

Living
and
Working
Together

In
Swan Hill Rural City
Buloke Shire
and
Gannawarra Shire

A Community Health Plan
for the
Southern Mallee Primary Care Partnership

2002 /2003

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About our plan

How we developed our plan

This is the second community health plan for the Southern Mallee Primary Care Partnership. As part of developing the first plan we agreed upon a picture for the future health and well being of our communities and established desired health outcomes. Our vision and outcomes can be found on page 3.

Using the first plan as our starting point, this current plan was developed in the following way:

1. We conducted a series of community consultation forums in each of our three local government areas. We chose to do this through existing community groups and networks. We sought the views of a cross section of the community by ensuring we linked with at least one sporting group, one support group, one service club, one religious group and one school council. A list of the groups that participated is provided as Appendix 1.
2. Consultation occurred with the Swan Hill Consumer Advisory Group
3. A workshop was conducted with the SMPCP Board
4. Workshops were conducted with each of our Service Provider Networks, based in each local government area: Swan Hill Rural City, Buloke shire and Gannawarra Shire
5. Workshops were conducted with each of our Health Promotion Committees, also based in each local government area

We kept members of the SMPCP, and their communities, up-to-date with the progress of our work through a bi-monthly newsletter and a fortnightly bulletin

Our plan links with the Municipal Public Health Plan

As part of the development of our first plan the three local government councils in the Southern Mallee decided to simultaneously develop a joint Municipal Public Health Plan. As much as possible the two plans were strongly linked. Further development to integrate these plans will occur later this year.

Implementing our plan at the local level

Our PCP has three municipality-based Service Provider Networks made up of the member agencies that operate in the local government area. These Service Provider Networks have accepted responsibility for the implementation of our Community Health Plan at a local level. In this way, implementation can be targeted to the specific local priorities, which have been developed collaboratively by each local Service Provider Network.

While working individually on particular aspects of our desired outcomes, collectively we are working on all aspects, and are therefore progressing towards the picture for our future.

Quality Improvement

The SMPCP is committed to quality improvement and to ensuring that its projects have ongoing monitoring and evaluation processes. There is always a need to evaluate public health programs. However, as financial and human resources have become more limited in recent years, the need has been even greater. The PCP process is a new approach to improving and coordinating primary care services, encouraging health promotion and reducing avoidable hospital admissions. The SMPCP has acknowledged the importance of an effective monitoring and evaluation system that can demonstrate and support successes and learn from failures that may occur as part of the PCP process.

For this to occur there have been multi-layered monitoring and evaluation processes occurring since the inception of the Southern Mallee Primary Care Partnership. These processes have included:

Service Partnership

The SMPCP Board has regular bimonthly meetings where the overall progress of the PCP is reviewed. Two planning days have taken place and an ongoing review of the structures, including committees, occurs to ensure that they continue to meet the needs of the Board and service providers. This has included informal feedback and telephone surveys.

To ensure effective involvement of consumers, a Consumer Health Advisory Group has been established in Swan Hill. This group has developed a 'program logic' approach to evaluation. A comprehensive survey is undertaken every six months to monitor the effectiveness of the group and how the SMPCP can improve the process. This involves all members of the group. In addition, the Project Officer telephones members of the group at different times, particularly if they miss a meeting, to gain informal feedback.

In the Gannawarra and Buloke Shires it was initially intended to establish similar groups. After wide consultation with existing consumer groups and service providers it was felt that due to the small populations and community spread, one group may not be representative. Further, we found that it would be difficult to get the membership due to time commitments to other groups and because of the distances involved. To ensure that consumer input is still occurring the Consumer Project Officer has:

- Audited all processes for consumer consultation that service providers currently have in place;
- Identified best practice; and
- Will promote the use of the best practice to further improve agencies' consumer participation processes.

Further to this the Service Providers have elected to work with the SMPCP to raise the profile of their agencies and consult with consumers through existing channels.

Service Planning and Service Coordination

All the Health Promotion and Service Coordination projects have developed a 'program logic' approach to evaluation. The progress of the projects is discussed at each Health Promotion meeting in each Shire. This is minuted. As the projects have been implemented the initial objectives and direction of a few projects have been changed slightly. This has occurred as a result of having a solid evaluation and monitoring process in place.

A healthy community

Our picture for the future

People in Swan Hill Rural City, Buloke Shire and Gannawarra Shire
live in a healthy community.
People are empowered to take responsibility for their own health and well-being.
The social, physical and emotional health of our community
is mirrored in the health of individuals

Our health outcomes

What do we want? Our desired outcomes	How will we measure it? Our indicators
1. Connectedness – people are connected to each other and engaged in their community's activities	<ul style="list-style-type: none"> • Increased level of participation in community activities • Increased level of community transport • Lower levels of vandalism
2. Safety – people live in a safe and supportive community	<ul style="list-style-type: none"> • Increased percentage level of immunisation • Reduced incidence of farm accidents • Fewer falls • Reduced incidence of road accidents
3. Sustainable community – people live in a viable community	<ul style="list-style-type: none"> • Reduced number of reports of blue-green algae • Reduced level of salinity • Higher rate of employment • Increasing number of young people remaining in our communities • Availability of housing • Availability of education
4. Healthy Living – people enjoy a healthy lifestyle	<ul style="list-style-type: none"> • Reduced incidence of depression • Reduced incidence of chronic illness and disease • Increased levels of physical, recreation and social activity for all groups and ages • Reduced use of drugs and alcohol • Higher level of public dental service • Communities have access to relevant practitioners
5. Coordinated systems – the service systems that people use are coordinated to achieve better service delivery	<ul style="list-style-type: none"> • Higher levels of coordination and collaboration between health and community organisations • Increased use of a single planning framework • Increased use of common referral and assessment systems

A healthy community

We have been actively working with our Outcomes this past year to help improve the health and well being of people in our municipalities.

To further progress this work we plan to undertake a project in the next planning cycle to develop ways to measure the Indicators. This project has been funded through the Municipal Public Health Planning – Good Practices Program and will be coordinated through our three local Councils.

The principles that underpin our plan

- Participation – community participation in decision making processes is essential
- Empowerment – people must be provided with the information, education and supports needed for them to take responsibility for their own health and well-being
- Partnership – health outcomes can only be achieved through collaborative efforts
- Health is a resource for everyday life and an aspect of quality of life
- Holistic – the promotion of health and well being requires us to consider the context within which people live

Our priorities and service gaps

Health and Well Being Outcome	Priority and Service Gap	What do we require
Connectedness	Transport	<ul style="list-style-type: none"> • Funds to coordinate existing transport resource: public, private and community • Additional levels of community transport, in the form of brokerage funds to help purchase local solutions
	Social connection programs and activities	<ul style="list-style-type: none"> • Programs and activities that help bring people together to interact with each other and the broader community in positive ways
Healthy Living	Chronic illness	<ul style="list-style-type: none"> • Services and programs that will help our communities develop and maintain healthy lifestyles • Additional allied health services • Capacity for services to be delivered closer to where people live, such as through outreach services
	Men's health	<ul style="list-style-type: none"> • Services and programs targeted to men's health • Services to be delivered in more flexible ways to encourage men to access them • Information on how to change their lifestyles and support to do this • Additional allied health services to help men deal with chronic illness
	Medical and allied health services	<ul style="list-style-type: none"> • Additional GPs • Additional allied health services, across a variety of disciplines • Allied health services to be delivered more flexibly so services can be delivered closer to where people live
	Outreach services	<ul style="list-style-type: none"> • Additional funds to establish more outreach services • Available services to be delivered more flexibly
	Services for families at risk	<ul style="list-style-type: none"> • Additional family support services and programs that help build more positive relationships and strengthen families' capacity to parent well • Additional child care, especially centre-based care and after school care • Additional counselling services, especially for parents and couples
	Dental services	<ul style="list-style-type: none"> • Increased availability of public-funded dental services • Cross border anomalies in relation to public dental services to be addressed • Greater promotion of the Youth Dental Service • Physical access to public dental services to be addressed for children with a disability
	Mental health	<ul style="list-style-type: none"> • Additional services and programs to assist people with mental health issues, especially for young people • Additional services and programs to prevent suicide and depression

Our priorities and service gaps

Health and Well Being Outcome	Priority and Service Gap	What do we require
Coordinated systems	Consumer participation	<ul style="list-style-type: none"> • Greater opportunities for the community to participate in the planning, delivery and evaluation of services • Agencies to improve their consumer participation processes
	Collaborative service planning and delivery	<ul style="list-style-type: none"> • The community to have greater capacity to access more appropriate services
	Cross border anomalies	<ul style="list-style-type: none"> • NSW and Victorian governments and service providers to address the cross border anomalies
Safety	Child safety through strengthening the capacity of families	<ul style="list-style-type: none"> • Additional family support services and programs that help build more positive relationships and strengthen families' capacity to parent well • Additional childcare, especially centre-based and after school care • Additional counselling services, especially for parents and couples
Sustainable community	Building more sustainable services and organisations	<ul style="list-style-type: none"> • Agencies to develop and implement initiatives to improve the levels of recruitment and retention of professional staff
		<ul style="list-style-type: none"> • Additional childcare services, especially centre-based and after school care

