



COMMUNITY HEALTH PLAN

2004-2006

KINGSTON BAYSIDE PRIMARY CARE
PARTNERSHIP

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MESSAGE FROM THE CHAIR

It is with pleasure that I introduce our new Community Health Plan for the KBPCP. This is a revised structure incorporating a strategic and operational plan for the next two years. The plan is a consolidation of all initiatives and directions of KBPCP including service co-ordination, integration of health promotion (including the new physical activity initiatives) and the realignment of mental health initiatives.

The plan is a product of the time, commitment and enthusiasm of several working groups, committees, agencies and the PCP Project Staff. It is an outstanding example of a cohesive partnership working for the future.

My thanks to all agencies and their staff for their support in the development of the plan and I know we will work together to implement the identified actions. Again this year, the Management Committee thanks the Project Team (Terry, Meredith and Tony) for their hard work, effort and drive to assist us with our objective of achieving 'Better Health – Stronger Communities'.

Leanne Braithwaite
Chair

Ministers' Statement

“The independent evaluation of the PCP Strategy shows that partnerships are providing a base from which agencies can cooperatively implement new initiatives, including integrated health promotion activities, care pathways to better manage chronic disease, and joint projects with acute services through the Hospital Admission Risk Program (HARP). There is growing evidence that the health and well being of Victorians is improving as a result of these activities.”

Primary Care Partnerships Strategic Directions 2004-06

ACKNOWLEDGEMENTS

The development of this Plan is the product of considerable effort and involvement from many individuals and organizations.

Kingston Bayside Primary Care Partnership Management Committee:

Agency	Representative
Bayside City Council	Leanne Braithwaite (Chair)
Kingston City Council	Carolyn McClean
Central Bayside Community Health Services	Chris Fox
Reach Out - Southern Mental Health Assoc. Inc.	Ann Burgess
Southern Health	Robyn Trebilco
Bentleigh-Bayside Community Health Service	John Turner
RDNS (Moorabbin)	Julie Murphy
Central Bayside Division of G.P.	Steve Sant
Fronthitha Care Inc.	Penni Michael
Taskforce Inc.	Denis Carroll
Bayside Health	Margaret Khaw
Department of Human Services	Lyn Wright

And equally to the working group participants, our appreciation is extended:

Working Group Members
Service Coordination
Health Promotion
Middle South Primary Mental Health Advisory
Coastal Planning Group
Community members who participated in workshops and consultations
Department of Human Services

The Project Team:

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Kingston Bayside Primary Care Partnerships Member Agencies:

Name of organization	Brief Description (e.g. Core business)	Abbreviated Key
Kingston City Council	Local Government Authority – Community Support	KCC
Bayside City Council	Local Government Authority – Community Support	BCC
Southern Health	Health Service Provider, Acute Aged/Mental & Community Health Services	SH
Central Bayside Community Health Services Inc.	Full range of Community Health Services	CBCHS
Bentleigh-Bayside Community Health Service Inc (BBCHS)	Full range of Community Health Services	BBCHS
Central Bayside Division of General Practice Ltd	Information and support to General Practitioners to assist improvement in quality of care to patients.	CBDGP
Monash Division of General Practice	Information and support to General Practitioners to assist improvement in quality of care to patients.	
Royal District Nursing Service (South and East)	Health Service Provider; comprehensive community nursing services.	RDNS
Reach Out Southern Mental Health Bayside Community Options	Rehabilitation Services Linkages and CACPS	Reach Out SMH
Self Help Addiction and Resource Centre	Service and Support for people with Drug and Alcohol dependency	SHARC
Impact Leisure Service	Intellectual Disability Support	
Fronitha Care Inc.	Services and Support for Greek Elderly	
Bethlehem Health	Specialist In-Patient and Community Services	
Taskforce	Service and Support for people with Drug and Alcohol dependency	
Women's Health in the South East	Health services and support for women	WHISE
Stanhope Home Nursing Service	Community Nursing and Personal Care	
Commonwealth Carer Respite Centre Southern Region	Support for Carers	
DoCare	Youth, Disability Support	
Richmond Fellowship	Mental Health Services and Support	
MOIRA	Youth, Disability Support	MOIRA
Prahran Mission	Young women and Family Support	
Vision Australia	Service and support for the visually disabled	
Leighmoor ADASS	Support for the Aged	
South East Migrant Resource Centre	Service and Support for CALD groups	
Bayside Health	Health Service Provider, Acute, Aged, Mental & Community Health Services	
<u>ASSOCIATED AGENCIES</u>		
Southern Directions	Youth Housing Service	
Verve – Salvation Army	Youth Service	
Southern Family Life	Family Support Service	
Hanover Housing	Housing Support	
Gamblers Help Southern	Support for Gamblers	
Sandy Beach Community Centre	Aged, Disability Support	

BETTER HEALTH – STRONGER COMMUNITIES

The Community Health Plan (CHP) is an operational plan that establishes goals, objectives, service system change strategies, governance, monitoring and accountability and describes how the partners are working together to achieve the aims of the Primary Care Reform.

The Parties to our Memorandum of Understanding retain a commitment to the co-operative development of an integrated, consumer responsive primary care system that maintains and promotes the health and well being of individuals and the broader community.

The Parties to the Memorandum are committed to the following key principles for the life of the Project:

- Collaboration and co-operation;
- Sharing of information;
- Implementing identified and agreed strategies;
- Joint planning;
- Recognising the diversity of the service system and the skills and knowledge of participants; and
- An inclusive and culturally sensitive process, which involves communication and consultation with agencies, consumers and the community.

The Primary Care Partnership project is now entering its fifth year and it is worth reminding ourselves of what has been achieved:

- A recognised framework for bringing members together to consider local issues and respond with a united voice on Primary Care Reform matters
- An ongoing commitment to progressing Primary Care Reform
- Improved communication between members
- Improved understanding of member agencies' roles, capabilities and concerns
- Demonstrable progress in service coordination and integrated health promotion.

The activities described in 2003/04 CHP that will continue to be built upon this year are:

PARTNERSHIP

Kingston Bayside Primary Care Partnership (KBPCP) maintains its support for Primary Care Reforms and, while participating in the Southern Metropolitan Region PCP Strategy Group, will maintain its community connections and progress local initiatives. By supporting the maintenance of the Partnership, KBPCP will continue to build on its achievements to date.

MENTAL HEALTH

A review of the role and structure of the Middle South Primary Mental Health Advisory Committee has resulted in the move to establish the KBPCP Mental Health Advisory Committee. As a priority for this new committee, issues for both community based services and area mental health services and recommendations arising from recent projects will be tackled.

SERVICE COORDINATION

KBPCP members continue to progressively implement the Service Coordination Tool Templates and Protocol throughout their individual organisations. Agencies not yet mandated to use the tools are the disability and psychiatric disability and support services, and are being encouraged to participate in our work

Agencies experience major organisational change to accommodate system, but are drawing on the previous work of the leading agencies where the SCTT Implementation and Service Coordination Strategy are well advanced

While significant efficiency improvement has been demonstrated in Kingston City Council systems using tablet computers and portable printers, agencies continue to report an increase in the amount of paperwork, thereby reiterating the necessity to introduce an all-electronic client information system.

Southern Health has launched its Intake Review Committee to facilitate access, intake and referral systems that include primary care agencies and GPs. This will result in the number of inter-agency SCTT referrals being transacted between hospitals, GPs and regional services continuing to grow.

Southern Metropolitan PCPs have commenced the development of a regional service coordination protocol.

There is an increasing impetus on agencies and general practitioners to implement e-referral technology

SERVICE PLANNING

The community health plan objectives are linked to both Bayside and Kingston Municipal Public Health Plans and provide responses to key community needs in each locality.

