

Consumer Carer & Community Engagement

PRIORITIES/GAPS/EMERGING ISSUES 1 - 6

SUMMARY OF ACHIEVEMENTS

The outcomes of the Outer East Alliance CCC Engagement Project was completed and endorsed February 2003. This consists of:

- CCC Engagement Framework & Strategy
- Approaches and Tools

The CCC Engagement Strategy has been published and includes an implementation plan.

Other CCC achievements include:

- CCC steering committee
- Mapping of local agency processes
- Literature review
- Agreement on CCC Reference Group

This strategy has given members the opportunity to explore processes and practices that lead to meaningful engagement of consumers, carer and community in the primary care sector.

FRAMEWORK & STRATEGIES

The agreed CCC Engagement framework and strategies are as follows:

The Framework - At a Glance

1. **Vision** – the Alliance has a broad vision for consumer, carer and community engagement
2. **Principles** – The Alliance has a set of principles to guide all engagement with consumers, carers and community
3. **Rights and Responsibilities** – the Alliance adheres to a stated charter of consumer rights and responsibilities
4. **Benefits** - the Alliance recognises the benefits of engaging consumers, carers and the community
5. **Barriers** - the Alliance recognises the barriers to effective engagement with consumers, carers and the community and actively works to reduce them
6. **Action boundaries** – the Alliance ensures clear roles and responsibilities for all stakeholders
7. **Engagement Continuum** – the Alliance uses a well-defined continuum to appropriately engage consumers, carers and the community
8. **Workforce Development** – the Alliance works positively with all staff and member organisations to enhance consumer, carer and community engagement

STRATEGIES

1. CCC Reference Group with representation at all levels of Alliance activity
2. Agreed CCC Engagement Framework
3. CCC Engagement activity in all project work

RATIONALE

Problem Definition:

The *Outer East Consumer, Carer and Community* Strategy has been developed to identify ways to engage consumers, carers and the community in Outer East Alliance activities to achieve improvements in health & wellbeing.

Solution:

The aim of the Outer East Consumer Engagement Strategy is to develop a working relationship with consumers, carers and the community, by:

- Engaging with,
- Seeking feedback/input from, and
- Involving and developing ownership in PCP initiatives, to ensure the initiatives are effective and appropriate.

MILESTONES	DELIVERABLES
Establish Consumers, Carer & Community Reference Group	August 2003 CCC Reference Group
CCC Engagement Training	September 2003 Consumer representation on Working groups
Revision all Terms of Reference to reflect CCC Engagement Strategy	July 2003 CCC Engagement Implementation Plan (Revised)
Outer East Alliance CCC Rights and Responsibilities Charter	June 2004 Evidence of CCC Engagement
Revision of CCC engagement implementation plan	July 2003 CCC Charter November 2003 Trained staff

IMPROVEMENT PLAN

EVALUATION/INTEGRATION/MARKETING	
Evaluation of implementation CCC Engagement framework & recommendations Integration of CCC Engagement in all PCP activities Marketing strategy	March 2004 Evaluation report Evidence of integration June 2004 Focus groups, information forums, media

**GENERAL PRACTITIONER (GP)
ENGAGEMENT**

PRIORITIES/GAPS/EMERGING ISSUES 1 - 6

SUMMARY OF ACHIEVEMENTS

Significant work has occurred in GP engagement through the IT Project and information forums. This has been impeded with limited resources to continue this engagement strategy. Achievements include:

- GP Engagement Framework
- Maroonah IT Referral System
- Model for GP engagement in service coordination

FRAMEWORK & STRATEGIES

The purpose of the GP Engagement Framework is to describe how the Outer East Alliance and Working Groups, Divisions of GP and GPs will work together to undertake integrated and coordinated strategies, with the aim of improving and sustaining the quality of life of residents and the overall health and well being of the community. Pivotal to the success of the Framework is the role of Divisions of GP.

The Framework identifies the infrastructure required to support the strategies and projects to be developed and undertaken. These include:

- Roles and responsibilities;
- Communication and consultation;
- Processes;
- Principles; and
- Resources/Infrastructure.

The Outer East GP Engagement Framework presumes there is agreement to:

- Primary Care Partnership Strategy directions; and Outer East Alliance directions

RATIONALE

Problem Definition:

General Practitioners play a pivotal role in providing services, information and referral to consumers needing primary care, and are critical to effective health promotion and early intervention. GP need to be engaged in service coordination in the primary care system and ongoing community-based treatment to improve the health outcomes for consumers.

Solution:

Continued involvement of Divisions of General Practice and GP's in the IT Referral Project and Integrated Health Promotion Projects. Target group for information sessions etc.