Our strategic objectives

Health and Well Being Outcome	Objectives	Strategies
Connectedness	Strengthen self-esteem, personal relationships and the understanding and acceptance of diversity by providing opportunities for people in our communities to interact on a personal and social level	<ul style="list-style-type: none"> • Expand the community meals program to Koori groups through a joint venture with the Koori Parenting Program and the Kerang Meals on Wheels Program [Gannawarra]
	Improve access of people to families, friends, services, and facilities by pursuing an effective mix of public and community transport services within the municipality and to principal destinations outside the Shire	<ul style="list-style-type: none"> • Implement initiatives to progress the coordinated transport system [Gannawarra]
	Increase the self-esteem and resilience of young people in our shire by providing opportunities for them to build personal development skills	<ul style="list-style-type: none"> • Further develop the Youth Strategy and Policy to increase the social connectedness of young people with their communities [Buloke]
	Improve the self-esteem and social connectedness of young males	<ul style="list-style-type: none"> • Develop a range of social connectedness and self-esteem initiatives [Swan Hill]
Healthy Living	Assist people with chronic illness to gain appropriate services	<ul style="list-style-type: none"> • GPs and other providers to jointly participate in case conferencing especially related to EPC/MBS Items [Southern Mallee]
		<ul style="list-style-type: none"> • Develop and implement a Cardiovascular Strategy for residents aged over 50 years [Buloke]
	Support Aboriginal people to receive appropriate services	<ul style="list-style-type: none"> • Provide professional development in Indigenous Cultural Awareness to primary care staff [Southern Mallee]
		<ul style="list-style-type: none"> • Incorporate Indigenous Cultural Awareness approaches into existing Health Promotion programs [Across Southern Mallee]
	Improve the health of men in our communities by providing information, education and support to men and community groups	<ul style="list-style-type: none"> • Further expand the Mallee Men's Health Program [Swan Hill]
		<ul style="list-style-type: none"> • Support businesses to develop healthy workplaces [Southern Mallee]

Our strategic objectives

Health and Well Being Outcome	Objectives	Strategies
Coordinated systems	Assist people in Southern Mallee to receive appropriate services through collaborative service planning and delivery	<ul style="list-style-type: none"> <li data-bbox="914 327 1409 439">• Fully implement the INI tools in all PCP member agencies [Southern Mallee] <li data-bbox="914 450 1409 595">• Provide training and support to member agencies to implement the INI tools and case conferencing [Southern Mallee] <li data-bbox="914 607 1409 685">• Evaluate and review the INI system [Southern Mallee] <li data-bbox="914 696 1409 842">• Develop and implement a program to engage a broader range of organisations in care planning [Southern Mallee] <li data-bbox="914 853 1409 965">• Implement initiatives to fully implement, maintain and update the Services Directory [Southern Mallee] <li data-bbox="914 976 1409 1088">• Implement initiatives to gain improved telecommunications [Southern Mallee] <li data-bbox="914 1099 1409 1245">• Review the GP Engagement Strategy to identify ways in which to further strengthen the partnership [Southern Mallee] <li data-bbox="914 1256 1409 1424">• Develop a consistent evaluation framework and monitoring process that can be used by the three Local Government Councils and the SMPCP [Southern Mallee] <li data-bbox="914 1435 1409 1547">• Establish links with, and support the existing consumer networks [Southern Mallee] <li data-bbox="914 1559 1409 1671">• Identify consumer best practice and establish benchmarks [Southern Mallee] <li data-bbox="914 1682 1409 1794">• Conduct session for consumers to inform them of the INI system [Southern Mallee]

How our plan links with the Public Health Plan

Our vision	Health outcomes	Public Health Plan	Swan Hill Health Services Group	Buloke Health Services Group	Gannawarra Health Services Group
People in Swan Hill Rural City, Buloke Shire and Gannawarra Shire live in a healthy community. People are empowered to take responsibility for their own health and well being. The social, physical and emotional health of our communities is mirrored in the health of individuals	Connectedness: People are connected to each other and engaged in their community's activities	Self-esteem	<ul style="list-style-type: none"> - Develop a range of social connectedness and self-esteem initiatives for young men 	<ul style="list-style-type: none"> - Further develop the Youth Strategy and Policy 	<ul style="list-style-type: none"> - Expand Community Meals Program to Koori groups - Progress the coordinated transport system
	Healthy living: People enjoy a healthy lifestyle	Self-esteem A healthy lifestyle	<ul style="list-style-type: none"> - Further expand Mallee Men's Health Program - Support business to develop healthy workplaces - Encourage GPs' uptake of EPC items and case conferencing - Provide Indigenous Cultural Awareness Training and adapt Health Promotion 	<ul style="list-style-type: none"> - Develop and implement a CVD Strategy for people over 50 years of age - Encourage GPs' uptake of EPC items and case conferencing - Provide Indigenous Cultural Awareness Training and adapt Health Promotion 	<ul style="list-style-type: none"> - Encourage GPs uptake of EPC items and case conferencing - Provide Indigenous Cultural Awareness Training and adapt Health Promotion
	Safety: People live in a safe and supportive community	Building a safe community	Not a focus for 2002/2003	Not a focus for 2002/2003	Not a focus for 2002/2003
	Sustainable community: People live in a viable community	Respect for our land and water Growing our community	Not a focus for 2002/2003	Not a focus for 2002/2003	Not a focus for 2002/2003
	Coordinated systems: The service systems that people use are coordinated to achieve better service delivery	Joint public health plan based on the work undertaken with the PCP	<ul style="list-style-type: none"> - Implement and evaluate INI - Provide training - Engage broader range of organisations in care planning - Implement Services Directory - Improve telecommunications - Review GP Strategy - Integrate CHP and MPHP 	<ul style="list-style-type: none"> - Implement and evaluate INI - Provide training - Engage broader range of organisations in care planning - Implement Services Directory - Improve telecommunications - Review GP Strategy - Integrate CHP and MPHP 	<ul style="list-style-type: none"> - Implement and evaluate INI - Provide training - Engage broader range of organisations in care planning - Implement Services Directory - Improve telecommunications - Review GP Strategy - Integrate CHP and MPHP

Connectedness

People are connected to each other and engaged in their community's activities

Why is being connected important?

Family and friends are important for psychological well being. Participation in social, leisure and physical activities is positively related to higher levels of health, self-esteem and life satisfaction. Obstacles to participation include poverty, health status, lack of accessibility, lack of available transport and attitudes.¹

Low self-esteem and social isolation affect mental and physical health.²

Access to transport is a fundamental aspect of a sense of personal well-being and independence. We require it to access needed health services and community facilities, to socialise, to participate in recreational activities and to maintain our personal relationships.

What is the current situation in Southern Mallee?

Our current strengths

The Southern Mallee is located in north-west Victoria and is home to 41,370 people. It comprises three Local Government Areas: the Shires of Buloke and Gannawarra and Swan Hill Rural City.

SMPCP Community Profile 2001/2002

While public transport is almost non-existent we have some community transport for people of the Home and Community Care (HACC) target group: those who are aged and frail, people with disabilities, and their carers. This helps these people connect to services, to each other and to participate in the life of the community.

DHS funding information

We have a strong history of volunteering, which adds much social capital to our communities. We have a volunteer coordination service in Gannawarra and Buloke, and a Carers' Support Group in Swan Hill.

SMPCP Community Profile 2001/2002

DHS funding information

Our communities in Swan Hill and Gannawarra have a richness of diversity. We have a relatively high number of indigenous people, and in Swan Hill, 11.3% of the population is from overseas.

SMPCP Community Profile 2001/2002

The elderly and people with disabilities are supported to remain living at home, and to connect with their families and communities, through a variety of case management and service brokerage packages, day activity services and respite.

DHS funding information

Agency information

¹ DHS, 1999, Healthy Ageing: The Health and Service Needs of Older People in the Loddon Mallee Region,

² DHS, 2001, Men's Health Planning Strategic Framework

HACC support services also help people remain connected. We have good levels of Home Care and Personal Care. Delivered meals is an important way in which people are helped to remain living at home. Day centre services are provided in each of the municipalities.

DHS funding information

People are proud of the public and community facilities in their towns.

Community consultation

Our health and well being issues

Transport

- Generally, people in our municipalities have difficulty gaining access to each other, to services within the district and to specialist services in other areas because of the cost of, and lack of transport. Most do not qualify for community transport and the community transport is limited. Poor access to transport can result in further isolation and prevent people from seeking needed health services.