GP REFERENCE GROUP

In partnership with Central Bayside, Monash and South City Divisions of General Practice and Inner South East Partnership in Community Health, KBPCP provides funding support for the Regional General Practice PCP Reference Group.

This Reference Group is focusing on improving the quality of communication between GPs and primary care providers, increasing participation in the electronic client information referral project and promoting the use of the Statewide Referral Form.

HEALTH PROMOTION

Mental Health and Wellbeing and Social connectedness for specific population groups remain a focus for health promotion activities. Additionally, adoption of the state-wide emphasis on Physical Activity will result in interrelated initiatives that complement the major objectives of the Community Health Plan

Workforce Development and Capacity Building continue to be cornerstones of our work and will ensure successful outcomes for agencies.

PRIMARY CARE REFORM

KBPCP through its Management Committee will continue to develop its capacity to direct and coordinate Primary Care Reform initiatives throughout the Kingston Bayside catchment.

It will continue to refine and strengthen its role to monitor health and well being and service planning issues for the catchment, to act on opportunities and promote strategies that address these issues.

This role includes advocating on behalf of all member agencies to relevant authorities. While maintaining this local focus, the KBPCP, in conjunction with neighbouring PCPs, will also look to appropriate responses to Primary Care Reform issues for the Southern Metropolitan Region.

The KBPCP Management Committee will endeavour to undertake during 2004-06 :

- Developing improved communication strategies to strengthen the means by which member agencies can present information and issues to the Committee;
- As representatives of service sectors within the KBPCP, Committee members will continue to consult with their respective agencies to ensure membership involvement and contribution;
- Build on existing mechanisms to address regional issues.

DHS Strategic directions 2004–2006

- The Department of Human Services will use Primary Care Partnerships to inform and coordinate all initiatives that require partnership across primary health care services or between these services and other health and community services and sectors.
- All Department of Human Services programs will implement service coordination, specifically the statewide tool templates, where relevant.
- All Department of Human Services funded health promotion initiatives that are community-based will use the integrated health promotion framework and all local planned health promotion activity funded by the department (whether directly to the PCP or member agencies) will be informed by catchment-wide integrated health promotion planning.

MENTAL HEALTH

Mental Health remains a priority health issue for KBPCP. It was identified as the priority focus for our Integrated Health Promotion project in the first Kingston Bayside Community Health Plan as detailed in these rationales:

- Mental health problems are a significant personal and social problem
- The costs of mental health problems are significant
- Interventions to promote mental health need to be at the community level and not just with the individual
- Mental health promotion is a key concern for Primary Care Agencies

Over the last four years, the Middle South Primary Mental Health Advisory Committee has been successful in a number of areas. Foremost, it provided a structure for a coordinated approach to community mental health issues and promoted regular communication with area mental health services and primary care providers. A recent review of the role and future directions of the committee has resulted in the recommendation that the committee be reconvened as the Mental Health Advisory Committee under the KBPCP Management Committee and that its membership be extended to include other non PCP members.

Over the next year, this new committee will be established and, as a focus for its activities, develop a Work plan relating to the following objectives:

- **Partnerships and holistic care planning**
- **Provider knowledge / literacy**
- **Access for people with dual disability**
- **Community access and participation**

SERVICE COORDINATION

The KBPCP continues to strive towards successfully achieving its objectives:

- Service providers will enable clients of the nominated agencies/programs to enter the service system successfully on their first attempt
- Service providers will ensure that clients of the nominated agencies/programs should not have to repeat information that they provide to other participating programs
- Service providers will ensure that relevant information about clients will move with them, with their consent, as they receive services from nominated programs.

In the next two years, Service Coordination initiatives will be:

- to **support priority human services agencies, which are new to service coordination**, implement the Better Access to Services operational framework; (significant PCP service coordination effort and resources should be applied to this task)
- to **support priority General Practice(s)** improve the quality of referral and care planning and in particular **implement the General Practice Statewide Referral form**
- to continue to **support agencies that have already successfully implemented** the Better Access to Services operational framework for initial contact and initial needs identification, and to support those agencies to move on to **implement the Better Access to Services operational framework for assessment and care planning**
- increased participation by agencies and general practitioners in the **Electronic Client Information Referral System**
- ongoing participation in the development of **Regional Service Coordination Protocols, Practices, Processes and Systems and the Regional Information Management / Information Technology Strategy**. The Southern Region Metropolitan Service Coordination Strategy is attached.

Appendix 1 maps out the course of service coordination activities to be undertaken over the next 12 months. A midyear review will examine the range of strategies required for 2005/06

HEALTH PROMOTION

VISION STATEMENT

The Kingston Bayside Primary Care Partnership works collaboratively with our communities to empower individuals and communities to take control of their health. In recognizing the diversity of our community and the broad determinants of health, we give our commitment to delivering quality integrated health promotion programs via partnership with individuals, local and statewide organizations.

SUMMARY STATEMENT OF PRIMARY CARE PARTNERSHIP

The Kingston Bayside Primary Care Partnership members consider that the alliance is one of cooperation where integrated health promotion plan are the priority. There is a high level of trust between partners and the capacity to enhance the members for mutual benefit and a common purpose.

PRIORITY TOPICS

- Mental Well Being and Social Connectedness
- Physical Activity
- Capacity Building

PARTNERSHIP INVESTMENTS

The Department of Human Services has allocated \$100,000 to the Kingston Bayside PCP to deliver integrated health promotion activities. The Partnership members have demonstrated their response through the commitment of their agencies to the objectives outlined in the appendices templates.

It is important to note that this agency commitment can also be translated into an substantial financial indicator. This table represents the investment by KBPCP into Health Promotion over the next two years.

Priority Area	PCP Project Resources	Member Agencies Resources	Additional Funding
<i>Depression and Older Persons</i>	\$30,000	\$100,500	DVA\$700
<i>Transition to Parenthood</i>	\$31,000	\$20,000	
<i>Capacity Building</i>	\$19,500	\$11,000	
<i>Physical Activity</i>	\$21,000	\$78,400	WFL.....\$25,000 HAL.....\$40,000 Westfield.....\$15,000
<i>Sub Total</i>	\$101,500	\$209,900	\$80,700
<i>Total</i>			\$392,100

MENTAL WELL BEING IN OLDER PEOPLE

SUPPORTING RATIONALE

The recommendations from the RDNS Research Report 'Depression and Emotional Well Being in Older Persons in the Kingston Bayside Area' clearly identify mental health issues in the Kingston and Bayside Communities.

The Southern Metropolitan Burden of Disease Study found that mental disorders in the Kingston/Bayside areas continue to be major contributors to the overall burden of disease and disability.

In the Municipalities of Kingston and Bayside, depression is the highest ranked condition contributing to the number of years lived with a disability in both males and females.

Depression is a common and debilitating condition in the elderly 65+. In Australia, 1.7% of Australians aged 65+ years are severely depressed.. In the Bayside Municipality 17.4% of the population are 65+ years and in Kingston 15.1% of the population are 65+ years.

Depression in older people is associated with institutionalisation, chronic illness and disability, caring for those with behavioural disturbance, bereavement and isolation and lack of social networks¹.