MILESTONES & DELIVERABLES	
Continual collaboration with the Division of General Practice to include GPs in the service coordination strategy through the Electronic Referral System and Electronic Service Directory	<i>June 2004</i> Involvement of the Division of General Practices & GPs in Electronic Referral System & the Electronic Service Directory
Involvement of GP's in the Senior Connections and Footholds on Safety projects	<i>June 2004</i> Evidence of GP engagement in IHP project

IMPROVEMENT PLAN

EVALUATION/INTEGRATION/ MARKETING	
Evaluate quality Improvement of electronic service services	<i>January 2004</i> Evidence of integration across all PCP strategies, initiatives and outcomes <i>June 2004</i> Increase in electronic transmission

INTEGRATED HEALTH PROMOTION

PRIORITIES/GAPS/EMERGING ISSUES 1 - 6

SUMMARY OF ACHIEVEMENTS

The achievements in Integrated Health Promotion include the following:

- Integrated Health Promotion Plan
- Integrated Health Promotion Framework & Strategy that was identified as 'best practice'
- Quality Improvement program for agencies – Youth Friendly Services
- Youth Advisory Group
- Small Grants program as part of marketing strategy on improving services to young people including young parents
- Workforce development in Youth Friendly' practices and services
- Youth Friendly Health Service Resource Kit
- Proposed Workforce Development
- Literature review on social isolation of young people in transient accommodation
- Social Determinants of Health (SdoH) Project
- Population Based Planning (PBP)Project
- Evidence of PBP and SdoH data implemented in local agency planning
- High levels of on-going cooperation and formal partnerships achieved between member agencies to deliver health promotion projects
- Literature review on social isolation of older people completed
- Senior Connections advisory group
- Footholds on Safety advisory group
- Engagement of key stakeholders in Footholds on Safety project
- Marketing outcomes of Footholds on Safety

FRAMEWORK & STRATEGIES

IHP Framework is an important document describing the roles, responsibilities, boundaries, communications and processes for the delivery of health promotion activity in the PCP strategy. It has guided the development of the IHP strategy for the Outer East Alliance.

The strategy consists of four goals. These are:

1. To enhance the capacity of the Outer East Alliance to undertake effective health promotion action
2. To promote the positive mental wellbeing of young people in the outer East

3. To enhance of older people in the Outer East by reducing social isolation
4. To reduce falls and injuries from falls among older people living in their own homes

RATIONALE

Problem Definition:

Integrated Health Promotion needs to be responsive to local needs. It needs to be strategically linked to other activities and service with an evidence base.

Solution:

Continued development of IHP framework, strategy and activities to achieve improved population health outcomes. This will be supported by a model of collaboration across member agencies.

MILESTONES & DELIVERABLES	
<p>Achievement of the objectives as outlined in the Outer East Health Promotion Strategy. These being: -</p> <ol style="list-style-type: none"> 1. To enhance the capacity of the Outer East Alliance to undertake effective Health Promotion action] 2. Promote the positive mental wellbeing of young people in the Outer East. 3. To enhance the health of older people in the Outer East by reducing social isolation (Senior Connections project) 4. To reduce falls and injuries from falls among older people living in their own homes (Footholds on Safety) 	<p>September 2003 Revised and updated IHP Framework and Strategy</p> <p>Ongoing Member agency staff participated in Health Promotion Short Courses</p> <p>August 2003 Youth Project Pilot of service model (Obj. 2b)</p> <p>Senior Connections program:</p> <p>December 2003 Agreed model & guidelines</p> <p>January 2004 Implementation plan</p> <p>April 2003 Pilot of agreed model & guidelines</p> <p>Staying Upright in Outer East</p> <p>November 2003 Models for falls prevention</p> <p>December 2003 Falls Prevention Education Resource</p> <p>June 2004 Evaluation of the 'Keeping Upright in the Outer East' Program</p>

INTEGRATED HEALTH PROMOTION (Cont.)

MILESTONES & DELIVERABLES	
<p>NEW INITIATIVES:</p> <p>PROGRAM GOAL: To develop an effective model of collaboration in the delivery of integrated health promotion across Outer East Health Alliance</p> <p>Objective 1.</p> <p>Review and evaluate OEHA Integrated Health Promotion Framework and Strategy</p> <ol style="list-style-type: none"> Recruit an IHP Officer through secondment for 12 months. Establish an Evaluation Sub-working group for IHP. Undertake review and evaluation of OEHA IHP Framework and Strategy: <ul style="list-style-type: none"> - Collate findings from OEHA Community Health Plan Meeting 16/6/03 - Consult further with member agencies to analyse barriers and identify strengths - Engage in other processes to identify models of collaboration, eg literature review, visit other PCP and IHP agencies. Document findings and recommend elements of an effective model for collaboration, incorporating process mechanisms and performance indicators. Conduct workshop with SWPG members <ul style="list-style-type: none"> - Amend and approve elements of model - Determine action research strategy for monitoring and amendment of the collaboration model 	<ul style="list-style-type: none"> July 2003 IHP project officer. July 2003 IHP Evaluation Sub-working Group. September 2003 Evaluation Report on models of collaboration September 2003 Workshop with SPWG members and agreement on elements of collaboration model and evaluation of this model.
<p>Objective 2.</p> <p>Implement Collaboration Model - Plan a collaborative OEPCP HP project for 2003/04</p> <ol style="list-style-type: none"> Using the agreed Collaboration Model, identify an appropriate health priority for OEHA in 2003/04 Negotiate with member agencies to participate in the collaborative project through voluntary contribution/co-ordination of their own HP project effort in relation to the identified priority area, with 	<ul style="list-style-type: none"> August 2003 Identified health priority / population target August 2003 Identified collaborative HP project to be undertaken by member agencies 'contributing'