SMPCP Community Profile 2001/2002

Social connection

- We have large numbers of people who live alone. We are particularly concerned about older people who live alone, and those people who live in outlying areas. Many are isolated from their communities, even where they might live in town. Many people are isolated because of a lack of transport. Isolation is a major contributor to depression.
- We are concerned about our young people. A lack of positive connection with families, friends and the community can be a critical cause of poor health and can lead to increased use of drugs and alcohol.
- In Gannawarra and Buloke there is a perceived increase in social issues as a result of the influx of people to cheap public and private housing. These people have low incomes and limited personal and social connections.
- Families residing in remote communities often have little support and poor connections with the broader community.
- Although we have a good history of volunteering, as our volunteers age, we are experiencing difficulties in recruiting and retaining people in sufficient numbers. We need to conduct succession-planning initiatives so that we will have enough volunteers when the current ones 'retire'.
- In Swan Hill we have significant numbers of itinerant workers, many of whom do not speak English. We find it difficult to obtain interpreters for these people, especially those of Vietnamese, Tongan and Laotian background.

SMPCP Community Profile 2001/2002

SMPCP Community Profile 2001/2002

Community and agency consultation

SMPCP Community Profile 2001/2002

SMPCP Outreach Project – Sea Lake and District

SMPCP Community Profile 2001/2002

SMPCP Community Profile 2001/2002

Access

- Disability respite operates throughout the Southern Mallee, but there is a shortage. Respite enables people to participate in their communities, and to relieve carer stress. Respite is especially needed for families with a person with a disability and for those caring for older people.

SMPCP Community Profile 2001/2002

- People with a disability have difficulties accessing some of our public and community facilities.
- We have some day activity services for people with disabilities but there is a shortage.

Community advisory Group and community consultations
SMPCP Community Profile 2001/2002

What are our priorities and critical service gaps?

1. Transport

	How affected by the issue?
Children and young people	<p>Southern Mallee has poor public transport and limited community transport, which is restricted to specific target groups, generally people in the HACCC target group. Usually, families and young people are not eligible for community transport.</p> <p>Many people in our communities have low levels of income. Our communities are more disadvantaged than the average for Victoria. The cost of running a car is difficult for many people on low incomes. The cost of staying connected to families, friends and the community is high. Many of our young people hitch rides because of the poor access to transport. This can be a risky practice.</p>
Older people	<p>Many needed health and community services are not provided locally. There is a poor level of outreach services. Generally, people in Southern Mallee are required to travel to larger towns and to Bendigo and Melbourne. This can often mean a whole day away, and sometimes incur the added expense of overnight accommodation. This can result in additional burdens for families with young children, especially those who have children with a disability. Travelling long distances to health services can be physically and emotionally tiring for older people.</p>
Disability issues	<p>Poor access to transport can increase people's actual and perceived levels of isolation. We have many families who live in remote areas, and many people who live alone. Often, new families come to the district because of the cheap housing. However they do not always have personal and social support networks and can soon become isolated. Being connected is important for health, especially to help prevent depression and abuse of substances. Southern Mallee has high levels of depression, suicide is an issue, and we have high levels of alcohol abuse and dependency. We perceive that boredom leads our young people to abuse alcohol. Transport is an important enabler for young people's social activities.</p>
Mental health issues	<p>The absence of outreach services and poor access to transport can contribute to people being reluctant to seek out needed health services. This can result in people presenting late to GPs and specialists and to community support services. Late presentation can lead to late identification of need, which in turn can result in a need for more complex, intensive and costly intervention than might otherwise have been needed. Late presentation or inconsistent attendance at needed activities can increase demand for costly hospital in-patient services.</p>
Alcohol and drug issues	
Hospital demand management	

Our communities require:

- Funds to coordinate existing transport resources, public, private and community.
- Additional levels of community transport, in the form of brokerage funds to help purchase local solutions.

2. Social connection programs and activities

	How affected by the issue?
Children and young people	<p>Families residing in remote communities often have little support and poor connections with the broader community. Isolation is a major contributor to depression, which in turn can affect how well people are able to parent their children. We are concerned about families at risk and believe they need early intervention and support. In Gannawarra and Buloke, cheap public and private housing brings new families, who are often on low incomes and who have limited personal and social networks.</p> <p>We are concerned about our young people. A lack of positive connection with families, friends and the community can be a critical cause of poor health and can lead to increased use of drugs and alcohol.</p>
Older people	<p>We have large numbers of people who live alone. Many are isolated from their communities, even where they might live in town. Isolation is a major contributor to depression.</p>
Disability issues	<p>Respite helps people connect with their communities and relieves carer stress. While disability respite operates throughout the Southern Mallee, there is a shortage.</p> <p>Day activity for people with a disability is an important way for them to feel they are contributing positively to the life of the community, and to connect with friends. We have some day activity services for people with disabilities but there is a shortage.</p>
Mental health issues	<p>Isolation is a major contributor to depression. Programs to prevent isolation and improve people's connectedness with others and their communities help prevent depression.</p>
Alcohol and drug issues	<p>We perceive that boredom and poor self-esteem contribute to young people abusing alcohol. Programs and activities that help young people feel they can contribute positively to the community, and provide opportunities to do something they enjoy can help prevent alienation and boredom.</p>
Hospital demand management	<p>Depression and alcohol abuse can place additional demand on hospital services.</p>
Other issues	<p>Volunteering adds important social capital to our communities. Programs and activities that encourage volunteering can help improve social capital.</p>

Our communities require:

- Programs and activities that help bring people together to interact with each other and the broader community in positive ways.

What have we achieved to date?

Youth Strategy – Buloke

- A Youth Reference Group has been formed
- A literature review of past youth strategies at local, state and national level conducted
- An audit of local youth initiatives was conducted
- A Youth Strategy and Policy for Buloke is being developed

This led to:

- ⇒ Establishment of a Buloke Youth Alliance Group, which will have ongoing input to the development and implementation of the Youth Strategy
- ⇒ A Family Fun Day in which:
 - Young people were involved in the planning and coordination
 - Over 500 members of the community, and local industries, actively participated
 - Young people showcased their talents. For example, young people performed in bands and some exhibited crafts

⇒ Buloke Shire's Health Promotion Officer undertaking a survey with youth to identify issues affecting young people in Buloke and potential strategies to resolve these

As a result:

- ✓ Young people have taken on roles of responsibility as part of the Family Fun Day
- ✓ Young people in the 5 main towns of the Shire have increased opportunity, through the Alliance, to have input to decision-making for youth-related activities
- ✓ Positive images of young people have been presented to the broader community

Future strategy:

- Further develop the Youth Strategy and Policy for Buloke to increase the social connectedness of young people with their communities

Boys Business project – Swan Hill

- 50 young boys participated in a survey to determine good practices of engaging young people and their fathers
- 4 boys and 1 parent participated in a pilot camping trip to further explore good practices
- Links were made with other youth-focused projects that operate within the municipality
- Surveyed all schools in municipality

This led to:

- ⇒ A forum with parents in which they were provided with resources to:
 - Enhance communication with their young family member
 - Be aware of programs to support parents in their role of parenting young people
- ⇒ Identification of the significant adult males in the life of the participating young men
- ⇒ Schools being resourced with strategies that can enhance relationships between young men and the significant adult males in their lives
- ⇒ Engagement of male community role models, for example, teachers and professional skateboarders, to support the Active Youth Project

Future strategies:

- Develop social connectedness and self-esteem initiatives for young people, including:
 - Facilitating ongoing support of parenting role of fathers through “Thanks Dad” parenting programs, the Men’s Health Program, and the Swan Hill Woodworking Club
 - Promoting the continuing support of Active Youth Project by community role models
 - Supporting local schools to use the findings of the project

Community Meals Program – Gannawarra

- Members of the community were actively involved in the planning and delivery of a Community Meals Program as recipients of meals; as Meals Hosts [for example, service clubs]; and as members of the project reference group

This led to:

- ⇒ Opportunities for people to meet socially and to participate in informal discussions about lifestyle choices and healthy living

Future strategy:

- Expand the Community Meals Program to Koori groups through a joint venture with the Koori Parenting Program.

Transport Study - Gannawarra

- Members of the community were activity involved in the study
- A literature review of previous transport studies elsewhere was undertaken
- Taxi operators, private transport operators and community groups participated through a forum and survey

This led to:

- ⇒ Identification of available transport resources in the Shire, and how to access them
- ⇒ All stakeholders – taxi operators, private transport operators, community transport providers, community groups, the Council, health providers – taking some ownership through involvement in development of transport model
- ⇒ Development of a transport model suitable for Gannawarra

As a result:

- ✓ Key community groups, service providers and transport operators in Gannawarra who have a better knowledge of what transport services are available in the community, and how to access these.