PROBLEM DEFINITION

Goal: To reduce the burden of depression in the Kingston and Bayside Communities

Target group: Older people and Carers

Objectives:

- To raise awareness of service providers to the importance of appropriately and accurately identify and manage depression in older persons through education and training
- To raise community awareness of the importance of the social and emotional well being of older persons
- To promote active participation in community life

SOLUTION GENERATION

For the 2004-2006 Community Health Plan, the planned health promotion interventions are as follows:

- To raise awareness of service providers of depression in older persons through education and training.
 - Facilitate training workshops for service providers
 - Middle South Primary Mental Health Team will provide ongoing education to service providers
- The implementation of a standardised depression assessment tool for service providers
 - Utilise the 'K10 SCTP'
 - Enhance service coordination
- The implementation of the validated 'Brief Case Find' (Depression Awareness Identification Tool) by member agencies.
 - Utilised by personal care attendants
- The screening tools to be evaluated by agencies to estimate implementation
- To facilitate the 'Men's Interest Group'
 - Provision of support and forums to meet the needs of men within the community
 - Partnerships to be established with other agencies

¹ Vic Health (1999) 'Mental Health Promotion Plan' 1999-2002

- To facilitate the carers support program and conference.
 - Continue the 'New Horizons' group - a program for graduate carers
 - Provide the opportunity to commence a self-sustaining support group
- Implement a 'Positive Neighbourhood Social Marketing Campaign'
 - Work with local agencies to develop a strategy to promote Good Neighbourhoods and Social Connectedness
 - Assist in the development of media campaign to promote the emotional and social wellbeing of older people

SUPPORT AND RESOURCES

The key stakeholders are:

**Middle South Primary Mental Health Team
Kingston City Council
Bentleigh Bayside Community Health Service
Central Bayside Community Health Services
Southern Health Home Based Allied Health Service
Reach Out Southern Mental Health
Bayside City Council
Central Bayside Division of General Practice**

The activities will include:

- Responsibility for providing ongoing Depression training to service providers within the catchment.
- Supporting the implementation of the 'K10 SCIT' and the 'Brief Case Find' into service providers
- Recruitment of staff to attend the HACC workshop
- Facilitate and support the 'Men's Interest Group' and 'Southland Striders'
- Promote the sustainability of the 'New Horizons' Graduate Carers Program.
- Recruitment of nursing and allied health staff for the training workshops
- Assist with the development, evaluation and implementation of the 'Good Neighbourhood Campaign'
- Establish and maintain the 'Partners Group'
- Participation in the Facilitator Meetings
- Raise awareness of current community programs through the Division newsletters and website.
- Support service coordination tool templates for referral and GP involvement.
- Continuing development of 'Southland Striders'

CAPACITY BUILDING

- Strengthen the partnership and ensure collaboration
- Ensure evidence-based practice
- Provide up to date material on relevant evidence-based practice
- The Health Promotion Project Officer will support the working groups and represent the KBPCP at regional level.

Appendix 2 maps out the course of health promotion activities to be undertaken over the next 12 months. A midyear review will examine the range of strategies required for 2005/06

EVALUATION AND DISSEMINATION PLANNING

Process:

- Establish pre intervention and post intervention levels of knowledge amongst service providers attending the training workshops
- Establish levels of satisfaction amongst service providers of the training workshops
- Standardization of protocols for the use of depression screening tools and their adequacy
- Evaluate the implementation of the depression screening tools among service providers
- Review and evaluate all new programs from the stakeholders perspective
- Establish the distribution of articles for the '*Good Neighbourhood Campaign*'
- Establish levels of satisfaction of consumers attending the '*Carer's Conference*'

Outcome:

- Service providers will have gained knowledge to accurately identify, manage and refer clients identified with depression.
- The links between Area Mental Health Services and other service providers within the catchment area will be enhanced
- Activities provided for older people within the community will provide appropriate activity and reduce isolation and quality of life of the target group.

MENTAL WELLBEING IN PREGNANT AND PARENTING YOUNG WOMEN

SUPPORTING RATIONALE

The rationale for choosing at risk homeless young women who are pregnant or parenting was in response to the local identification by service providers of the increasing number of young homeless women who are pregnant or parenting. Mental health promotion is not only targeted to the young women but aims to have an impact on the positive mental and emotional well being of their children. While the statistics on the number of women who fall into this category appear small, their health issues are complex and with an ongoing impact on their children is costly both in monetary and in human terms.

Research from the Centre for Adolescent Health demonstrates that single young mothers aged 25 years and younger are, at greater risk of both physical and emotional health problems. Babies born to teenagers may be abused, neglected and at risk of developing serious medical or mental illness. Teenage mothers are also more vulnerable to developing similar serious problems. Teenage pregnancy can be a crisis for a young pregnant woman. Anger, denial and guilt are frequent reactions in the young woman.

This research also demonstrates that a combination of school based sexuality education and clinics providing reproductive health information and birth control can assist in preventing pregnancy for some adolescents and therefore reduce the harmful risks to teenage mothers and their babies.

PROBLEM DEFINITION

Goal: To enhance the mental and emotional well-being of at risk homeless young women under the age of 25 who are pregnant or parenting.

Target Group: Young women under the age of 25 who are pregnant or parenting and at risk of homelessness.

Objectives:

- To improve access of at risk of homelessness pregnant or parenting young women to health, welfare and social services
- To raise awareness amongst young people of the issues surrounding adolescent pregnancy and parenting.

SOLUTION GENERATION

For the 2004-2006 Community Health Plan, the planned health interventions are as follows:

- To establish focus groups with young women to support the development of a resource kit
 - Focus groups will be established utilising existing young mothers groups within the Kingston and Bayside Communities
- Develop a resource kit for young families and service providers to enable access to services
 - Information and resources will be collected throughout the area and collated into a resource for young women and a manual for service providers
- Resource kit to be distributed to relevant service providers and young women
 - The young women from the focus groups will assist with the distribution of the resource kit
- Referral protocol distributed to housing and support services (both transitional and public housing) to enable individuals access to Maternal and Child Health Services Enhanced Home Visiting Service
- Provide service information kits to housing and support workers
 - Service information kits will provide information and access to relevant services in the Kingston and Bayside communities
 - Kits will be distributed at bi annual forum
 - The forums will provide the opportunity to enhance partnerships
- Develop a peer education program for secondary school students with the aim to increase awareness of sexual health and pregnancy issues in adolescents.
 - Purchase an already developed and evaluated peer education program
 - Young parents will be recruited from existing young parent groups from various agencies

- The key stakeholders will provide support, supervision and debriefing of Peer Educators
- Key stakeholders will build relationships with secondary schools in the community to deliver the program
- Partnerships with tertiary and adult learning facilities will be investigated and developed.
- Funding options will be pursued to provide sustainability for this project
- The depression poster which was previously developed will be distributed to hospitals providing maternity services to the catchment of Kingston and Bayside communities
 - Funding options will be pursued to provide sustainability and the possibility of a broader distribution of the poster
 - Member agencies will be engaged to assist with the annual update of agency details prior to reprinting
- Partnerships will be developed with Sandringham hospital
 - This partnership is to enhance services to new families within the community
 - Explore the options of childbirth education for the target group
- Establish links to websites for the target group

SUPPORT AND RESOURCES

The key stakeholders are:

**Kingston City Council
Central Bayside Community Health Services
Bentleigh Bayside Community Health Service
Bayside City Council
Southern Direction
Verve – Salvation Army
The Young Women’s Working Group**

The activities will include:

- A focus on strong partnership and workforce development to provide better health outcomes to young women in the community.
- Provide workforce development to the housing and support workers and incorporate the development of the service information kit for distribution to housing and support workers.
- Development and ongoing management of the peer education program and the support and recruitment of young parents to work as Peer Educators.
- Assist in the development and distribution to the resource kits for young women and service providers
- A pilot of the program will be completed with two schools in the Kingston and Bayside area by December 2006.
- Ongoing development of the depression poster
- Establishing and supporting the young women’s focus group

CAPACITY BUILDING

- Strengthen the partnership and ensure collaboration
- Ensure evidence-based practice
- Provide up to date material on relevant evidence-based practice
- The Health Promotion Project Officer will support the working groups and represent the KBPCP at regional level.