<p>other member agencies' activities</p> <ol style="list-style-type: none"> Determine an agreed Impact Evaluation Framework for this HP project. Consult with SPWG re this phase of implementation of the Collaboration Model, determine changes, implement and document 	<p>independent HP resources to a co-ordinated venture</p> <p>October 2003</p> <ul style="list-style-type: none"> Evaluation Framework for the HP project October 2003 Interim 'action research' evaluation of the Collaboration Model
<p>Objective 3.</p> <p>Implement Collaboration Model - Implement OEPCP HP project 2003/04</p> <ol style="list-style-type: none"> Further implement Collaboration Model via implementation of co-ordinated HP activities of agencies PCP IHP worker to provide co-ordination, networking, monitoring and consultation role with agencies Regular review of HP project and Collaboration Model, to identify changes, adjust as appropriate, and document for evaluation. Convening of Review meetings and documentation/evaluation tasks to be undertaken by IHP project officer. Report on completion of HP project / Collaboration Model 	<p>June 2004</p> <ul style="list-style-type: none"> Completed collaborative HP project June 2004 Completed Evaluation report for Collaboration Model, incorporating evaluation of collaborative HP project.

IMPROVEMENT PLAN

EVALUATION/INTEGRATION MARKETING

<p>Process and Impact evaluation strengthened in IHP activity</p>	<p>June 2004</p> <p>Evaluation reports</p>
<p>Integration of IHP and Service Coordination activity and outcomes</p>	<p>June 2004</p> <p>Evidence of IHP & Service Coordination integration</p>
<p>Marketing of IHP project outcomes across the Outer East</p>	<p>Ongoing</p> <p>Increased awareness of PCP IHP projects & outcomes</p>

POPULATION BASED PLANNING

PRIORITIES/GAPS/EMERGING ISSUES 1 - 6

SUMMARY OF ACHIEVEMENTS

Incorporation of Population Based planning in health promotion and service coordination. This is a result of the following:

- Population Based Planning project
- Clear identification of health priorities
- Health priorities against community and services profiles
- Programmatic rather than agency approach to service planning & development

FRAMEWORK & STRATEGIES

Developing enhanced capacity to identify population health needs and strategic service responses.

The aim of developing a Population Based Plan is to identify the specific health and wellbeing needs of the Outer East, develop strategies to address these and a process to monitor and evaluate outcomes.

It will be used to inform, connect with and assist with the development of other PCP initiatives.

RATIONALE

Problem Definition:

There was no structured and/or consistent approach to service planning and data collection in the catchment area. This is required to give a comprehensive picture of local population health needs and to guide service strategic development.

Solution:

Use the Population Based Plan to work on the health and services planning issues in a structure, collaborative and coordinated way.

Incorporate the Social Determinants of Health into health planning processes	<i>September 2003</i> Evidence of Social Determinants of health in forward planning
Continued use of a programmatic approach rather than agency approach in developing the projects that have been identified as priorities	<i>December 2003</i> Programmatic approach
To inform other areas of development within the Community Health Plan such as the Health Promotion Strategy	<i>June 2004</i> Evidence of planning priorities in PCP initiatives

IMPROVEMENT PLAN

EVALUATION/INTEGRATION, MARKETING	
Link with other planning processes eg. HARP, MPHP etc.	<i>June 2004</i> Evidence of links with other health plans

MILESTONES & DELIVERABLES	
Audit and review of planning processes undertaken by member agencies in OEHSCA	<i>September 2003</i> Report of planning documents & processes undertaken by member agencies in OEHSCA available

HOSPITAL ADMISSIN RISK PROGRAM (HARP)

PRIORITIES/GAPS/EMERGING ISSUES 6

SUMMARY OF ACHIEVEMENTS

Outer East PCP has had an active role in both the Hospital Demand Management Strategy and HARP. Achievement in the past 12 months has included the following:

- Agreed process for the involvement of Primary Care Agencies in the development of HARP strategy
- Participation in HARP processes
- Identification of health priorities across sectors, with the adoption of a cohort approach to ensure an integrated response to complex health needs within the community
- Identification of need in the area of Information Management & Information Technology within and across sectors

FRAMEWORK & STRATEGIES

Eastern Health strategy for HARP is based on the following:

- A. Planned and managed holistic care
- B. Clinical assessment, planned care and delivered service
- C. Monitoring, support and maintenance, and;
- D. An environment for: Collaborative, integrated relationships across sectors

RATIONALE

Problem Definition:

Need to link with other health reform processes to improve the health and well being of people in the community

Solution:

Participation in health reform processes across sectors to ensure the reorientation of services to better meet the health needs. This will result in an integrated response to complex health needs within the community and a reorientation to prevention and early intervention.

MILESTONES & DELIVERABLES	
1. Work with Eastern Health to implement successful HARP submissions	<i>Ongoing</i> 1. Participate in HARP Reference Group
2. Participate in the HARP Reference Group	2. Review the HARP planning forum to determine health priorities & target groups
3. Determine strategies to reduce preventable emergency attendances and admissions through a planning forum	<i>Ongoing</i> 3. Participation in HARP projects relevant to the Outer East
4. Participate in the implementation of submissions with Eastern health to DHS which engage the primary care sector in a systematic way to reduce preventable emergency department attendances and admissions	<i>June 2004</i> 4. Evidence of member agencies participation in HARP

IMPROVEMENT PLAN

EVALUATION/INTEGRATION MARKETING	
Increased uptake of service coordination manual & tools	<i>June 2004</i> Increased use of service coordination manual & tools
Joint activity across sectors to better meet the health needs in the community	<i>June 2004</i> Evidence of joint activity across the sectors

SERVICE COORDINATION

PRIORITIES/GAPS/EMERGING ISSUES 6

ACHIEVEMENTS

- Service Coordination Model for Outer East has been developed incorporating the IT Referral project
- Paper based and electronic Service Coordination tools have been implemented through a staged implementation process
- Information Forums have been conducted for service providers and key stakeholders eg. General Practitioners
- Service Coordination Protocol Manual has been developed through a collaborative process, published and widely distributed
- Completion of the Implementation and Support Strategy
- IT Referral system has been piloted in nine agencies and evaluated
- IT Referral system development and implementation plan, including training manuals integrating PPPS work into them, training schedules and identification of further enhancements
- Establishment of a Key Practitioner Reference Group (KPRG)

FRAMEWORK & STRATEGIES FOR DEVELOPMENT AND IMPLEMENTATION

Strategic Planning, Monitoring and Evaluation

Problem Definition:

All the components of the operational plan for Service Coordination interrelate. We need a mechanism to coordinate Service Coordination activities across these elements and with other Alliance activities.

Solutions:

Service Coordination Working group, Strategy revision.

Engagement

Problem Definition:

Need for engagement with providers, consumers and sponsors/funding bodies; information dissemination to stakeholders, and to develop marketing/promotion of Alliance Service Coordination activities to stakeholders including the broader community.

Solutions:

Develop and implement strategies for engagement, information dissemination and marketing/promotion.

Implementation and Support

Problem Definition:

Need to facilitate and monitor agency implementation of agreed common practice, processes, protocols and systems for Service Coordination; to establish resources and feasibility of fuller implementation of generic/targeted agency model documented in Outer East PPPS manual.

Solutions:

- Support implementation at local level through the KPRG
- Review and investigate feasibility of meaningful support for Generic/Targeted agency model within Alliance resources
- Review involvement of Consumer, Carers and Community.
- Integrate PPPS across all PCP work.
- Identify and resolve barriers to implementation of Service Coordination process at a local level.
- Development staff skills through a ??? model using co-trainers across agencies.
- Ensure that Service Coordination process, staff skills and availability to tools are established at a local level.
- Evaluate Service Coordination Model and PPPS Manual.
- Market better access to health services to the community and other key stakeholders

Supporting Systems

Problem Definition:

Develop and implement systems that incorporate paper based and electronic service coordination tools and processes

Solutions:

- Develop and improve Maroondah IT system pilot.
- Support ICT implementation strategy.
- Roll out to Alliance with appropriate training and support.
- Implement an electronic Service Directory strategy to support access to service information within the Outer East.

SERVICE COORDINATION (Cont.)