Future strategy:

- Implement initiatives to progress the coordinated transport system

Our goals and strategies for 2002/2003

Goal 1:

Improve the health and well being of people in Gannawarra Shire by enabling them to access services and participate in the life of their communities

Objective	Strategy	Coordinating agency
1.1 Strengthen self-esteem, personal relationships and the understanding and acceptance of diversity by providing opportunities for people in our communities to interact on a personal and social level	Expand the community meals program to Koori groups through a joint venture with the Koori Parenting Program and the Kerang Meals on Wheels Program	<ul style="list-style-type: none"> • Kerang District Hospital • Northern District Community Health Service
1.2. Improve access of people to families, friends, services, and facilities by pursuing an effective mix of public and community transport services within the municipality and to principal destinations outside the Shire	Implement initiatives to progress the coordinated transport system	<ul style="list-style-type: none"> • Gannawarra Shire Council

Goal 2:

Improve the health and well being of young people in the Buloke Shire by enabling them to build personal development skills

Objective	Strategy	Coordinating agency
2.1. Increase the self-esteem and resilience of young people in our shire by providing opportunities for them to build personal development skills	Further develop the Youth Strategy and Policy for Buloke to increase the social connectedness of young people with their communities	<ul style="list-style-type: none"> • SMPCP

Goal 3:

Improve the health and well being of young people Swan Hill Rural City by enabling them to connect positively with their families and communities

Objective	Strategy	Coordinating agency
3.1. Improve the self-esteem and social connectedness of young males in Swan Hill and district	Develop a range of social connectedness and self-esteem initiatives	<ul style="list-style-type: none"> • Swan Hill District Hospital

Healthy Living

People enjoy a healthy lifestyle

Why is a healthy lifestyle important?

Regular physical activity improves health by reducing the risk of developing illness and conditions such as heart disease, colon cancer and high blood pressure. Being physically active helps reduce depression and anxiety, helps control weight. Builds and maintains healthy bones, muscles and joints and promotes psychological well being. Encouraging higher levels of exercise has the potential to lead to lower use of health services and improved well being.³

Many researchers suggest that up to 95% people who suicide are suffering from a mental illness, most commonly depression, substance abuse associated with depression, or schizophrenia.

Alcohol abuse impacts on many aspects of our lives. It is a risk factor in many diseases and illnesses. It can mask poor self-esteem and social concerns such as unemployment, not having enough money or being bored.

Good nutrition is critical. Poor diet is linked to diseases such as diabetes.

What is the current situation in Southern Mallee?

Our current strengths

We have a variety of health and community services. These include:

- Hospitals in each of the municipalities, each providing in-patient and non-admitted patient services. These are situated in Swan Hill, Manangatang, Cohuna, Kerang and Sea Lake.
- Community health services in each of the municipalities, situated in several towns either as main campus, or outreach campuses.
- Family services and support activities
- Youth support services and programs
- Counselling services
- Allied health services

DHS funding
information

While we are concerned about the level of chronic illness and disease, the rates for communicable respiratory infections are less significant in Swan Hill and Gannawarra than in Victoria generally. So too, are the rates for mental disorders, which include the areas of alcohol abuse/dependency, heroin abuse/dependency, and depression.

SMPCP community
Profile 2001/2002

In Gannawarra, we have achieved significant reduction in our rates of alcohol related assaults in recent years and they are now well below the rates for Victoria.

SMPCP community
Profile 2001/2002

³ DHS, 1999, Healthy Ageing: The Health and Service Needs of Older People in the Loddon Mallee Region,

Healthy Living

The rate of suicide in Swan Hill and Gannawarra is less significant than for Victoria generally. SMPCP community Profile 2001/2002

In Gannawarra, fewer of our teenagers are now becoming pregnant. We believe this has been a direct result of our Need Access Choice Health Options (NACHOS) programs in Kerang and Cohuna which helps young people access information, condoms and the morning after pill. SMPCP community Profile 2001/2002

Our health and well being issues

Chronic illness and diseases

- Cardiovascular disease is the most significant cause of death and disability in Gannawarra Shire. SMPCP community Profile 2001/2002
- Buloke has the highest rates in Victoria of Ischaemic Heart Disease SMPCP community Profile 2001/2002
- Diabetes has a high prevalence and burden SMPCP community Profile 2001/2002
- There are higher than average rates of chronic respiratory diseases SMPCP community Profile 2001/2002
- There are high rates of communicable respiratory disease in Buloke SMPCP community Profile 2001/2002
- Buloke has a high incidence of asthma in children and there is a need to develop improved asthma management approaches Agency consultation
- There is a perception that our population has low levels of physical activity, which contributes to lifestyle and chronic illnesses and diseases SMPCP community Profile 2001/2002
- There are low levels of allied health services. There is a particular shortage of:
 - Speech pathology services for children, especially those with disabilities.
 - Counselling and support for people in Buloke with multiple sclerosis.Agency consultations
- There is no GP bulk billing available in Gannawarra or Swan Hill and this is believed to contribute to difficulties in accessing needed services that could help prevent or minimise the impacts of chronic illness and disease SMPCP community Profile 2001/2002
- Southern Mallee has a shortage of GPs, with one of the lowest GP to population ratios in Victoria Divisions of General Practice

Cancer

- Cancer is a significant cause of death. In Gannawarra there is a particular concern about lung cancer in men and rectal/colon cancer in women. SMPCP community Profile 2001/2002

Dental services

- There is a need for public dental services Agency consultations

Mental health issues

- We have high rates of depression and a high incidence of mental disorders. We are concerned that depression in older people is emerging as a dominant issue. SMPCP community Profile 2001/2002

- Buloke is one of seven local government areas in the Loddon Mallee Region that has inconsistent yet very high rates of suicide. SMPCP community Profile 2001/2002

- Men in our region have lower life satisfaction and suffer greater physical and psychological distress upon retirement than women. SMPCP community Profile 2001/2002

- We have low levels of psychology and counselling services, especially for children and young people in Gannawarra, and for young people in Buloke. Community Mental Health Plan

Alcohol and drugs:

- We perceive alcohol is entrenched in our community's culture and that many people drink to excess. On a positive note, in Gannawarra we have achieved significant reductions in the rates of alcohol related assaults, which are now well below those for Victoria. SMPCP Community Profile 2001/2002

- We perceive that young people use alcohol and drugs as a result of boredom. SMPCP Community Profile 2001/2002

- We have low levels of treatment and prevention services. The Rural Detox Program is only funded until end of 2002 and there are lengthy waiting lists. Agency consultations

Relationship issues

- In Gannawarra, we perceive a need for: Community consultations
 - anger management for young people
 - relationship counselling for couples and parents
 - assistance to parents in dealing with difficult behaviours of children

Agencies working more flexibly

- There is a need for increased levels of outreach services especially : Agency consultations
 - In aged care assessment and community mental health in Gannawarra
 - For families in Buloke who live in remote and outlying areas

- Community providers in Gannawarra report an increase in the number of people from NSW who are seeking services in Victoria. Border anomalies mean that people cannot access services closest to them, and providers are not adequately funded to take on the additional consumers. Community Mental Health Plan
Agency consultations

Screening services

- There is a need for additional screening services in Buloke, especially breast cancer screening. Agency consultations

What are our priorities and critical service gaps?

1. Chronic illness

	How affected by the issue?
Children and young people	We have a high level of childhood asthma.
Older people	GP and allied health services are important services for people with chronic illnesses and diseases. These services are in short supply.
Disability issues	Many people with disabilities have chronic illnesses but have trouble accessing required services because of poor transport, or the absence of outreach services. Chronic illnesses and diseases are often preventable. Healthy eating and physical activity help prevent or minimise many chronic illnesses and diseases.
Alcohol and drug issues	Alcohol abuse and dependency can lead to chronic illnesses and diseases. Reducing people's abuse of alcohol can reduce the negative impacts on their overall health.
Hospital demand management	Many chronic illnesses place extraordinary demand on hospital services, especially when preventative, early treatment and regular rehabilitative services are not available, or difficult to access.