Appendix 3 maps out the course of health promotion activities to be undertaken over the next 12 months. A midyear review will examine the range of strategies required for 2005/06

EVALUATION AND DISSEMINATION PLANNING

Process:

- Identify locations where poster displays are to be distributed (eg General Practice, Maternal and Child Health, Preschool Centres, Schools)
- Review format of resource guide
- Review the process of protocol development
- Review research processes in the development of the peer education program
- Survey consumers who were involved in the development of the information kit and their level of satisfaction with the process.
- Review the process of applying for funding from philanthropic and other funding bodies and determine the success of the process

Outcome:

- Survey a sample of service providers where the poster is displayed to ascertain the perceived impact the poster has on risk factor identification for depression.
- Establish levels of satisfaction of service providers using the protocols for referring to Maternal and Child Health Services
- Survey Maternal and Child Health Services as to number of referrals received from Transitional Housing Services and the Office of Public Housing.
- Survey number of service providers that have given the information kit to clients and the clients level of satisfaction

PHYSICAL ACTIVITY

SUPPORTING RATIONALE

The Kingston/Bayside health and wellbeing profile states physical activity in the Southern Metropolitan region is the leading risk factor for females. Both Bayside and Kingston municipalities identify women are a population group with low participation rates in physical activity.

Consultation with community members through the Health Promoting Women Survey 2002 – 2003 identified physical activity as an issue for women 50+ from CALD communities. Central Bayside Community Health Services conducted surveys during an Open Day in July 2004 surveys and identified physical activity as an issue for the community and in particular the need to address the opportunity for Strength Training and Tai Chi.

Older adults participation in physical activity assists individuals to remain connected to social networks and provides necessary pleasure and companionship.

PROBLEM DEFINITION

Goal: To increase the level of physical activity in older people living in the Kingston and Bayside communities

Target Group: Older people living in the Kingston and Bayside Communities

Objectives:

- To increase the capacity of staff and volunteers to provide physical activity programs through Strength Training and Tai Chi
- To increase the awareness of the benefit of physical activity for older people living in the Kingston and Bayside communities of the benefit of physical activity
- To increase the knowledge of service providers of both the benefits of physical activity and the options available for older adults living in Kingston and Bayside communities

SOLUTION GENERATION

For the 2004-2006 Community Health Plan, the planned health promotion interventions are as follows:

- To provide training to staff and volunteers who will then provide physical activities for older adults and maintain sustainability of the established programs
 - Arthritis Victoria will provide training to existing staff within agencies and designated volunteers
- To purchase required equipment for strength training groups
- Establish need and venue for Strength Training and Tai Chi to occur
 - Agencies will nominate staff for training and the use of facilities
- Strength training will be provided to members of the Kingston and Bayside communities
 - Lead agencies Central Bayside Community Health Services, Bentleigh Bayside Community Health Service, Sandy Beach Community Centre, Leighmoor ADASS and Southern Health will provide venues and staff for training
 - Senior Citizens clubs will be accessed to provide Tai Chi to the broader community
- Identify marginalised groups in the Kingston and Bayside communities including CALD communities
 - Kingston and Bayside City councils will identify CALD communities and assist with access to these communities
- Identify barriers and issues for marginalised groups in accessing physical activity groups
 - Fronditha, Migrant Resource Centre, Bayside City Council and Kingston City Council will assist with identifying issues for CALD communities
- Develop a Social Marketing Strategy
 - A Social Marketing Campaign will be conducted with the support of the local media, through newspapers and radio aimed at older isolated people in the Kingston and Bayside communities

- Facilitate the Southland Striders Mall walking group
 - Assist in the development of further walking groups suitable for the slower or frailer participant
- Develop a resource of local physical activity programs and leisure options within the Kingston and Bayside communities
 - Mapping of existing activities provide within the community
 - Engagement of Deakin University Health Promotion Students
 - Provision of a resource to service providers
 - Provision of a resource for the General Practitioners to be utilised through the Medical –Director software system
- To inform service providers of the benefits of physical activity and the available opportunities
 - Gain assistance from statewide organizations to provide workforce development
 - Provide workforce development opportunities for service providers, including General Practitioners Committee of Management and Working Groups

SUPPORT AND RESOURCES

The key stakeholders are:

Kingston City Council
Bentleigh Bayside Community Health Service
Central Bayside Community Health Services
Southern Health
Bayside City Council
Central Bayside Division of General Practice

The activities will include:

- Provision of venue to provide physical activity
- Assist with the mapping process
- Participate in workforce development
- Continuing development and support of the walking program at Southland Shopping Centre.
- Assist with the implementation of the Social Marketing Campaign
- Assist with the resource development, mapping process
- Recruitment of staff nursing for training
- Raise awareness of physical activity opportunities through the Division newsletters and website.
- Encourage the participation of General Practitioners in workforce development.

CAPACITY BUILDING

Strengthen the partnership and ensure collaboration

- Ensure evidence-based practice
- Provide up to date material on relevant evidence-based practice
- The Health Promotion Project Officer will support the working groups and represent the KBPCP at regional level.
- Develop relationships with state wide organisations

Appendix 4 maps out the course of health promotion activities to be undertaken over the next 12 months. A midyear review will examine the range of strategies required for 2005/06

EVALUATION AND DISSEMINATION PLANNING

Process:

- Establish pre and post intervention levels of knowledge amongst service providers attending work force development
- Review resource material
- Establish the distribution of articles for the Social Marketing Campaign
- Establish pre and post evaluations for members of the community participating in newly established physical activity programs
- Establish links with state-wide organisations
- Establish links with marginalised groups including the CALD community

Outcome:

- Nominated staff trained to provide strength training and Tai Chi to the community
- Additional equipment purchase to assist in providing sustainability for strength training groups
- Service providers will have increased their knowledge of the benefits of physical activity
- More venues available in the Kingston and Bayside communities to provide appropriate physical activity groups
- Strong links developed between key stakeholders and state-wide organisations
- A resource developed and utilised by service providers with recreational and physical activity opportunities in the Kingston Bayside community

CAPACITY BUILDING

SUPPORTING RATIONALE

The Kingston Bayside Primary Care Partnership Health Promotion Committee was formed in 2001. Member agencies include Bayside City Council, Bentleigh Bayside Community Health Service, Central Bayside Community Health Services, Kingston City Council, Central Bayside Division of General Practice, Southern Health, Reach Out Southern Mental Health, Royal District Nursing Service and Middle South Primary Mental Health Team. The working groups that have been established have additional representation from other agencies.

The Health Promotion Committee decided to conduct a review of the committee using the VicHealth Partnership Analysis Tool. Members of the Health Promotion Committee and the established workgroups were invited to participate in the review process through a workshop.

This process led to a report being developed and future direction set for the partnership.

PROBLEM DEFINITION

Goal: To increase the health outcomes of the Kingston and Bayside communities

Target Group: Service providers supporting the Kingston and Bayside Communities

Objectives:

- To increase the capacity of the Kingston Bayside Primary Care
- Partnership to respond to health issues

SOLUTION GENERATION

For the 2004-2006 Community Health Plan, the planned health promotion interventions are as follows:

- To review the roles, structures and process of the Health Promotion Committee
 - Review the Terms of Reference
 - Review the membership of the committees
- Develop agreed ways of working
 - Workforce development across agencies
 - Assist with Mental Health Aptitudes into Practice (MAP)
 - Establish Health Promotion Orientation training
- Develop ways of enhancing the strategic role of the Health Promotion Committee
- Develop a process for recognising and celebrating collective achievements
- Establish informal networking opportunities
 - Encourage effective communication between agencies

SUPPORT AND RESOURCES

The key stakeholders are:

Kingston City Council
Bentleigh Bayside Community Health Service
Central Bayside Community Health Services
Southern Health
Bayside City Council
Central Bayside Division of General Practice
Royal District Nursing Service
Reach Out Southern Mental Health
Middle South Primary Mental Health Team

