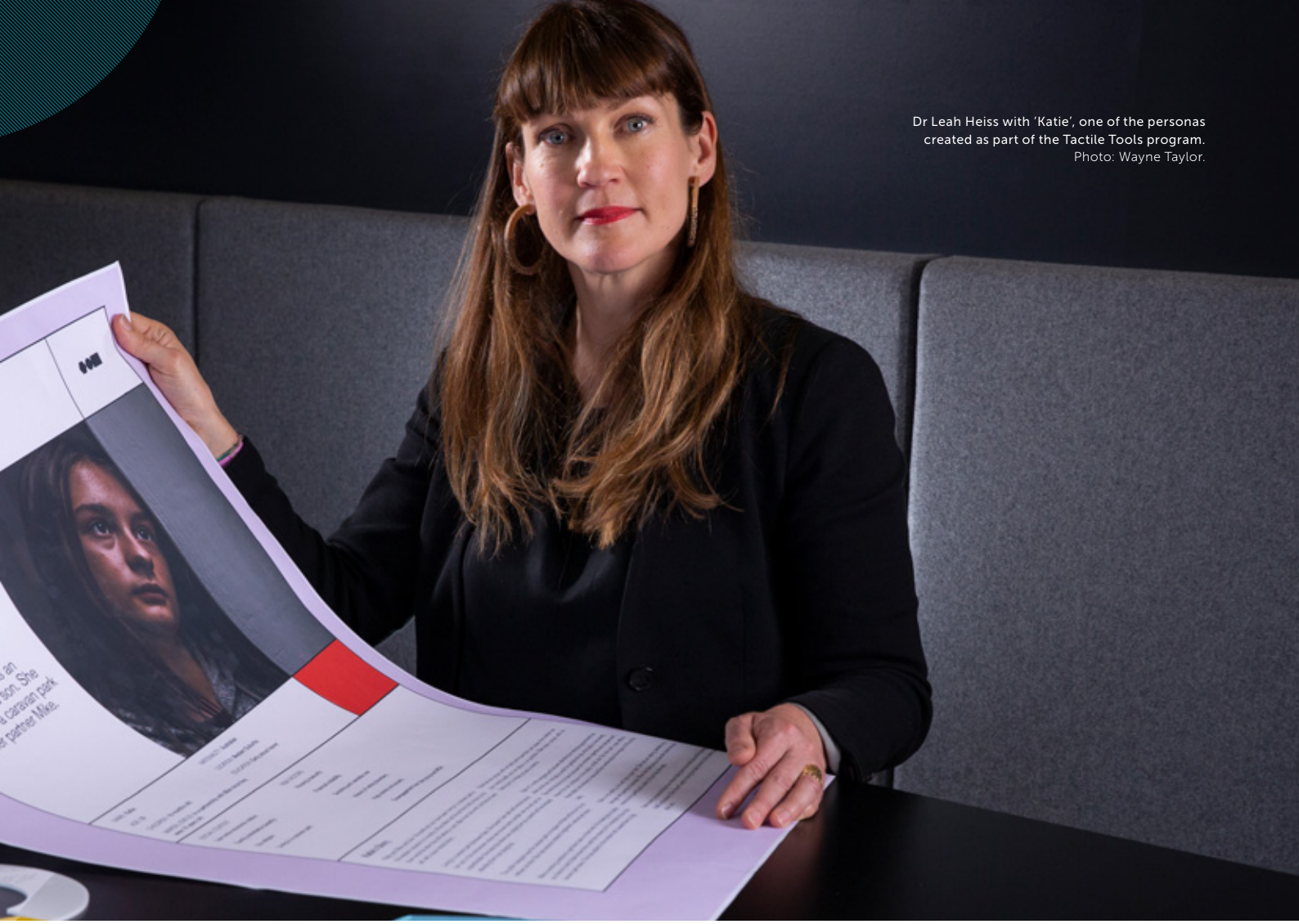
Dr Foley said their intention is to literally personify the particular health situation being examined.

"We think of them as semi fictitious," he said. "They're based on the experiences of people working in that space, compositions of different people with different circumstances.

"The photograph brings you to the person, and the text is designed to give a sense of who that person is, in terms of their age, maybe background, some significant things that they might have done. And something we've noticed is that the more realistic we can get those, the better they work.