Our communities require:

- Services and programs that will help them develop and maintain healthy lifestyles
- Additional allied health services
- Capacity for services to be delivered closer to where people live, such as through outreach services

2. Men's health

	How affected by the issue?
Children and young people	Young people often do not seek out health and community services because they do not find them 'friendly' to their needs or lifestyles. Our men have higher than average rates of cancer, cardiovascular disease, respiratory diseases, diabetes, and falls but are less likely to access services.
Older people	Farming has a high rate of accidents and injuries. Many farmers are near, or over retirement age, yet need to continue to farm. This can affect their health. We have significant numbers of Aboriginal people. Aboriginal men have a life expectancy almost 20 years less than non-Aboriginal men.
Mental health issues	Self-esteem is perceived as a concern for young people, especially young males. Aboriginal young people drop out of school at higher rates than do their non-Aboriginal counterparts. Depression and suicide in older people are emerging as dominant issues.
Alcohol and drug issues	We have high hospital admission rates due to alcohol. Our men are more likely to abuse and be dependent on alcohol than our women. We have a high rate of alcohol related assaults in Swan Hill, which can increase demand on hospital services.
Hospital demand management	

Our communities require:

- Services and programs targeted to men's health
- Services to be delivered in more flexible ways to encourage men to access them
- Information on how men can change their lifestyles and support to do this
- Additional allied health services to help men deal with chronic illnesses

3. GP and allied health services

	How affected by the issue?
Children and young people	We have a high level of childhood asthma.
Older people	GP and allied health services are important services but are in short supply. It is sometimes difficult for us to recruit and retain qualified health staff.
Disability issues	Many people who need services have trouble accessing them because of poor transport, or the absence of outreach services.
Mental health issues	We have a shortage of community mental health services, especially counselling for children under school age, young people under 16 years, relationship counselling
Alcohol and drug issues	We have a shortage of alcohol and drug counselling services
Hospital demand management	Poor access to GP and allied health services impacts upon people's health. Services that focus on prevention, early intervention and treatment, and rehabilitation can help minimise the impact of chronic illnesses and diseases. This can help people have better health and improved lifestyle and to help keep them out of costly hospital services.

Our communities require:

- Additional GPs
- Additional allied health services, across a variety of disciplines
- Allied health services to be delivered in more flexible ways so that services can be delivered closer to where people live

4. Outreach services

	How affected by the issue?
Children and young people	People are more able to access services when they are delivered closer to where they live. Delivering services in more flexible ways can help to achieve this.
Older people	
Disability issues	
Mental health	
Alcohol and drug	
Hospital demand management	Ready and timely access to needed services can help reduce the demand on more costly, intensive hospital services.

Our communities require:

- Additional funds to establish more outreach services
- Available services to be delivered more flexibly

5. Services for families at-risk

	How affected by the issue?
Children and young people	Many of our families live in remote towns and are isolated from each other and the broader community. Families with a child with a disability have additional burdens that place extra stress upon them. Respite and child care are important supports but are in short supply.
Disability issues	Many of our families have low incomes and are more disadvantaged than is the average for Victoria. Being poor can have an affect on how well people parent. Being poor can add stress to a family. We perceive increased levels of child abuse and injuries.
Mental health issues	Counselling services can help parents who are having difficulty parenting their children, especially to deal with difficult behaviours. Relationship counselling can also help families under stress. All types of counselling are in short supply in the Southern Mallee.
Alcohol and drug issues	Alcohol use and abuse can adversely affect parents' capacity to care for their children
Hospital demand management	Child injuries can result in hospitalisation.

Our communities require:

- Additional family support services and programs that help build more positive relationships and strengthen families' capacity to parent well
- Additional child care, especially centre-based care and after school care
- Additional counselling services, especially for parents and couples

6. Dental services

	How affected by the issue?
Children and young people	Oral health is an integral part of general health and well being. Poor oral health causes pain and discomfort, affects nutritional status, aggravates medical conditions and affects self-esteem.
Older people	Physical access into the School Dental Van is difficult for people with disabilities because of the steps. The Youth Dental Program is offered through public dental clinics. The Youth Dental Program is poorly accessed by the intended target and may require promotion via the School Nurse Program. The Community Dental Program has long waiting periods for appointments, with a large number of people requiring dental care. No dental care for people living in Nursing Homes and who are unable to leave the Home for dental care. Public Dental Services in Victoria are state funded therefore any clients who have a NSW address are unable to be seen. Recruitment is an issue for rural areas. This is made worse with limited funding for public positions and competition from other states that include rural incentive bonuses into salary packages.
Disability issues	
Hospital demand management	

Our communities require:

- Increased availability to publicly-funded dental services
- Cross border anomalies in relation to public dental services to be resolved
- Greater promotion of the Youth Dental Service
- Physical access for children with a disability to public dental services to be addressed

7. Mental health

	How affected by the issue?
Children and young people	<p>We have high rates of depression and a high incidence of mental disorders in the population overall. This affects children and young people directly and indirectly.</p> <p>We are concerned about the mental health of our young people. Many are isolated socially from their communities. There is a need for activities to help build resilience. We have a shortage of psychology and counselling services, especially for young people.</p> <p>We have high rates of suicide in Buloke.</p>
Older people	Depression in older people is emerging as a dominant issue.
Disability issues	Caring for a family member with a disability can be stressful for some families. Agencies report a need for counselling supports
Alcohol and drug issues	Alcohol and drug issues can mask mental health issues.

Our communities require:

- Additional services and programs to assist people with mental health issues, especially for young people
- Additional services and programs to prevent suicide and depression

What have we achieved to date?

Working with GPs to reduce chronic illness – PCP wide

This was our major GP Engagement Strategy. The project was managed jointly by the two Divisions of General Practice, Mallee and Murray Plains, and SMPCP:

- Mallee and Murray Plains Divisions of General Practices conducted a joint workshop with GPs and other primary care providers about Enhanced Primary Care Medical Benefits Items (EPC/MBS)

This led to:

- ⇒ Increased uptake of EPC and MBS items by GPs, and
- ⇒ Increased referrals by GPs of people with chronic illness to other primary care providers

For participating consumers, this project achieved:

- ✓ Better quality of care planning and case conferencing

Future strategy:

- Assist people with chronic illness to gain appropriate services through encouraging GPs' uptake of EPC/MBS items and their participation in case conferencing

Mallee Men's Program – Swan Hill

- Conducted a "Men's Health" presentation to Lions members
- Print and electronic media release used to promote men's health issues

This led to:

- ⇒ 15-20 men, aged between 40 and 70 years, took part in a 6-week men's Health Program in 3 locations: Swan Hill, Sea Lake and Manangatang. The men participated in low-impact exercise, received ideas for further activity at home, and were involved in a range of men's health presentations and discussions.

Healthy Living

For the participating men who returned for the second data collection, this program resulted in:

- ✓ Loss of weight
- ✓ Lower blood glucose levels
- ✓ Lower cholesterol levels
- ✓ Improvements in flexibility
- ✓ Improved knowledge on healthy eating and exercise
- ✓ Reported ability to continue the changes
- ✓ Improved knowledge about stress
- ✓ Improved knowledge about general health issues
- ✓ Reported intention to visit GP more regularly
- ✓ Improved knowledge regarding alcohol and cigarettes
- ✓ Minimising the risk of hospital admission of these men for preventable illnesses

Future strategy:

- Further expand the Mallee Men’s Health Program, including:
 - Developing tools to help men practice the behaviours at home during the program
 - Providing options post-program that will help men continue physical activity
 - Encouraging men who participate to become “ambassadors” for the program and assist in future recruitment

Promoting Health in the Workplace – Swan Hill

- Swan Hill Regional Business Awards Committee agreed to create a new award category: Healthy Workplace Award
- 20 Swan Hill workplaces listed as targets for encouraging workplace health promotion activities
- Commenced development of guidelines to assist workplaces promote healthy eating and physical activity
- Developed criteria for assessing workplaces for the Award

Future strategy:

- Support businesses to develop healthy workplaces by:
 - Involving workplaces in the further development of the guidelines
 - Providing assistance, where required, to the Swan Hill Regional Business Awards Committee to ensure successful inaugural award in November 2002

Our goals and strategies for 2002/2003

Goal 1:

Improve the health and well being of people with chronic illness in the Southern Mallee

Objective	Strategy	Coordinating agency
1.1. Assist people with chronic illness to gain appropriate services	GPs and other providers to jointly participate in case conferencing, especially related to EPC/MBS items	Divisions of General Practice
	Develop and implement a Cardiovascular Strategy for Buloke residents aged over 50 years	SMPCP

Goal 2:

Improve the health and well being of Aboriginal people in the Gannawarra Shire

Objective	Strategy	Coordinating agency
2.1. Support Aboriginal people to receive appropriate services	Provide professional development in Indigenous Cultural Awareness to primary care staff	SMPCP
	Incorporate Indigenous Cultural Awareness approaches into existing Health Promotion programs	SMPCP

Goal 3:

Improve the health and well being of people in Swan Hill Rural City by promoting healthy lifestyles

Objective	Strategy	Coordinating agency
3.1. Improve the health of men in our communities by providing information, education, support and assistance to men, community organisations and businesses	Further expand the Mallee Men's Health Program	<ul style="list-style-type: none"> Swan Hill District Hospital
	Support businesses to develop healthy workplaces	<ul style="list-style-type: none"> Swan Hill District Hospital

Goal 4:

Improve the health and well being of people in Swan Hill Rural City by increasing the capacity of service providers to implement sustainable health promotion initiatives

Objective	Strategy	Coordinating agency
4.1. Increase skill of service providers to implement health promotion programs in their workplace	Implement the "Health Promotion Skill Assessment Tool for Organisations"	<ul style="list-style-type: none"> Mallee Family Care
	Implement health promotion action plan in each PCP member agency in Swan Hill district	

Coordinated systems

The service systems that people use are coordinated to achieve better service delivery

Why is coordination important?