The activities will include:

- Participate in the review process
- Participate in cross agency workforce development
- Assist with the development of the strategic role of the Health Promotion Committee
- Participate in workforce development
- Establish informal networking opportunities

CAPACITY BUILDING

- Strengthen the partnership and ensure collaboration
- Ensure evidence-based practice
- Provide up to date material on relevant evidence-based practice
- The Health Promotion Project Officer will support the working groups and represent the KBPCP at regional level.
- Develop relationships with state wide organisations

Appendix 5 maps out the course of health promotion activities to be undertaken over the next 12 months. A midyear review will examine the range of strategies required for 2005/06

EVALUATION AND DISSEMINATION PLANNING

Process:

- The Health Promotion Committee Terms of Reference and membership review will be conducted
- Cross agency workforce development will be encouraged
- MAP training to continue for service providers
- Health Promotion Orientation Training to be established
- Establish informal networking opportunities
- Establish ways of enhancing the strategic role of the Health Promotion Committee

Outcome:

- Health Promotion Committee Member agencies will have increased their capacity to support Integrated Health Promotion Planning
- Member agencies will have developed effective communication lines
- Health Promotion Orientation Training established
- Service providers report an increase in knowledge through MAP training

APPENDICES

SERVICE COORDINATION WORKPLAN
INTEGRATED HEALTH PROMOTION PLAN

APPENDIX 1: SERVICE COORDINATION WORKPLAN

GOAL 1: TO SUPPORT THE INCREASED IMPLEMENTATION BY AGENCIES OF THE SCTT

Strategies	Tasks	Timing	KPIs	Responsibility	Resources
Promote and support an increased uptake within the acute and sub acute sectors	<ol style="list-style-type: none"> 1. Support acute and sub acute services to develop and document a staged implementation plan including information and training sessions and time frames for each program area and site 2. Discuss progress at SC Committee meetings and support as appropriate 	Ongoing	<ol style="list-style-type: none"> 1. Documentation and reporting of existing implementation plans 2. Progress reports to SC Committee 	Southern Health - Proj Mngr Bayside Health -	<ol style="list-style-type: none"> 1. Training; Protocol Manuals (KB and other)
Develop an evaluation study focussing on mapping of chronic illness clients across hospital and community sectors	<ol style="list-style-type: none"> 1. Scope project and methodology and partners 2. Write evaluation brief 3. Apply for resources eg: HARP, special initiative funding 4. Plan, implement and monitor project 5. Publicise project outcomes/recommendations 	June	<ol style="list-style-type: none"> 1. Working Group 2. Application for funding submitted 	CBDGP: CHC, RDNS, LGA, SH Care-In-Context. Terry - Convenor	Data Collection for Submission

KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2004-2006

Strategies	Tasks	Timing	KPIs	Responsibility	Resources
Support the ongoing uptake by PCP member agencies across various service sectors and DHS program areas as mandated and negotiated by DHS	1. Audit current use	June	1. Complete audit.	Project Manager	Manual availability (hard & Electronic); Agency nominated person to train staff; list of agency train the trainer staff DHS list of funded programs
	2. Develop process for self setting of benchmarks regarding implementation level within program areas and in reciprocity between agencies. (This task will incorporate due recognition of the development of the Regional Protocol Manual)		2. Committee to set benchmarks; % member agency participation / agreement in setting benchmarks; compliance with target dates set by DHS; introduction and attainment of levels of compliance by agencies (full, partial, minor); member agencies have as a standing item SCTT on staff meeting agendas	SC committee, Project Manager	
	3. Support workforce development for new staff and orientation processes, including planned DHS self-learning module		3. Agency owns kit; personnel undertaking training; training advice communicated; SC Committee recommendations. Indicators/ practice change documented; Agency adoption of Protocol Manual	SC committee, Project Manager DHS	
	4. Investigate host forum with non DHS services to explain and promote SCTT eg: Linkages, CACPs, private agencies	Ongoing	4. CC to provide details of agencies to be included in audit. % of targeted agencies participating.	SC committee, Project Manager & DHS rep	
	5. Negotiate with DHS for additional resources to assist in implementation with new program areas as required	Ongoing	5. Submission outcome	SC committee, & DHS rep	
	6. Improved communication and continued support uptake through electronic newsletter	Ongoing	6. Publication of 12 electronic newsletters	Project Manager	
	7. Minutes from Service Coordination meetings to clearly identify a) items for newsletters b) items for meeting agendas		7a. agenda amended, process developed; to identify items, increase in referrals/ take up of tools	SC committee, Project Manager	
Promote and support implementation by mental health agencies	Support the outcomes of the mental health program mapping survey and respond to recommendations following final report	Sept	Report received Action Plan developed Implementation commences	SC committee, Mental Health Services, Project Manager	

KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2004-2006

Strategies	Tasks	Timing	KPIs	Responsibility	Resources
Support the introduction of a carer profile	<p>Await advice from DHS re outcomes of trial</p> <p>Plan communication strategy</p> <p>Support implementation by member agencies</p>		<p>Communication Strategy in place</p> <p>Protocol in place</p> <p>Profile being used</p>	<p>SC Com</p> <p>Deb Burns</p>	
Support the development of a regional Protocol (PPPS) manual	<p>Chairs and EOs to discuss at SMR PCP regional and consultative group meeting re portfolio approach</p> <p>Pending above decision, identify similarities/differences across the 4 PCP manuals</p> <p>Clarify with member agencies what is useful and the relevance to practice eg: instructions on how to use SCTT for new staff; how to use SCTT to streamline referral; INI as screening not assessment</p> <p>Support collation of region wide manual in consultation with member agencies</p> <p>Communication and distribution strategy for finalised regional manual</p>	Ongoing	<p>Regional PPPS in use by June 2005</p> <p>Outcomes will be informed by deliberations at Regional meetings</p>	<p>Management & Service Coordination Committees; SMR PCPs; agencies</p>	<p>Funding source to be identified at Regional level</p>

GOAL 2: MAXIMISE THE USE OF INFORMATION TECHNOLOGY

Strategies	Tasks	Timing	KPIs	Responsibility	Resources
Ongoing implementation of the HCS gateway project	Investigate feasibility of attaching single agency web pages to the KB PCP website (tier 1) with links to agency's corporate sites		Summary of costs and time to complete	Agencies/PCP Office/WIG	
	Explore potential for KB PCP website as repository for Service Coordination tools, in particular the disadvantages of moving from the current agency template model		Report on SC implications	Agencies/PCP Office	
	Develop specifications for email subscription service to alert subscribers to news items, newsletters etc as part of KB PCP website.		Marketing/communication strategies developed	SC Committee/PCP Office	
	Develop strategy to promote gateway through newsletter in its final version		Gateway actively promoted	PCP Office/WIG	

E-REFERRAL WORK PLAN

Objectives	Tasks	Timing	KPIs/Outcomes	Responsibility	Resources
Member agencies implement e-referral technology	1. Identify agencies that are e-ref ready	≤ 8 months	E-ref agencies/GP practices identified	PCP Office, GP Division	IT Project Manager (0.5 EFT) appointed. KB, FMP & DHS funding
	2. Assist identified agencies in installing, testing and rolling out e-referral IT in identified agencies		E-referral IT operational	Agencies, IT, (PCP Office)	
	3. Develop PCP interagency e-referral protocol		Protocol developed and agreed	Agencies (PCP Office)	
	4. Develop business processes to support e-referral		Processes developed	Agencies, (PCP Office)	
	5. Conduct trial and evaluate service coordination outcomes		Post implementation report	PCP Office, agencies	
	6. Project management activities		Project management plan; implementation on schedule	PCP Office	
	7. Provide support - workshops, training, resource toolkits etc.		Workshops attended, demand for support/training	Agencies, (PCP Office)	
	8. Agencies ready to go live		E-Ref operational, agency signoff	Agencies	

KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2004-2006

Objectives	Tasks	Timing	KPIs/Outcomes	Responsibility	Resources
Pilot Southern Health Out Patient Services to PCP agency messaging capability using PKI technology	<p>Develop pilot initiation plan (scope, objectives)</p> <p>Identify agency/GP/outpatient transaction pathways and (e-ready) participants</p> <p>Engage participants and stakeholders</p> <p>Develop overall pilot plan and next stage plan for sign-off</p> <p>Implement pilot plan (using stage approach)</p> <p>Post implementation review</p> <p>Roll-out to all agencies (reiteration of above)</p>		<p>Pilot initiation plan, business case</p> <p>E-ref ready participants identified</p> <p>OPS, agencies and IT approval and commitment</p> <p>Pilot plan and next stage plan; sign-off</p> <p>Implementation milestones met</p> <p>PIR report</p> <p>Roll-out recommendation</p>	<p>Governance body</p> <p>Regional Ambulatory Services, GP Divisions, PCP Office</p> <p>Governance body</p> <p>PCP Office, Governance body</p> <p>Agencies, PCP Office, Governance body</p> <p>PCP Office</p> <p>Governance body, KBPC COM</p>	Both the Project Manager and IT Project Manager will act as resources for this goal
Lead development of SM Regional Group E-Ref Strategy	<p>Review local, regional and state-wide e-ref strategies</p> <p>Develop and articulate e-referral strategy consistent with KBPCP service coordination goals</p> <p>Input to regional consultative and strategic group regarding preferred e-ref method</p>		KBPCP e-referral strategy	PCP Office, KB COM	
Implement PKI in GP practices	<p>Identify e-ref ready GP practices</p> <p>Map linkages to PCP agencies</p> <p>Support implementation of PKI in GP practices</p> <p>Collaborate with GP Division in developing practice based e-referral protocol</p>		<p>6 GP practices identified</p> <p>PCP agencies identified</p> <p>Support</p> <p>Protocol</p>	<p>GP Division</p> <p>PCP Office, GP Division</p> <p>PCP Office</p> <p>GP Division, agencies</p>	
Roll out GP/primary care e-referral and feedback pathways to all KBPCP member agencies	<p>Engage e-referral ready GPs as extension of GP Feedback Project</p> <p>Identify agencies (via E-Referral Transaction Matrix) interacting with GPs as candidate participants</p> <p>Rollout e-referral implementation as per member agency and GP plans above.</p> <p>Conduct post-implementation review</p>		<p>Roll out and engagement plan</p> <p>Agencies/practices identified in staged approach</p> <p>E-referral capability and processes successful</p> <p>PIR submitted</p>	<p>GP Division</p> <p>GP Division, PCP Office, agencies</p> <p>GP Division, PCP Office, agencies</p> <p>PCP Office</p>	

**APPENDIX 2: INTEGRATED HEALTH PROMOTION PLAN
MENTAL HEALTH AND WELL BEING IN OLDER PEOPLE**

Priority Goal:	To reduce the burden of depression in the Kingston and Bayside Communities				
Objective 1:	<i>To raise awareness of service providers to the importance of appropriately and accurately identify and manage depression in elderly through education and training</i>				
Est. Impacts (Qual/Quant)	<i>60% of service providers from participating agencies working with older people will attend depression training 70% of service providers attending training workshops report an increase in knowledge of all aspects of depression and incorporate this knowledge into their practice 100% of agencies trained will implement screening tools</i>				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
MSPMHT	Facilitate depression training workshops for service providers in the Kingston and Bayside Municipalities	Service providers	June 2005	5 agencies	S \$10,000 P \$ 4,000
Southern Health CBCHS BBCHS Reach Out SMH MSPMHT BCC KCC	Implement the 'K10 SCTT' protocol in member agencies	Service providers	June 2005	5 agencies	S \$ 2,000
	Develop and implement the 'Brief Case Find' screening tool in member agencies	Service providers	June 2005	5 agencies	S \$ 7,000
Southern Health CBCHS Reach Out SMH	Evaluate the use of the screening tool	Service providers	Dec. 2005	5 agencies	S \$ 1,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE:					\$24,000

**APPENDIX 2: INTEGRATED HEALTH PROMOTION PLAN
MENTAL HEALTH AND WELL BEING IN OLDER PEOPLE**

Priority Goal:	To reduce the burden of depression in the Kingston and Bayside Communities				
Objective 2:	<i>To reduce social isolation in the elderly through the provision of age appropriate social activity</i>				
Est. Impacts (Qual/Quant)	<i>90% of men attending the interest group will report an increase in living skills 90% of carers enrolled in programs report enhanced social connection</i>				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
CBCHS BBCHS Dept. Veteran Affairs KCC BCC RDNS CB Div GP Rotary Club Consumers	To facilitate the Men's Interest Group <ul style="list-style-type: none"> • Nutrition Program • Prostate Support Group • Health Forums 	Men aged 40+	June 2005	240 men	S \$11,000 P \$ 2,000 DVA \$ 700
CBCHS BBCHS Sandy Beach CHS KCC Southern Health Carers Respite Centre Consumers Reach Out Southern Mental Health BCC	Participate in Carer Facilitator Meetings	Service providers	Bi monthly meetings	8 agencies	S \$ 8,000
	To facilitate Carer Support Programs <ul style="list-style-type: none"> • New Horizons 	Carers	June 2005	50 carers	S \$ 8,000 P \$ 1,000
	<ul style="list-style-type: none"> • Partner Support Group 	Carers and Families	June 2005	20 carers	S \$ 4,500 P \$ 1,000
	To facilitate Family and Carers Conference and workshop	Carers and Families	Oct 2004 and Oct 2005	300 carers	S \$40,000 P \$ 1,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE:					\$77,200

**APPENDIX 2: INTEGRATED HEALTH PROMOTION PLAN
MENTAL HEALTH AND WELL BEING IN OLDER PEOPLE**

Priority Goal:	To reduce the burden of depression in the Kingston and Bayside Communities				
Objective 3:	<i>To promote active participation in community life</i>				
Est. Impacts (Qual/Quant) for Obj.1	<i>30% of consumers were aware of the social marketing campaign 10% of agencies had an increase in attendance rate as a result of the campaign</i>				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder for Obj.1
KBPCP Member agencies Local media Newspaper Radio Lead agencies KCC and BCC Consumers	Social Marketing Implement a 'Positive Neighbourhood Social Marketing Campaign'	Older people in the Kingston and Bayside Community	Jan 2006	6 articles in local newspapers reaching 80,000 households	S \$ 9,000 P \$ 1,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE:					\$10,000
PCP PROJECT SUPPORT PER GOAL					\$20,000
ESTIMATED TOTAL BUDGET PER GOAL:					\$131,200

APPENDIX 3: INTEGRATED HEALTH PROMOTION PLAN

MENTAL HEALTH AND WELL BEING IN YOUNG PREGNANT OR PARENTING WOMEN

Priority Goal:	To enhance the mental and emotional well being of at risk of homeless young women under the of 25 who are pregnant or parenting				
Objective 1:	<i>To improve access of at risk of homeless pregnant or parenting young women to health, welfare and social services</i>				
Est. Impacts (Qual/Quant)	<i>70% of service providers have an increased awareness around issues and access to services for the target group Additional funding secured for depression poster 100% of nominated hospitals received and distributed depression poster 50% improvement of referral process between Housing and Support Workers and EMCHN</i>				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Verve (Salvation Army) Southern Directions BBCHS CBCHS Young Women's Focus group Women's Health in the South East	Establish Focus group with young women to support the development of resource kits	Young women under the age of 25 who are pregnant or parenting and at a risk of homelessness	Dec. 2005	10 young women in focus group	P \$ 2,000 S \$ 7,200
	Develop resource kit for young women and service providers	Young women and service providers	March 2006		S \$ 3,000
	Distribute resource to service providers and young women	Service providers and pregnant or parenting young women	Ongoing	20 service providers 50 young women	S \$ 1,000
Housing and Support Services Network BCC KCC	Housing protocol distributed and utilised by Housing and Support Workers	Housing and Support workers	Oct. 2004	10 agencies	S \$ 1,200 P \$ 1,000
	Services information kit distributed to Housing and Support Workers		March 2005	10 agencies	S \$ 800 P \$ 500

KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2004-2006

KCC BCC WHISE PCP Project Worker CB Div of GP's Bayside Health Southern Health Alfred CAMS	Depression poster distributed to Maternity Facilities within the area.	Sandringham, Monash and Frankston Hospitals	Dec. 2004	3 hospitals servicing the area	
	Seek funding for broader distribution and sustainability of poster	DHS, Private Industry and Community Agencies	June 2005	3 funding bodies	
	Engage agencies to contribute to the ongoing update of information on poster	Member agencies	Dec. 2004 & Dec. 2005	30 agencies	\$ \$ 600
PCP HP capacity building	Network forums twice yearly	Housing and Support Workers, MCH Nurses and Community Health Services	Mar. 2005 & Sept. 2005	10 Agencies	\$ \$ 1,200
	Establish links with maternity facilities servicing the area	Nominated Hospitals	July 2005		\$ \$ 1,200
	Establish links with appropriate websites		July 2005	3 Websites	
	Consider childbirth education options for target group	Nominated Hospitals and CH Services	July 2005		
ESTIMATED TOTAL BUDGET PER OBJECTIVE:					\$19,700

Acronym Key:

S	Stake Holders (Agency)
P	KBPCP Project Resources
DVA	Department of Veteran Affairs
HAL	Health and Active Living
WFL	Well For Life

APPENDIX 3: INTEGRATED HEALTH PROMOTION PLAN

MENTAL HEALTH AND WELL BEING IN YOUNG PREGNANT OR PARENTING WOMEN

Priority Goal:	To enhance the mental and emotion well being of at risk of homeless young women under the age of 25yrs who are pregnant or parenting				
Objective 2:	<i>To raise awareness amongst young people of the issues surrounding pregnancy and parenting</i>				
Est. Impacts (Qual/Quant)	<i>Pilot completed with 2 secondary schools in both Kingston and Bayside Municipalities Partnership established with tertiary or adult learning facility to provide Peer Education training with the 'Talking Realities Program'</i>				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
CBCHS BBCHS Secondary Schools	Develop a Peer Education program in the Kingston Bayside Area utilising the 'Talking Realities Program'	Secondary schools within the area focusing on years 9-11	6/12 month pilot	2 schools in Kingston and Bayside LGA	
	Purchase 'Talking Realities Program'	Young parenting women and men	Dec. 2004		P \$ 7,000
	Recruitment of young parents to participate in peer education training program	Young parenting women and men and students at secondary schools within the community	Ongoing	6 peer educators	S \$ 1,200
	Provide support, supervision and debriefing for Peer Educators	Peer Educators	March 2005		S \$ 1,000
	Establish strong relationships and negotiate with secondary schools to support program	Secondary schools within the area	Dec. 2005	4 schools	S \$ 1,600
	Investigate partnerships to deliver Peer Education Program	Tertiary and adult learning facilities	Ongoing	2 agencies	
	Seek funding to maintain sustainability of program	DHS, Private Industry and community funding		4 funding bodies	P \$ 500
ESTIMATED TOTAL BUDGET PER OBJECTIVE:					\$11,300
PCP PROJECT SUPPORT PER GOAL					\$20,000
ESTIMATED TOTAL BUDGET PER GOAL					\$51,000

APPENDIX 4: INTEGRATED HEALTH PROMOTION PLAN

PHYSICAL ACTIVITY STRATEGY

Priority Goal:	To increase the level of physical activity in older people living in the Kingston and Bayside communities				
Objective 1:	<i>To increase the capacity of staff/volunteers to provide Physical Activity Programs through Strength Training and Tai Chi</i>				
Est. Impacts (Qual/Quant)	<i>70% of consumers continue to participate in Physical Activity Programs 3 months after initial participation</i>				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Arthritis Victoria	Provide training to staff	Staff of nominated agencies and volunteers (group leaders from planned activity groups)	Ongoing	10 staff and/or volunteers	WFL \$ 8,500 HAL \$13,000 S \$ 4,000
CBCHS- PAGES Disability BBCHS CBDiv GP BCC KCC - Disability Leighmoor ADASS Sandy Beach Community Ctr Southern Health - ADASS Gamblers Help WHISE Arthritis Victoria	Establish need and venues for Strength Training and Tai Chi to occur	5 agencies	Dec. 2004	5 nominated sites	S \$ 1,000 WFL \$ 1,000 HAL \$ 1,000
	Provide Strength Training and Tai Chi to members of the Kingston and Bayside Communities	Older people in the Kingston and Bayside Communities and members of existing PAG groups	Jan. 2006	4 Tai Chi and 6 Strength Training Groups established	WFL \$14,000 HAL \$ 7,000 S \$50,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE:					\$99,500

APPENDIX 4: INTEGRATED HEALTH PROMOTION PLAN

PHYSICAL ACTIVITY STRATEGY

Priority Goal:	To increase the level of physical activity in older people living in the Kingston and Bayside communities				
Objective 2:	To increase the opportunity and awareness of older people living in the Kingston and Bayside communities of the benefit of physical activity				
Est. Impacts (Qual/Quant)	40% of consumers aware of messages and have increased their level of physical activity				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
CBCHS - PAGES-Disability BBCHS CBDiv GP BCC KCC - Disability Leighmoor ADASS Sandy Beach Community Ctr. Southern Health - ADASS Gamblers Help	Identify marginalized groups in the Kingston and Bayside Communities: including CALD communities	Marginalized groups	Dec. 2005	2 CALD communities identified in both Bayside and Kingston area	S \$ 500 HAL \$ 1,500
Consumers Fronditha BCC KCC	Identify issues/barriers for marginalized groups to access Physical activity	CALD Groups	Dec. 2005	Barriers identified	S \$ 500 HAL \$ 1,500
Local media BCC KCC CBCHS BBCHS	Develop Social Marketing Campaign	Older people in the Kingston and Bayside Communities	Dec. 2005	80,000 Household in the Kingston and Bayside communities	WFL \$ 1,500 HAL \$ 3,000 S \$ 3,000
KCC incorp. Waves Leisure Ctr. CBCHS Westfield Shopping Ctr Southern Health BBCHS Central Bayside Div. GP	Facilitate Southland Striders Walking Group	Older People in the Kingston and Bayside Communities	Ongoing	140 older people	S \$ 8,400 Westfield \$15,000 P \$ 1,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE:					\$35,900

APPENDIX 4: INTEGRATED HEALTH PROMOTION PLAN

PHYSICAL ACTIVITY STRATEGY

Priority Goal:	To increase the level of physical activity in older people living in the Kingston and Bayside communities				
Objective 3:	<i>To increase the knowledge of service providers of both the benefits of physical activity and the options available for older adults living in Kingston and Bayside communities</i>				
Est. Impacts (Qual/Quant)	<i>70% of service providers indicate how the information is being utilized in their daily practice</i>				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
CBCHS - PAGES - Disability BBCHS CBDiv GP BCC KCC - Disability Leighmoor ADASS Sandy Beach Community Ctr Southern Health - ADASS Gamblers Help	To develop a resource of local physical activity programs and leisure options within the Kingston and Bayside Communities	Service providers in the Kingston and Bayside communities	June 2005	Over 250 GP's 25 Member agencies 10 non-member agencies	HAL \$ 5,000 S \$ 2,000
	To inform service providers of the benefits of Physical Activity and the available opportunities	Service providers in the Kingston and Bayside communities	Ongoing	50 Service Providers	HAL \$ 5,000 S \$ 1,000
	To increase the capacity of Kingston Bayside PCP members to promote physical activity to older people in the Kingston and Bayside communities	Local Organizations	Oct. 2004	10 Organizations	HAL \$ 3,000 S \$ 8,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE:					\$24,000
PCP PROJECT SUPPORT PER GOAL					\$20,000
ESTIMATED TOTAL BUDGET PER GOAL:					\$179,400