MILESTONES & DELIVERABLES	
STRATEGIC PLANNING	
<ol style="list-style-type: none"> 1. Monitor and review Service Coordination strategies 2. SCWG workplan developed 3. Interim evaluation of local agency implementation 4. Comprehensive evaluation of service coordination strategies 	<p>June 2004 Minutes, action plans and record of meeting attendees</p> <p>December 2003 Report on interim review with action proposals – going forward.</p> <p>June 2004 Comprehensive evaluation of Service Coordination (2001 – 2004)</p>
ENGAGEMENT	
<p>Practices, Protocols, Processes and Systems</p> <ol style="list-style-type: none"> 1. Marketing of PPPS Manual in Outer East 2. Review of PPPS Manual at regular intervals for amendment <p>Sector Engagement Information Forums</p> <ol style="list-style-type: none"> 4. Regular information forums to be conducted 5. Engagement plan for Service Coordination consistent with Consumer, Carer and Community (CCC) Framework I 	<p>October 2003 PPPS Marketing strategy</p> <p>May 2004 Evaluation report of PPPS Manual</p> <p>August 2003 Marketing strategy Launch of CCC Manual</p> <p>October 2003 Evaluation schedule for implementation and support to member agencies</p> <p>Ongoing Newsletters produced and distributed</p>
IMPLEMENTATION & SUPPORT	
<p>PPPS Workforce Development & Training Key Practitioners Reference Group (KPRG) facilitate local implementation</p> <p>Facilitate ongoing training in PPPS, service coordination orientation and IT referral at a local agency level</p> <p>Revision of Service Coordination Model Review Service Coordination Model for Outer East</p> <p>Local Implementation of SC Model and PPPS Local implementation plans to be monitored and reviewed</p>	<p>Ongoing Key Practitioners Reference Group</p> <p>Ongoing Training complete</p> <p>August 2003 IT & PPPS integrated training manual</p> <p>September 2003 Local implementation plans</p>

SUPPORTING SYSTEMS	
<p>Outer East On-Line Referral System</p> <ol style="list-style-type: none"> 1. Enhancement of Outer East IT Referral System 2. Training and education for participating agencies. 3. Live access to referral system. 4. Further enhancements made as deemed appropriate <p>Service Directory</p> <ol style="list-style-type: none"> 5. Implementation of Electronic service directory strategy for participation of core agencies 	<p>December 2003 Evaluation report from OE Alliance IT Project</p> <p>Dec 03/June 04 Aggregated data report (patterns of referral and utilisation)</p> <p>January 2004 Local service directory: functional feature of Electronic Referral System.</p>

IMPROVEMENT PLAN	
EVALUATION/INTEGRATION/MARKETING	
<p>Evaluation of Systemic Reform Process evaluation of local agency implementation and support</p> <p>Marketing and Consumer and Consultation</p> <p>Outer East Newsletter produced and distributed.</p> <p>Marketing Strategy – 2003 developed in conjunction broader Alliance strategies</p> <p>PCP Website explored as option to assist in information support, sector engagement and marketing outcomes</p>	<p>October 2003 Agreed Evaluation methodology and schedule</p> <p>December 2003 Evaluation report</p> <p>January 2004 Review of marketing strategy</p> <p>July 2003 Decision Outcome & implementation plan for OE PCP website</p>

Appendix: Integrated Health Promotion Senior Connections

Program Goal: To enhance the health of older people in the outer east by reducing social isolation

Population Target Group/s: Older residents living in targeted groups of housing in the Outer East, where social connections do not exist

<i>Program Objectives</i>	<i>Health Promotion Interventions & Capacity Building strategies</i>	<i>Estimated Impacts (Qualitative &/or Quantitative)</i>	<i>Estimated Reach</i>	<i>Timelines & by which agency</i>	<i>Estimated Costs)</i>
<p>Objective 1:</p> <p><i>To increase socialisation opportunities For older residents living in groups of housing in the Outer East where social connections do not exist</i></p>	<p>Screening, individual risk assessment and immunisation</p> <p>To develop guidelines to assess social isolation amongst older people to used by GP's and Primary Care workers</p>	<p>Established a strong network with a variety of agencies. Consumer Advisory group formed. Development of terms of reference and an outline for the groups discussions. Interviews with service providers and older people have begun.</p> <p>Development of list of agencies for future marketing purposes</p> <p>Connections made with personnel in residential housing groups and other service providers to inform them of the tool.</p>	<p>15 service providers and contacts 14 older people 20 interviews</p>	<p>Project Manager Consumer Advisory group Key Stakeholders Completed by December 2003</p>	<p>Consortium staff costs for project support from 3 agencies incurred for total project \$13,500</p>
	<p>Social marketing /Health information</p> <p>Develop and implement marketing strategies to advertise the "Senior Connections" tool to Primary Care agencies and targeted housing groups in the Outer East</p>		<p>15 service providers and contacts</p>	<p>Project Manager Project Consortium By January 2004</p>	
	<p>Health education and skill development</p> <p>Key personnel in targeted housing groups are educated regarding the use of the Senior Connections tool to develop socialisation opportunities</p>		<p>15 service providers and contacts</p>	<p>Project Manager Project Management group By March 2004</p>	