Coordination of services and the systems that help support them mean that resources are used in the most effective ways. Agencies are able to plan together, and with people in the community, to arrange services that best fit with the needs of the community.

What is the current situation in Southern Mallee?

Our current strengths

Through the SMPCP, agencies have been working together to coordinate their planning and service delivery. SMPCP

The three local government Councils have developed a joint Municipal Public Health Plan that is also integrated with the SMPCP's Community Health Plan. HCP
MPHP

Our health and well being issues

Agencies working together

- There is a perceived need in Gannawarra for the two main centres - Kerang and Cohuna - to work more closely together to address community issues SMPCP Community Profile 2001/2002

- In Buloke we perceive a need for coordinated professional development and integrated approaches to the management of chronic illnesses and diseases, especially asthma and diabetes Agency consultations

- Specialist services (mental health and alcohol and drug) need to transfer skills and knowledge to GPs and generalist health workers Community Mental Plan

- In Gannawarra we perceive a need for better coordination and problem solving at the local level in how to deal with people who require assistance to give up alcohol and drugs. The current approaches to 'drying out' are not always appropriate to people's needs. Agency consultations

- In Buloke we have difficulties in implementing discharge plans because of a lack of resources to rural areas for discharge planning. Agency consultations

Healthy Living

- Buloke agencies need to achieve more consistent approaches to service coordination. Coordination in our Shire is made more difficult due to the high level of part time employment in our organisations. SMPCP
Community Profile
2001/2002

Services to Aboriginal people

- Aboriginal people have lower life expectancy and suffer worse health than non-Aboriginal communities. We have a significant number of Aboriginal people living in Gannawarra and Swan Hill. We need to develop an early intervention approach to help Aboriginal people improve their health, and as a consequence, to reduce the increasing demand on hospital services. SMPCP
Community Profile
2001/2002

Agency
consultations

Consumer participation

- We need to continue to improve the ways in which we involve consumers and the community. Agency
consultations

Community
consultations

What are our priorities and critical service gaps?

1. Consumer participation

	How affected by this issue?
Children and young people	Health and well being is affected by our overall environment. The complexities are best addressed by agencies and communities working together.
Older people	
Disability issues	Health research shows that when people are more involved in their health care and are more involved in the decisions affecting the community, better health outcomes are achieved. Consumer and community participation has mutual benefits. It can help services to be more responsive and accountable. Consumer and community involvement can provide useful feedback to providers.
Mental health issues	
Alcohol and drug issues	

Our communities require:

- Greater opportunities to participate in the planning, delivery and evaluation of services
- Agencies to continually improve their consumer participation practices

2. Collaborative service planning and delivery

	How affected by this issue?
Children and Young People	If services are coordinated it is more likely that people will be better able to access the most appropriate available services. Coordination between service providers can take out the guesswork for consumers. They are more likely to be referred in a timely way, and in a way that reduces their anxiety. Service coordination can reduce duplication, which is critical when services are in short supply. Service coordination can improve the end result for a consumer because providers can be complementing the work of each other, rather than working in isolation. Knowing how another service is working with a consumer can mean that a provider can better tailor his or her service to maximise the joint effort. Joint planning means that the most critical issues can be identified and decisions taken as to how best address them with available resources.
Older People	
Disability issues	
Mental health issues	
Alcohol and drug issues	
Hospital demand management	
Other issues	

Our communities require:

- The capacity to more easily access the most appropriate services

3. Cross border anomalies

	How affected by this issue?
Children and young people	<p>Many people are not able to access needed services that are closest to their place of residence. Many programs are state funded therefore are unable to provide direct service into NSW. Agencies report increased numbers of people from NSW seeking service in Victoria because services in Southern Mallee are closer to where to they live than are the NSW-based services.</p> <p>Patients from NSW access and use services provided at the Swan Hill District Hospital without compensation from NSW Health. The Swan Hill District Hospital is the major health service provider in the SMPCP, which is at the border of NSW and Victoria. People on both sides of the Murray River therefore see the hospital as their main service provider. There is not a readily agreed scheme for cross payments between the state departments.</p>
Older people	
Disability issues	
Mental health issues	
Alcohol and drug issues	

Our communities require:

- NSW and Victorian governments and service providers to resolve the cross border anomalies

What have we achieved to date?

Consumers and community participation

A Consumer Advisory Group has been formed in Swan Hill.

- The group meets , on a regular monthly basis and representatives have participated in several consultation forums
- They have coordinated a Volunteer Forum
- They have had input to the development of:
 - A complaints policy and procedure
 - Swan Hill District Hospital's admission booklet
 - Dual purpose volunteer data base

In addition:

- Many consumers and community groups have been involved in a range of our strategies during the past year
- Consumers have had an input to the Division of General Practice through the attendance of the Division at the Consumer Advisory Group
- SMPCP agencies undertook an audit of their consumer and community participation capacity, and identified the consumer participation strategies used

Consumer and community participation, and the audit led to:

⇒ Identification of the following needs:

- Anger management education, particularly in Gannawarra
- Grief and loss education, particularly in Gannawarra
- Increased consumer participation in service planning and delivery
- Information for consumers about services that are available in areas other than Swan Hill
- Access to support groups
- A central point in Swan Hill for community health information
- Additional mental health services for young people due to the long waiting lists
- Improved footpaths and easier access to buildings in Swan Hill
- Additional aged care services
- Increased access to services for people with disabilities

Healthy Living

- ⇒ Group members are now working with management of the local cinema to improve physical access for people with disabilities
- ⇒ Identification of the many existing and established consumer and focus groups that have positive links to services in the Gannawarra municipality
- ⇒ Identification of specific local barriers to consumer participation in the Buloke municipality, namely:
 - Distance between towns
 - Sparse population
 - Parochialism
- ⇒ An established base of agency practice from which to develop local Best Practice in Consumer and Community Participation

As a result of consumer and community participation:

- ✓ Swan Hill District Hospital has applied for additional funds for community rehabilitation
- ✓ Swan Hill Rural City Council has begun planning improvements to footpaths and building access
- ✓ People with disabilities are more aware of local transport options

Future strategy:

- Establish links with, and support the existing consumer networks as the avenue for gaining consumer participation, especially in Gannawarra and Buloke
- Identify consumer participation best practice and establish local benchmarks:
 - Encourage all health staff to develop consultation plans to direct their planning practices
 - Encourage agencies to develop Consumer Consultation Plans to ensure continuing consumer input to service planning and delivery
- Using existing networks, promote broader participation of consumers, particularly Kooris, young people and people from non-English speaking backgrounds
- Promote the links between providers and the Swan Hill Consumer Advisory Group by:
 - Promoting the Advisory Group through the media
 - Promoting consultation with the Swan Hill Consumer Advisory Group by providers who deliver services within the municipality
- Increase community representation on the Buloke Youth Reference Group

Initial Needs Identification (INI) and Care Planning Tools

In trialing and implementing the INI and Care Planning Tools:

- We consulted consumers via the Swan Hill Consumer Advisory Group in the design of the tools and processes
- 10 agencies trialed and evaluated the tools: Swan Hill District Hospital, Swan Hill Rural City Council, Northern District Community Health Service, Kerang and District Hospital, Cohuna District Hospital, Gannawarra Shire, Community Care Options/Bendigo Health Care Group, East Wimmera Health Service, Buloke Shire and Sea Lake and District Hospital.
- GPs were involved in the development of the INI tools via:
 - Being part of Care Planning;
 - The participation of the two Divisions of General Practice: Mallee and Murray Plains;
 - PCP information updates for Practice Managers;
 - Receipt of regular PCP newsletters

- 9 agencies have begun implementing the INI and Care Planning Tools: Swan Hill District Hospital, Swan Hill Rural City Council, Mallee Family Care, Mallee Division of General Practice, Northern District Community Health Service, Kerang and District Hospital, Cohuna District Hospital, Gannawarra Shire and Murray Plains Division of General Practice
- Change was facilitated in each participating agency through:
 - a workshop for agency INI coordinators; and
 - agency INI coordinators training staff in the use of the tools

This project led to:

- ⇒ Being able to resolve consumer concerns in relation to:
 - Confidentiality, privacy and accountability; and
 - Referral and follow up
- ⇒ Being able to identify the need for:
 - Greater involvement with GPs to ensure introduction of INI into practices;
 - Involvement of private sector providers

For the participating consumers, the INI pilot and implementation achieved:

- ✓ Improved assessment of their needs
- ✓ Reduced assessment duplication
- ✓ Better responses to referrals by providers because of the improved consumer information
- ✓ Enabled services to be coordinated
- ✓ Improved follow-up by providers
- ✓ Reduced hospital admissions