"The persona asks the table to constantly come back to that person. To think 'what does that person need in this situation? And what do they

"They help us to address complex design problems such as 'how can we deliver better cancer care' or 'how can we improve end-of-life experience?' "



Dr Leah Heiss with 'Katie', one of the personas created as part of the Tactile Tools program. Photo: Wayne Taylor.

bring to it?' And what are the critical incidents in their life that might be obstacles to them achieving that?"

The personas provide the starting point for looking at health in a person-centred way, then the work of breaking down the problems and finding potential pathways to better care is done using the Tactile Tools.

Tactile Tools aren't just theoretical – they are thin acrylic tiles in various shapes, sizes and colours, each representing a different part of a person's experience.

"Goals are orange rectangles, roadblocks are yellow hexagons, work-arounds are purple circles and roads are white rectangular strips," Dr Heiss said.

Dr Heiss developed the tools while working with a cancer hospital to help staff embed the organisation's values into daily routines. The tools help health practitioners solve problems, design solutions and make decisions while keeping their organisation's values "in mind, heart and hand", Dr Heiss explains.

Dr Heiss has tested the Tactile Tools in cancer care, engineering and aged care and seen them help diverse groups collaboratively design solutions. "Within each of these situations the Tactile Tools helped participants to have difficult conversations, to be a designer at the table and use the power of prototyping to address complex design problems.

"They help us to address complex design problems such as 'how can we deliver better cancer care?" or "how can we improve end-of-life experience?'"

The Tactile Tools process has helped the BHP4W partnership get a much clearer idea of the issues around low birth-weight, both systemic and individual, that need to be tackled.

"What we were looking at was, what are the services that are wrapped around that family? And the person who's organising it, how do they access those services? And where are the gaps that they might be falling through," Dr Foley said.

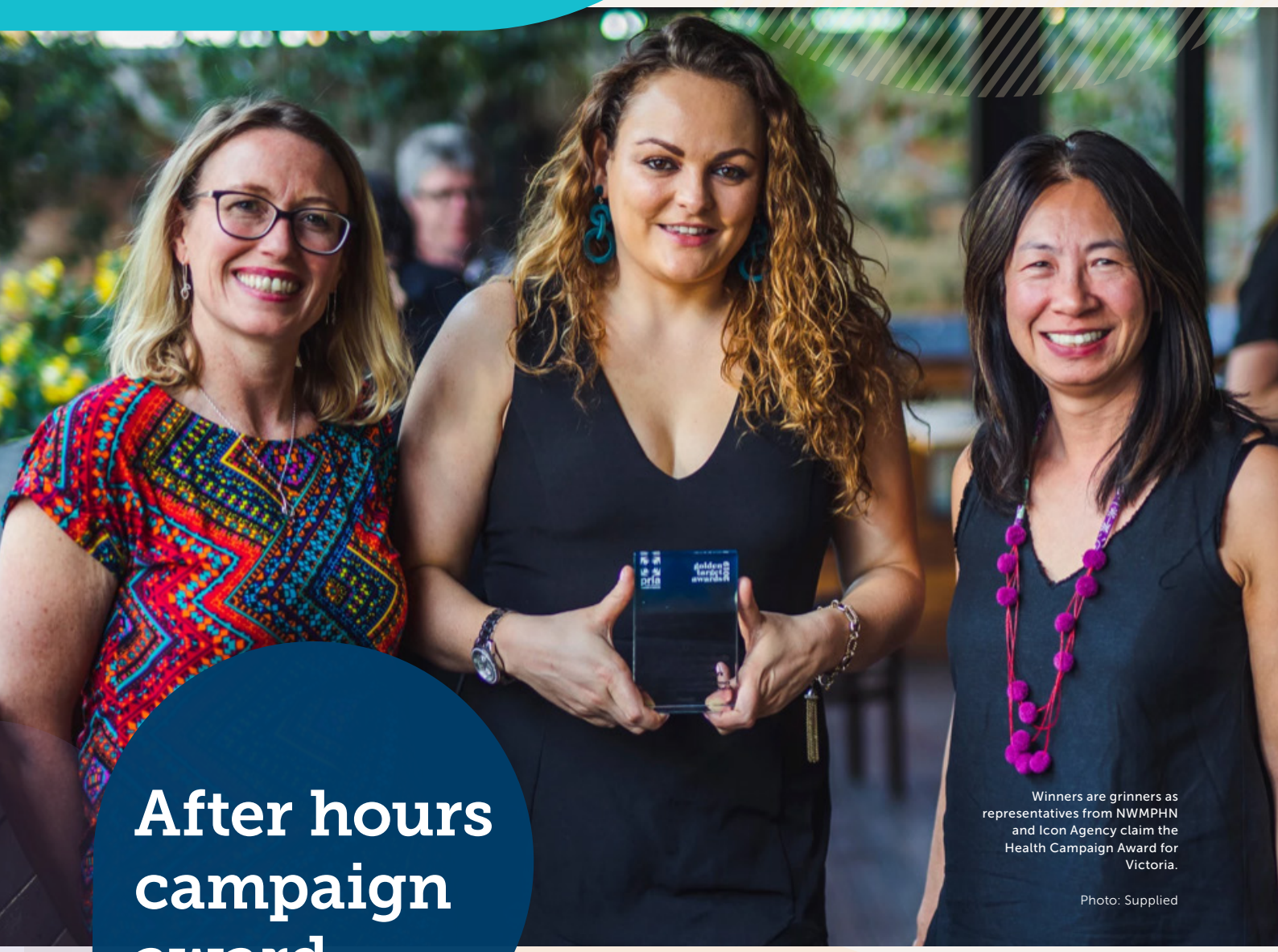
"One of the great comments that came out of that workshop was, I think, from one of the doctors who said, 'Look, we're great at referring people, we're not so good helping people transition from one set of services to another'."