	<p>Community action</p> <p>Working with older people, develop a tool designed to link socially isolated older people through the creation of socialisation opportunities</p> <p>Develop and implement a process for consumer engagement, linked with the Outer East consumer engagement strategy and service linkages strategy to be used through all stages of the project, with particular emphasis on Marginalised groups such as Koori's</p>	<p>Literature review completed to inform the development of the tool. Consumer Advisory group formed. Group consists of 14 older people from residential settings. The group will meet for 12 weeks to develop the tool and guidelines.</p> <p>Consumer engagement strategy developed in accordance with Outer East PCP consumer engagement strategy. Process developed for engaging the community is documented eg: payment of consumers</p>	<p>14 older people</p> <p>50 older people consulted</p>	<p><i>Project Manager</i></p> <p><i>Consumer Advisory group</i> Tool to be developed by December 2003</p> <p><i>Project Manager</i> Project Management committee Completed April 2003</p>	<p>\$4,000 for all related workforce development of service providers in tool usage</p> <p>Project Officer \$6,000</p> <p>Consumables \$3000 for Consumer Advisory Group</p>
	<p>Organisational Development</p> <p>Trial the use of the Senior Connections tool in a targeted housing group</p> <p>Establish a steering committee to oversee this project in line with the Outer East Health promotion framework</p> <p>To provide information and training to GP's and Primary Care workers regarding socialisation opportunities in targeted housing groups</p>	<p>Project Management committee is established in January 2003 and terms of reference developed. Three meetings have been held. Members include EACH, Eastern Ranges Division of GP's, WHE and Yarra Valley CHS. Detailed project plan has been developed with timelines and tasks delegated between agencies. Monthly reports to the Outer East PCP service planning working group</p> <p>Project brief developed. Yarra Valley CHS is the auspice agency with support from EACH, WHE and Yarra Valley Division of GP's.</p>	<p>4 service providers</p>	<p>Project Manager Project Consortium By December 2003</p> <p>Project Manager Project Management committee Began Jan 2003</p> <p>Project Manager Divisions of GP's Consumer Advisory group Bu March 2004</p>	
	<p>Workforce Development</p> <p>Develop a project brief, appoint an auspice agency and recruit a Project Officer to undertake this project.</p>	<p>Position description was developed and project manager was employed in December 2002</p> <p>Yarra Valley CHS has been allocated the project</p>		<p>Project Management group Yarra Valley CHS</p>	<p>Project Worker \$9,000 Estimated costs</p>

	Resources Allocate \$58,232 PCP HP funding from 2001/2002 financial year to progress work on this project	funds		Outer East PCP March 2003	\$4,000 Project Worker \$12,323 Incl. travel Supervision and management \$6,500
Total Budget per Objective					\$58,323

Appendix: Integrated Health Promotion Senior Connections

Program Goal: To enhance the health of older people in the Outer East by reducing social isolation

Population Target Group/s: Older residents living in targeted groups of housing in the Outer East, where social connections do not exist

<i>Program Objectives</i>	<i>Health Promotion Interventions & Capacity Building strategies</i>	<i>Estimated Impacts (Qualitative &/or Quantitative)</i>	<i>Estimated Reach</i>	<i>Timelines & by which agency</i>	<i>Estimated Costs</i>
Objective 2: <i>To increase socialisation opportunities For older residents living in groups of housing in the Outer East where social connections do not exist</i>	Screening, individual risk assessment and immunisation Engagement of Healesville and Knox based GP's in the development and use of the screening tool and guidelines to identify and refer socially isolated older people to relevant services and activities	Consumer engagement strategy developed		Project Manager Divisions of GP's By March 2004	Management supervision and networking costs \$7900
	Community action Comply with recommendations from the recently developed Outer East consumer engagement strategy which provides guidelines for consumer payment			Project Manager Consumer Advisory group	Consumables \$1434 Travel \$3000
	Organisational Development Trial the use of the Senior Connections tool in an additional targeted housing group (Healesville and Knox)			Project Management Project Management Committee By December 2003	Additional Project Officer costs \$21000

	<p>Workforce Development</p> <p>Employ project officer for an additional 1 day per week (expanding the position to 4 days per week). Employ a project supervisor, for one day per week experienced in working with older people. Develop a project brief and appoint an auspice agency.</p>	<p>Project Manager employed in Dec 2002. Project supervisor appointed Project brief developed. Yarra Valley CHS is the auspice agency support from EACH, WHE and Yarra Valley Division of GPs.</p>		<p>Yarra Valley CHS Project Management Committee</p>	<p>COST OF ENHANCEMENTS \$32,343</p> <p>COSTS: Phase 1 (IHP funds 2001/2002) \$58,323 Enhancement (IHP funds 2002/2003) \$34, 343</p>
<p>Total Budget per Objective</p>					<p>\$92,666</p>