Future strategies:

- Fully implement the INI tools in all PCP member agencies
- Provide training and support to member agencies to implement the INI tools and case conferencing by:
 - Conducting a workshop for agency INI coordinators
 - Agency INI coordinators training staff in the use of the tools
 - Continuing to provide sessions to inform GPs and Practice Managers of care planning and case conferencing, and INI tools
 - Developing INI training manual
- Conduct sessions for consumers to inform them how privacy, confidentiality and accountability will be managed in the new INI system
- Evaluate and review the INI system
- Develop and implement a program to engage a broader range of organisations in care planning, particularly: police; pharmacists; schools; private sector providers

Services Directory

As part of this project:

- We worked with the Divisions of General Practice to identify a suitable Services Directory model
- Consumers were involved in the development through representation on the Swan Hill Consumer Advisory Group
- Implementation of the Services Directory commenced with:
 - An initial 17 agencies listed in the Swan Hill Directory
 - An initial 16 agencies in the Gannawarra Directory
 - An initial 5 agencies in the Buloke Directory
- We assisted a range of providers to develop their Web Page and personalise their data sets

Healthy Living

This project led to:

- ⇒ Consumers identifying a need to know what services are available beyond their immediate location. As a result, services from within and external to the municipalities were included
- ⇒ A raised awareness by GPs that the “Connecting Care” Services Directory can interface with their software, “Medical Director”, to improve data collection, process referrals and help with care planning
- ⇒ Identification of the need for improved internet infrastructure in the region

For people who use the Services Directory, it has:

- ✓ given them greater information and knowledge of health services in the Southern Mallee and in the Loddon Mallee region
- ✓ Provided a safe and accurate data transfer for consumer information
- ✓ Enabled people to obtain product information
- ✓ Enabled people to obtain information about health promotion activities

Future strategies:

- Implement initiatives to fully implement, maintain and update the Services Directory by:
 - Providing organisations with CD ROMS of “Connecting Care”
 - Improving the link between “Connecting Care” and the GPs’ “Medical Director” to enable reliable and safe transfer of data between the two systems
 - Conducting sessions for organisations to inform them of the changes to the service system and how to use it
 - Developing and implementing an electronic media promotional strategy with the Loddon Mallee Region User Group to promote the use of the Services Directory
 - Link the Services Directory to: a) DHS’ Statewide Services Directory; b) Better Health Channel Database; and c) Infolink nation-wide services
 - Develop a support system to: a) Enlist new service providers; b) Manage and maintain the updating of the Services Directory; and c) Ensure a safe encryption service
- Implement initiatives to gain improved telecommunications in the districts by:
 - Lobbying for funds through the Commonwealth’s “Networking the Nation”

Strengthening our partnerships

We continued to strengthen our partnerships:

- The Mallee and Murray Plains Divisions of General Practice have remained active partners in the SMPCP. They have:
 - Been represented on the SMPCP Board
 - Participated in the Consumer Advisory Group
 - Participated in Project Steering Groups such as the Diabetes Systems Management Project
 - Participated in a Cardio vascular Disease Strategy
 - Project managed, with the SMPCP, the GP Engagement Strategy that sought to increase the uptake of EPC/MBS items and participation in case conferencing
- Other participating members of the PCP strengthened their commitment through the local Provider Networks and through the implementation of the various coordinated projects
- SMPCP has remained in active partnership with other Loddon Mallee PCPs.

These continuing partnerships have led to:

- ⇒ GPs receiving information and feedback about consumer issues and concerns
- ⇒ A region-wide approach to the development of the Services Directory

Future strategy:

- Review GP engagement strategy to identify ways in which to further strengthen this partnership
- Align health promotion activities with GPs' priority areas of diabetes, asthma and cervical screening

Supporting Health Promotion Professionals – Buloke

- An audit of existing health promotion programs and service in the Shire has been conducted
- We clarified which agencies undertake health promotion in the shire

This led to:

- ⇒ Increased attendance at regular monthly Buloke Service Providers Meeting
- ⇒ Development of a simple Health Promotion Template to coordinate Health Promotion information and evaluation
- ⇒ Health Promotion events and information being included in the "Southern Mallee Health News" bimonthly newsletter

Future strategies:

- Develop Health Promotion mission and goals for Buloke
- Provide professional development opportunities for health professionals providing health promotion in Buloke by:
 - Identifying the health promotion strengths of key staff
 - Implementing the "Health Promotion in the Workplace Tool"

Integration of the Community Health Plan and Municipal Public Health Plans

- The three Local Government Councils developed a joint Municipal Public Health Plan (MPHP)
- The joint MPHP provides a common framework with shared vision, outcomes and themes
- The joint MPHP is integrated with the Community Health Plan (CHP), each sharing common vision, outcomes and themes

This has led to:

- ⇒ Successfully applying for funds through the Municipal Public Health Planning – Good Practices Program to undertake a project to further progress the joint approach
- ⇒ Appointment of Buloke Shire's first Health Promotion officer to work collaboratively with all agencies in the municipality
- ⇒ Regular forums in each municipality of all relevant service providers to:
 - Discuss and progress the work of the CHP and the MPHP;
 - Coordinate Health Promotion activities;
 - Jointly source funds and conduct needed programs and activities

Future strategy:

- Develop a consistent evaluation framework and monitoring process that can be used by the three Local Government Councils and the SMPCP

Our goals and strategies for 2002/2003

Goal 1:

To improve service delivery by coordinating our service systems

Objective	Strategy	Coordinating agency
1.1. Assist people in Southern Mallee to receive appropriate services through collaborative service planning and delivery	Fully implement the INI tools in all PC member agencies within Southern Mallee	<ul style="list-style-type: none"> • SMPCP
	Provide training and support to member agencies to implement the INI tools and case conferencing	
	Evaluate and review the INI system	
	Develop and implement a program to engage a broader range of organisations in care planning	
	Implement initiatives to fully implement, maintain and update the Services Directory	
	Implement initiatives to gain improved telecommunications in Southern Mallee	
	Review the GP Engagement Strategy to identify ways in which to further strengthen the partnership	<ul style="list-style-type: none"> • SMPCP
1.2. Further integrate the Community Health Plan and the Municipal Public Health Plan	Develop a consistent evaluation framework and monitoring process that can be used by the three Local Government Councils and the SMPCP	<ul style="list-style-type: none"> • The three Councils • SMPCP

Goal 2:

To improve service delivery by involving consumers and the community in decision making

Objective	Strategy	Coordinating agency
2.1. Improve levels of consumer and community participation	Establish links with, and support, the existing consumer networks	<ul style="list-style-type: none"> • SMPCP
	Identify consumer Best Practice and establish local benchmarks	
	Conduct sessions for consumers to inform them of the INI system	

Safety

People live in a safe and supportive community

Why is safety important?

We all want safety for ourselves and our families, including safety from injury or illness, from crime and from environmental effects. Injury and death have a large impact on our community, not only affecting the individual concerned but also family, friends, workplace and the wider community.

Economic costs from injury and illness include the cost of emergency services, the cost of caring for the injured or sick person and costs to business in lost productivity. Long-term effects of serious injury can include depression, substance abuse and family breakdown.

What is the current situation in Southern Mallee?

Our current strengths

We have good levels of childhood immunisation in Gannawarra and Buloke, with our rates equal to or better than for Victoria. In Swan Hill the rates are close to those for Victoria. SMPCP Community Profile 2001/2002

Our agencies undertake good health promotion programs that are focused on safety issues. Agency information

While we are concerned about falls, the rate of falls for men in Buloke is lower than for Victoria. SMPCP Community Profile 2001/2002

Our health and well being issues

Accidents and injuries

- Road traffic accidents account for the highest injury rate in Buloke and Gannawarra. This rate is significantly higher than the state average SMPCP Community Profile 2001/2002

- The rate of falls is higher than average SMPCP Community Profile 2001/2002

- Agriculture and forestry are our major industries. Agriculture has been found to have a disproportionate injury and death rate. In Gannawarra we are concerned about the ageing of farmers in our Shire (average age of 55 years, and 60 for dryland farmers) raising the potential for farm accidents SMPCP Community Profile 2001/2002

- In Gannawarra and Swan Hill we are concerned about the level of child abuse and neglect; family violence, and sexual assault Nyah District Health Services Needs Study 2002
Gannawarra Health Discussion Group

Safety

Crime

- Older people in Gannawarra and Swan Hill report not feeling safe, fearing crime SMPCP Community Profile 2001/2002
- We perceive that crime is on the rise in Swan Hill and Gannawarra, especially vandalism SMPCP Community Profile 2001/2002

Infectious disease

- Gannawarra and Swan Hill are high risk areas for Arbovirus SMPCP Community Profile 2001/2002

What are our priorities and service gaps?