APPENDIX 5: INTEGRATED HEALTH PROMOTION PLAN

CAPACITY BUILDING

Priority Goal:	To increase the health outcomes of the Kingston and Bayside communities				
Objective 1:	To increase the capacity of the Kingston Bayside Primary Care Partnership to respond to health issues				
Est. Impacts (Qual/Quant)	80% of member agencies report an increase in the support for Integrated Health promotion Planning				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
MSPMHT Southern Health CBCHS BBCHS Reach Out SMH RDNS CBDiv GP Alfred CAMS KCC BCC	Review the roles, structure and process <ul style="list-style-type: none"> • Terms of Reference • Membership review 	Service providers	Ongoing	12 agencies	S \$ 4,000 P \$ 5,000
	Develop agreed ways of working <ul style="list-style-type: none"> • Cross agency workforce development • MAP Training • Health Promotion Orientation Training 				S \$ 1,000 P \$ 2,000
	Develop ways of enhancing the strategic role of the Health Promotion Committee				S \$ 1,000 P \$ 500
	Develop a process for recognizing and celebrating collective achievements				S \$ 2,000 P \$ 1,000
	Establish informal networking opportunities <ul style="list-style-type: none"> • Effective communication 				S \$ 3,000 P \$ 1,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE:					\$20,500
PCP PROJECT SUPPORT PER GOAL					\$10,000
ESTIMATED TOTAL BUDGET OF GOAL					\$30,500

SOUTHERN METROPOLITAN REGION
PCP SERVICE COORDINATION
STRATEGIC DIRECTIONS AND OPERATIONAL PLAN

2004 – 2006

Objective 1: Facilitate an audit of Protocols compliance within organizations/member agencies of each PCP who are using the audit				
KEY TASKS	How will this be done?	When will each of the tasks be completed	Who is responsible for undertaking the tasks?	Performance Measures
Develop process for decision making on endorsement of Regional PPPS / Action Process for final decision		June 2004	Regional Consultation Group	Process agreed upon.
Develop a common audit tool based on Gippsland model	4 EOs to meet to modify Gippsland tool Take back revised tool to individual PCP Service Coordination Groups for feedback Revise tool as appropriate	May 2004	EOs	Audit Tool developed
Facilitate audit amongst member agencies of 4 PCPs	Each EO to send out information to member agencies outlining process and timeframes Each PCP to consult with agencies further, as appropriate to explore issues/emerging themes Each PCP to provide a summary of their PCP information to SE PCP to incorporate into final audit report	July 2004	EOs Member agencies	Audit completed
Collate and analyse audit results	Develop a template for collating results Develop framework for final report Coordinate final report Disseminate final report to individual PCP member agencies	August 2004	SE PCP	Final report written and disseminated

Objective 2: Develop regional PPPS based on good practice evidence and audit results				
KEY TASKS	How will this be done	When will each of the tasks be completed	Who is responsible for undertaking the tasks?	Performance Measures
Collect data from other PCPs that will inform good practice	E-mail statewide PCPs for any evaluation /research information relating to PPPS Continue to liaise with DHS re review of statewide tools/possible work towards statewide protocols	July 2004	ISEPICH	Literature review completed
Identify commonalities in existing PPPS for the 4 PCPs	4 EOs to meet and workshop (may also have key representatives from member agencies)	July 2004/August 2004	ISEPICH	PPP workshop facilitated/common protocols and practices identified
Write draft Regional PPPS based on the above information and audit results	EOs to meet to allocate sections of the manual to be drafted EOs to agree upon one EO to coordinate the process	August 2004/September 2004	FMP PCP	Draft PPPS completed
Print fact sheets on PPPS for member agencies	EOs to decide on content Printer/Graphic design to be contracted	November 2004	KB PCP	Fact sheets printed and disseminated to member agencies

Objective 3: Develop new PPPS training module and facilitate training for member agencies				
KEY TASKS	How will this be done	When will each of the tasks be completed	Who is responsible for undertaking the tasks?	Performance Measures
Consult with member agencies to identify how the new protocols can be best rolled out	Questionnaire disseminated to member agencies by each PCP Each PCP to consult with Service Coordination Groups (if applicable) Each PCP to formulate a preferred option	November 2004	EOs of each PCP	Appropriate rollout and training identified and agreed upon
Modify SCTT training session to include new PPPS	EOs to meet to develop agenda EOs to decide whether training can be done by the PCPs or whether a consultant is appropriate	December 2004/January 2005	ISEPICH	Curriculum developed
Develop and implement a plan for training agencies in PPPS	EOs to meet to identify whether the training can happen regionally or needs to be local (based on survey and consultation with member agencies)	September 2004-June 2005	ISEPICH	Training plan completed and implemented

Objective 4: Develop on going PPP review process/planning cycle				
KEY TASKS	How will this be done	When will each of the tasks be completed	Who is responsible for undertaking the tasks?	Performance Measures
Develop a review framework that includes annual audit, review and planning cycle	EOs to consult with member agencies re preferred process EOs to draft up framework based on consultation with agencies	September 2004	FMP PCP	Framework developed and operationalised

Objective 5: Provide ongoing SCTT training for member agencies and develop a training calendar (if appropriate)				
KEY TASKS	How will this be done	When will each of the tasks be completed	Who is responsible for undertaking the tasks?	Performance Measures
Participate in Regional SCTT training provided through DHS Contract with HDG	EOs to liaise with regional DHS contact EOs to promote training to organisations EOs to support DHS in organising the event	September 2004	EOs Regional DHS HDG	Training forum completed
Explore feasibility/opportunities for joint training initiatives	Map how training currently occurs/resources allocated to training Based on the above identify the scope of joint work and resource sharing if appropriated, develop recommendations for Regional Consultation Group	December 2004	SE PCP	Recommendations presented to Regional Consultation Group

Objective 6: Develop a Regional Strategy for IM/IT				
KEY TASKS	How will this be done	When will each of the tasks be completed	Who is responsible for undertaking the tasks?	Performance Measures
Establish an IM/IT working group to oversee the development of the Regional Strategy with suggested representation from: Health Care Networks Div of GPs Community Health Local Government Statewide agency Smaller/Specialist agency DHS (central)		July 2004	SE PCP	Working Group established
Guided by Regional IM/IT Working Group SCOPE out the contents of the Regional Strategy and process for developing Strategy	Facilitate forum/meeting of IM/IT Working Group to map parameters of the plan and process for getting the final plan together	August 2004	SE PCP	SCOPE/Format agreed upon
Identify any additional resources needed to develop Regional IM/IT Strategy	Consult with Regional IM/IT Strategic Working Group	August 2004	Regional IM/IT Strategic Working Group	Resources identified/allocated as appropriate
Implement the agreed process for developing Regional IM/IT Strategy	(defined when process is agreed upon)	August - October	SE PCP Regional IM/IT Working Group	Planning process implemented
Write draft Regional IM/IT Strategy		December 2004	SE PCP Regional IM/IT Working Group	Regional IM/IT Strategy submitted to PCP Regional Consultation Group