Participants were then able to use the tools to map the issue, including obstacles and workarounds, while working with the personas to ensure pathways and solutions were grounded in individual experiences.

NWMPHN CEO Adjunct Associate Professor Christopher Carter said that while personas like Hani, Katie and Anita are not real people, they can teach us real lessons.

"Using innovative resources like the Tactile Tools and personas help ensure that the reforms and changes we make, and the programs we fund, always have the needs of individual people in mind," A/Prof Carter said. "That is after all why we exist – to create better care for all of the more than 1.7 million individuals living in our region."

Out & about



Winners are grinners as representatives from NWMPHN and Icon Agency claim the Health Campaign Award for Victoria.

Photo: Supplied

After hours campaign award

The Public Relations Institute of Australia (PRIA) recently honoured NWMPHN with the much sought after Health Campaign Award for Victoria at their annual Victorian Golden Target Awards. The winning campaign, 'After Hours Care is Always There' (see back page), used comic animations and bright graphics to highlight the wide range of health services available in the after hours period, helping people decide the best option for medical care and taking the pressure off our busy hospitals. The PRIA Victorian awards night brought together people from all over Victoria, from government organisations to small businesses, handing out awards for 30 different categories.

Cancer Council screening launch

Cancer Council Victoria invited community and health engagement specialists to launch their new resources encouraging women to take part in cancer screening. NWMPHN's Jarnia Cameron (second from right) sat on the panel, sharing insights from the community engagement and co-design she has completed as part of the Community-led Cancer Screening project. Health professionals had the opportunity to try out the new suite of resources and hear about the Cancer Council's grant program.

NWMPN's Jarnia Cameron shared insights and success stories with other cancer campaigners at the launch. Photo: Cancer Council Victoria

Chronic disease support program

NWMPHN and The Benchmarque Group together provided health professionals new to chronic disease self-management a hands-on program on the topic. The session explored subjects including assessing risk factors, the need for change in health behaviours and working with both the client and other health professionals to develop self-management plans. The program was driven by the desire to create better health outcomes, reduce hospital admissions and ensure patient satisfaction.