1. Child safety through strengthening the capacity of families

	How affected by the issue?
Children and young people	Many of our families live in remote towns and are isolated from each other and the broader community. Families with a child with a disability have additional burdens that place extra stress upon them. Respite and child care is an important support to families. Child care is in short supply in the Southern Mallee.
Disability issues	Many of our families have low incomes and are more disadvantaged than is the average for Victoria. Being poor can have an affect on how well people parent. Being poor can add stress to a family. We perceive increased levels of child abuse and injuries.
Mental health issues	Counselling services can help parents who are having difficulty parenting their children, especially to deal with difficult behaviours. Relationship counselling can also help families under stress. All types of counselling are in short supply in Southern Mallee.
Alcohol and drug issues	Alcohol use and abuse can adversely affect parents' capacity to care for their children
Hospital demand management	Child injuries can result in hospitalisation.

Our communities require:

- Additional family support services and programs that help build more positive relationships and strengthen families' capacity to parent well
- Additional child care, especially centre-based care and after school care
- Additional counselling services, especially for parents and couples

What have we achieved to date?

Health Promotion – Gannawarra

Our member agencies have conducted the following health promotion activities to promote a safer environment:

- Cohuna District Hospital:
 - No Smoking Policy
 - Falls Prevention Program
 - Safe Living Program
 - Infectious Control Program
- Northern District Community Health Service:
 - CPR Training Program
 - Sunsmart Program
 - Farm Safety
 - Workplace Health Assessments

- Murray Plains Division of General Practice:
 - Completed immunisation schedule for at least 90% of children within Division
 - 90% of participating practices complied with cold-chain storage standards
- Gannawarra Shire Council:
 - Safety Policies and Training
 - Baby capsules supplied at low cost
 - Implementation of local pet laws
 - Fire Protection
 - Maintenance of parks and reserves
 - Upgrade to children's playgrounds
 - Road and bridge maintenance

Health Promotion – Swan Hill

Our member agencies have conducted the following health promotion activities to promote a safer environment:

- Swan Hill Rural City Council:
 - Safety assessments undertaken for Home and Community Care (HACC) and Community Aged Care Package (CACP) clients
 - Staff training sessions in safety were conducted
 - Provided Food Premises Registration
 - Provided community safety and disease prevention information through the media
 - Operated the Baby Capsule Program
 - Operated animal registration
 - Coordinated Notifiable Diseases Program
- Manangatang District Hospital:
 - Sun Smart Hospital
 - Staff Immunisation Program
 - Provided opportunistic immunisation to community

Health Promotion – Buloke

- Buloke Shire Council:
 - Safety in Medication Program
 - Falls Prevention Program
 - Safety Home assessments for the Elderly
- Charlton Ambulance Service:
 - High School CPR Training
 - Works with SES Cadets at Wycheproof High School
 - Safety and Prevention around the house Program
 - CPR Training of swimming attendants
- East Wimmera Health Service - Charlton campus:
 - Youth Safety With Medicine Program
 - Aim to provide a program that addresses concerns regarding safety with medicines
 - Medicine Information
- East Wimmera Health Service - Donald campus:
 - 4 Wheel Motorbike Safety Session

Our goals and strategies for 2002/2003

We have not set any goals and strategies for this outcome

Sustainable community

People live in a viable community

Why is a sustainable community important?

We want our community to be sustainable to ensure all residents have the opportunity for a good quality of life. We want stability for future generations to enjoy living, working and playing here.

We need strong environmental, social and economic health in order for our community to be sustainable into the future. We need an integrated approach that recognises that these factors are dependent on each other and cannot be addressed in isolation.

What is the current situation in Southern Mallee?

Our current strengths

Our population in the Swan Hill area is expected to increase by 1.7% over the next 20 years, though this will be mainly in the 45+ age groups SMPCP Community Profile 2001/2002

Our major economic base is agriculture, forestry and fishing, with some important concentrations of manufacturing. The area has an extensive grain belt as well as dryland and broad acre farming. SMPCP Community Profile 2001/2002

Child care is available in each municipality. Agency information

Our communities are well catered for with primary and secondary schools. Agency information

In Gannawarra and Buloke our housing is affordable for people on low incomes. SMPCP Community Profile 2001/2002

Our health and well being issues

Population decline

- The population in Gannawarra and Buloke is set to decline over the next 20 years, especially in Buloke. While the populations are relatively young now, the age profile is set to age over the next 20 years. SMPCP Community Profile 2001/2002

Economic viability

- Significant numbers of our households have incomes of less than \$500 per week. In Buloke it is almost 60%. In Gannawarra it is almost 50%. In Swan Hill it is 45%. Our populations are more disadvantaged than is average for Victoria. This impacts upon people's ability to participate in their communities and to access needed services. SMPCP Community Profile 2001/2002

Sustainable communities

Employment

- Employment opportunities are diminishing, especially for young people.

Murray Mallee Training and TAFE: 'Linking with LLEN Program in Swan Hill'

Affordable housing

- In Gannawarra, while there is a high level of cheap public housing stock, there is little in the way of:
 - Housing for single young people to encourage them to remain in the district
 - Emergency accommodation. We are particularly concerned about increasing homelessness among young people.
- In Buloke we do not have sufficient appropriate housing for professional staff. This makes it difficult to attract them to the area.

SMPCP Community Profile 2001/2002

'Nowhere to go',: Understanding the Need of St. Luke's Clients, March, 2002

Agency consultations

Education and child care

- In Gannawarra we have very low school retention rates of Aboriginal students
- We have difficulty in recruiting and keeping qualified preschool staff
- There is a need for additional child care. Gannawarra needs care for both preschool and school aged children. Buloke needs centre-based child care and after school care.

SMPCP Community Profile 2001/2002

Agency consultations

Agency consultations

Health and community services

- We have difficulty attracting and retaining qualified and skilled staff to health and community and education services - including GPs, allied health staff, family counsellors, drug and alcohol counsellors, nurses. In Buloke we also have a shortage of midwives and we have no paediatrician.
- In Buloke, there is a need to expand the School Nurse Program to Wycheproof
- The profile of the ambulance service in Buloke needs to be raised

Agency consultations

Agency consultations

Agency consultations

Natural environment

- The water quality of our rivers and lakes is poor
- Our land suffers from high levels of salinity

SMPCP Community Profile 2001/2002

What are our priorities and service gaps?

1. Building more sustainable services and organisations

	How affected by this issue?
Children and young people	Availability of services is critical to helping sustain communities. We have trouble attracting and retaining qualified health and community services staff. Working conditions, and social facilities and amenities help make a location and job more attractive.
Older people	
Disability issues	
Mental health issues	
Alcohol and drug issues	

Our communities require:

- Agencies to develop and implement initiatives to improve the levels of recruitment and retention of professional staff.

2. Child care services

	How affected by this issue?
Children and young people	There is very limited child care available, with some areas without any child care facilities. The communities no longer have the extended family infrastructure to rely upon for supervision
Disability issues	Families with a child with a disability have additional burdens that place extra stress upon them
Hospital demand management	Lack of suitable child care has resulted in insufficient supervision. Child injuries can result in hospitalisation.

Our communities require:

- Additional childcare services, especially centre-based and after school care

What have we achieved to date?

Health Promotion – Gannawarra:

Our member agencies have conducted the following health promotion activities to promote a more sustainable environment:

- Gannawarra Shire Council:
 - Implemented and maintained an Arbovirus scheme
 - Approved septic tanks permits
 - Land Fill and Waste strategy

Health Promotion – Swan Hill:

Our member agencies have conducted the following health promotion activities to promote a more sustainable environment:

- Swan Hill Rural City Council:
 - Maintained a blue-green algae alert program
 - Approved septic tank permits
 - Approved building permits

Health Promotion – Buloke:

Our member agencies have conducted the following health promotion activities to promote a more sustainable environment:

- Buloke Shire Council
 - Stormwater Management Plan
 - Water Recycling Scheme

Our goals and strategies for 2002/2003

We have not set any goals or strategies for this outcome

Appendix 1:

Community participants in Community Health Plan process

Information for the Community Health Plan was collated from consultations provided by various community groups.

Southern Mallee Primary Care Partnership wishes to thank the following:

- Beverford District Primary School Council
- Birchip Residents
- Buloke Youth Group
- Cohuna Neighbourhood House
- Cohuna Secondary College Students
- Cohuna Disability Carers Group
- Donald Health Advisory Committee
- Gannawarra Neighbourhood House
- Kerang District Secondary College Council
- Kerang Hospital Day Care and Carers
- Lead On Swan Hill
- Murrabit Progress Association
- Police & Citizens in Donald
- Sea Lake Neighbourhood House
- St Johns Anglican Church
- Swan Hill Community Health Advisory Committee
- Swan Hill MacKillop College Student forum
- Tipping Foundation
- Wimmera and Grampians Group Training
- Wycheproof Resource Centre