Appendix: Integrated Health Promotion Youth Wellbeing Project (Objective 2b)

Program Goal: *To identify and engage with socially isolated, transient and homeless young people in the Upper Yarra Valley who are poorly connected to support structures and to assist in the development of responses that promote improved connectedness.*

Population Target Group/s: People under 25 years in the Outer East

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Reach	Timelines & by which agency	Estimated Costs
<p><i>Objective 1</i></p> <p>To identify key issues and strategies for engaging and supporting young people in the target group</p>	<p>Settings and Supportive Environments</p> <p>Develop a network of agencies, community members and young people to consider issues related to the target group</p>	<p>Evidence of implementation of agreed community actions/strategies</p> <p>Network convened, representative of key stakeholders</p>	6-8 agencies, 4 or more young people, community members	Project Worker	9,300
<p>Objective 2:</p> <p><i>To implement strategies to assist with engagement and support of the target group</i></p>	<p>Social marketing /Health information</p> <p>Develop social marketing responses to promote the outcomes of the process and issues of the target group</p>	<p>OEPCP member agencies are briefed on the process and learning's of the Upper Yarra project to assist with increasing engagement with and understanding of the target group across the PCP.</p> <p>Evidence of promotion of local strategies/youth issues within the community as appropriate</p>	21 PCP member agencies		500
	<p>Health education and skill development</p> <p>Arrange any necessary training or development programs to assist agencies to meet the standards identified within the criteria developed for Youth Friendly Health Services. Financially support agencies for staff to attend training.</p>	<p>Training plan developed and implemented. 100% of representatives from participating PCP agencies attend training. Increased knowledge and skills of participants evidenced by evaluation.</p> <p>Identified actions are compiled with commitments from agencies involved.</p> <p>Increased engagement with target population by agencies</p>			200
					<p>Other project costs</p> <p>CD worker – (17 weeks) 9550 Admin/office/</p>

	<p>Community action</p> <p>Implement actions/strategies identified above within the constraints of community resources and project budget, which actively engage young people in the processes.</p>	<p>Dissemination of research report to PCP member and other participating agencies.1</p>			<p>phone 1524 Travel 1676</p> <p>Project cost 22750</p>
	<p>Settings and Supportive Environments</p> <p>Identify key actions/strategies that are able to be implemented by existing services and interested parties within the community. Such actions may be from the continuum of health promotion strategies including capacity building of organisations, community action, social marketing etc</p>		<p>6- 8 agencies</p> <p>increase in engagement with young people</p>	<p>Project Worker, Auspice agency and Network</p>	
	<p>Organisational Development</p> <p>Utilize the findings of this project to assist other networks and services to better respond to this target group.</p>			<p>Project worker</p>	
	<p>Resources</p>				
					<p>\$22750</p>

Appendix: Integrated Health Promotion Model of Collaboration

Program Goal: To develop and implement an effective model of collaboration for the delivery of integrated health promotion across the Outer East Health Alliance

Population Target Group/s: (To be identified in establishment phase)

<i>Program Objectives</i>	<i>Health Promotion Interventions & Capacity Building strategies</i>	<i>Estimated Impacts (Qualitative &/or Quantitative)</i>	<i>Estimated Reach</i>	<i>Timelines & by which agency</i>	<i>Estimated Costs)</i>
<p>Objective 1</p> <p>Review and evaluate OEHA Integrated Health Promotion Framework and Strategy</p>	<ol style="list-style-type: none"> 1. Recruit an IHP Officer through secondment for 12 months. 2. Establish an Evaluation Sub-working group for IHP. 3. Undertake review and evaluation of OEHA IHP Framework and Strategy: <ul style="list-style-type: none"> - Collate findings from OEHA Community Health Plan Meeting 16/6/03 - Consult further with member agencies to analyse barriers and identify strengths - Engage in other processes to identify models of collaboration, eg literature review, visit other PCP and IHP agencies. 4. Document findings and recommend elements of an effective model for collaboration, incorporating process mechanisms and performance indicators. 5. Conduct workshop with SWPG members <ul style="list-style-type: none"> - Amend and approve elements of model - Determine action research strategy for monitoring and amendment of the collaboration model 	<p>1. Implementation evaluation:</p> <ul style="list-style-type: none"> - IHP Officer recruited, - Evaluation Sub- group established - Review undertaken and documented - Workshop conducted <p>2. Process evaluation:</p> <p>SPWG members will be asked to complete an evaluation of the review/evaluation phase, during the final workshop. Evaluations will be collated and analysed. Evaluations will show a shared and supported understanding among SPWG members of the reviewed framework and strategy plan, as evidenced in:</p> <ul style="list-style-type: none"> - Satisfaction with the review process - Enhanced confidence on the part of SPWG members, in the ability of the SPWG to effectively collaborate in Health Promotion. <p>3. Impact Evaluation:</p> <p>SPWG members will complete the 'HP Skill Assessment Tool' (where the organisation is the OEHA SPWG). This evaluation will form a baseline measure for impact evaluation for this goal.</p>	<p>Current membership of the OE Alliance SPWG – ie representatives of 21 organisations</p> <p>Evaluation of sub-group of SPWG members</p>	<p>July – September 2003</p> <p>Outer East Alliance Program Manager, delegated to IHP Officer</p>	<p>Staff costs: \$15,000</p> <p>Consumables \$3,000</p>
Total Budget per Objective					\$18,000