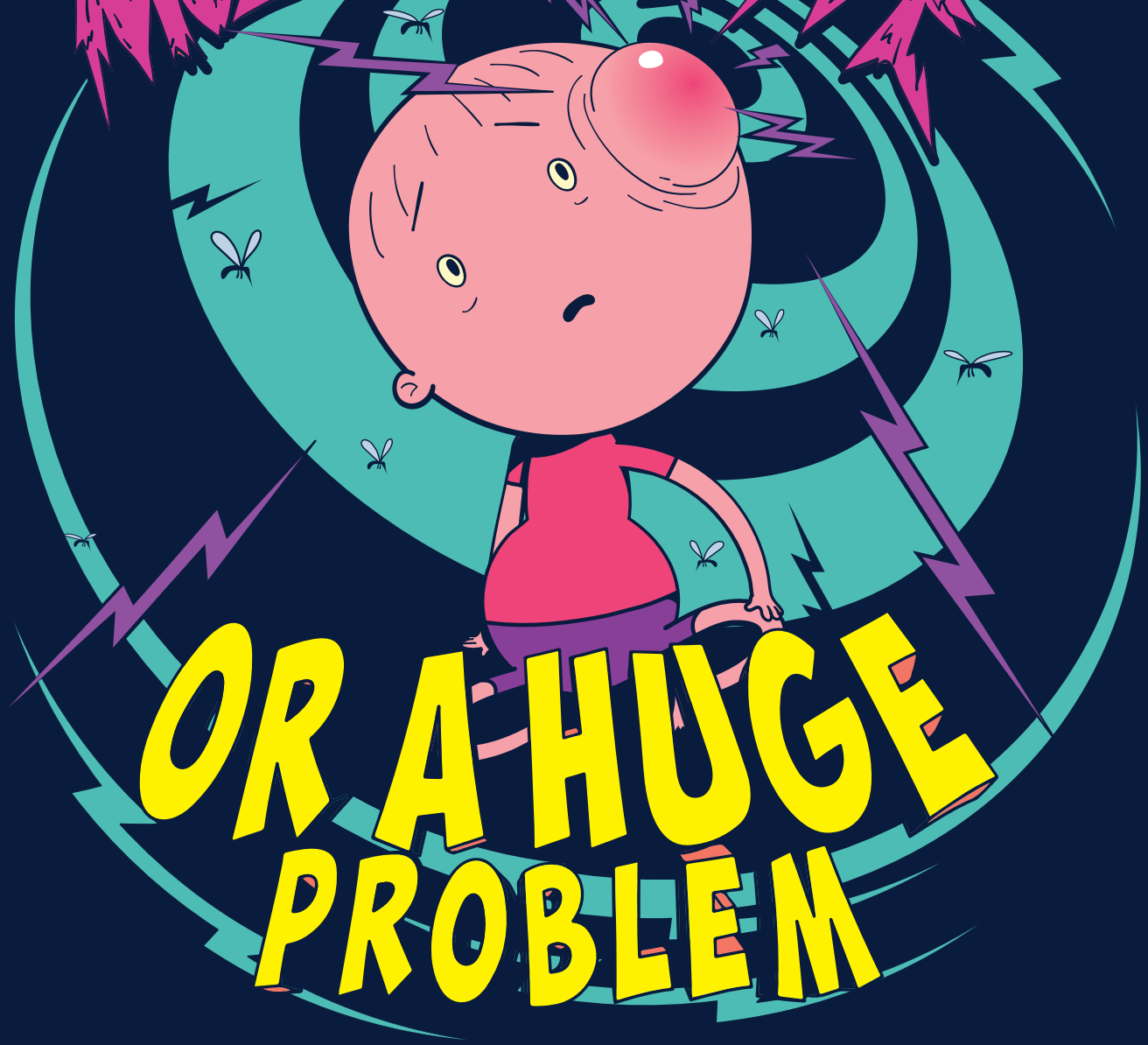
The program is designed to develop the knowledge and skills required to support a client with a chronic disease. Photo: Benchmarque Group

VMIAC Conference 2019

The "Listen Up, Listen Louder" Conference was a unique consumer run event that provided an avenue for people with a lived experience to be positioned front and centre in the discussion about mental health reform, human rights activism and social change against the backdrop of Victoria's Commission into Mental Health. Hundreds of practice leaders, activists, academics and more came together to make their voices heard as governments look to reform how mental health services are delivered across the country.

NWMPHN's Kieran Halloran (second from right) was on hand to seek input into NWMPHN's regional plan, along with (from left) Robin, Nadia and Jenny from VMIAC.

IS THAT A MOZZY BITE OR A HUGE PROBLEM



AFTER HOURS CARE IS *always there*

From a mystery bite in the night to a scary fever in the early hours, professional medical treatment is available 24/7. To find your nearest available after hours medical services visit:

healthdirect.gov.au or download the **healthdirect app**

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