Appendix: Integrated Health Promotion Model of Collaboration

Program Goal: To develop and implement an effective model of collaboration for the delivery of integrated health promotion across the Outer East Health Alliance

Population Target Group/s: (To be identified in establishment phase)

<i>Program Objectives</i>	<i>Health Promotion Interventions & Capacity Building strategies</i>	<i>Estimated Impacts (Qualitative &/or Quantitative)</i>	<i>Estimated 1. Reach</i>	<i>Timelines & by which agency</i>	<i>Estimated Costs)</i>
<p>Objective 2 Implement Collaboration Model - Plan a collaborative OEPCP HP project for 2003/04</p>	<ol style="list-style-type: none"> 1. Using the agreed Collaboration Model, identify an appropriate health priority for OEHA in 2003/04 2. Negotiate with member agencies to participate in the collaborative project through voluntary contribution/co-ordination of their own HP project effort in relation to the identified priority area, with other member agencies' activities 3. Determine an agreed Impact Evaluation Framework for this HP project. 4. Consult with SPWG re this phase of implementation of the Collaboration Model, determine changes, implement and document 	<p>Implementation Evaluation:</p> <ul style="list-style-type: none"> - Collaboration Model applied - HP priority identified - 3 or more member agencies engaged to participate voluntarily in collaborative HP project - Impact Evaluation framework devised for the HP project - Consultation with SPWG re the 'Collaboration Model' undertaken and adjustments agreed to <p>Process Evaluation: SPWG members will be asked to complete an evaluation of this planning phase, during a workshop. Evaluations will be collated and analysed. Evaluations will show:</p> <ul style="list-style-type: none"> - Clear agreement among SPWG member agencies as to HP priority, HP project and interventions - Satisfaction among SPWG members regarding the process whereby the Collaboration Model has been implemented 	<p>Current membership of the OE Alliance SPWG – ie representatives of 21 organisations</p> <p>Evaluation of sub-group of SPWG members</p>	<p>September-October 2003</p> <p>Outer East Alliance Program Manager, delegated to IHP Officer</p>	<p>Staff costs: \$30,000</p> <p>Consumables \$3,000</p>

Program Objectives	Health Promotion Interventions & Capacity Building strategies	Estimated Impacts (Qualitative &/or Quantitative)	Estimated 1. Reach	Timelines & by which agency	Estimated Costs)
Objective 3 Implement Collaboration Model - Implement OEPCP HP project 2003/04	<ol style="list-style-type: none"> 1. Further implement Collaboration Model via implementation of co-ordinated HP activities of agencies 2. PCP IHP worker to provide co-ordination, networking, monitoring and consultation role with agencies 3. Regular review of HP project and Collaboration Model, to identify changes, adjust as appropriate, and document for evaluation. Convening of Review meetings and documentation/evaluation tasks to be undertaken by IHP project officer. 4. Report on completion of HP project / Collaboration Model 	<p>Implementation Evaluation:</p> <ul style="list-style-type: none"> - Collaborative HP project to be commenced by engaged agencies as per agreement - IHP Project Officer convenes regular co-ordination/consultation meetings and applies Collaboration Model - Evaluation Report completed <p>Process Evaluation: Collaborating OEHA members will be asked to complete an evaluation of this implementation phase, during a final workshop. Evaluations will be collated and analysed. Evaluations will show:</p> <ul style="list-style-type: none"> - Evidence of problem solving and decision-making processes have been applied as per the Collaboration Model - Satisfaction among SPWG members regarding the process whereby the Collaboration Model has been implemented <p>Impact Evaluation: WG members (or Evaluation sub-group members) will complete the 'HP Skill Assessment Tool' (where the organisation is the OEHA SPWG). This evaluation will form the post-test measure for impact evaluation for this goal</p>	<p>Current membership of the OE Alliance SPWG – ie representatives of 21 organisations</p> <p>Evaluation of sub-group of SPWG members</p>	<p>November 2003 – June 2004</p> <p>Outer East Alliance Program Manager, delegated to IHP Officer</p>	<p>Staff costs: \$15,000</p> <p>Consumables \$3,000</p> <p>Estimated Total Cost \$69,000</p>
Total Budget per Objective					\$69,000