

Partners and Members

San Remo Community Health Service . Kooweerup Regional Health Service . Yarram & District Health Service . Bass Coast Shire Council . South Gippsland Hospital . Wonthaggi & District Hospital . South Gippsland Division of General Practice . Warley Private Hospital . South Gippsland Shire Council . Gippsland Southern Health Service . Kilmany Care . Anglicare . Robertsons Place . Victoria Police . RTA . Asthma Victoria . QUIT . Department of Human Services . Department of Infrastructure . Local Members of Parliament . The Garage . Dental Health Services Victoria . Community . Beyond Blue . Rotary . Health Services Commissioners Office . Local Media . Department of Human Services . Thyroid Australia . General Practice Division Victoria .

Community Health Plan 2002 / 2003

SOUTH COAST HEALTH SERVICES CONSORTIUM June 2002

Covering 59,000 people from Koo Wee Rup to Yarram and Mirboo North to the Coast

SECTION ONE: STRATEGIC OBJECTIVES AND KEY ACHIEVEMENTS

SECTION TWO: OPERATIONAL PLAN

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Contents

1. Strategic Objectives & Key Achievements
2. Operational Plan

Current full member agencies of the South Coast Health Services Consortium include:

South Gippsland Division of General Practice, Koo Wee Rup Health Service, South Gippsland Hospital, Bass Coast Shire Council, San Remo Community Health Centre, Gippsland Southern Health Service, Wonthaggi and District Health Service, South Gippsland Shire Council, CoCare Gippsland, and Yarram and District Health Service. Many other agencies and individuals are also Associate Members.

SECTION ONE: Strategic Objectives & Key Achievements

1. Strategic Objectives

The South Coast Health Services Consortium is a voluntary alliance of health related services which are currently working together as part of the State Government's Primary Care Partnership program to improve the health of the community.

The three broad priorities for the South Coast Health Services Consortium in 2002/2003 are to:

- Continue to support opportunities for better service coordination and use of local service information.
- Continue with current health promotion action and planning approaches to identify and action opportunities to improve the health of the community, including areas such as smoking, asthma, mental health, injury prevention and nutrition.
- Explore how current agency approaches can work better together to meet the needs of the community.

The Consortium area covers many of the Primary Care related agencies from Yarram to Koo Wee Rup and from Mirboo North to the Coast.

Focus for 2002 / 2003

Key actions for next financial year are discussed throughout this report and are summarised in Attachment B. Draft Community Health Plan Outcomes for 2002 / 2003.

2. Key Achievements

Our key achievements, summarized below, have been made on a budget of less than \$3.50 per person which is a fraction of total local health expenditure which is estimated at over \$2,800¹ per year per head of population.

Other achievements are summarized according to agreed outcomes with the Department of Human Services for 2001/2002 at the end of section one.

Partnerships – Agencies and the community have been working together to identify and action issues as follows:

1. Pursued issues and ideas highlighted by agencies, health professionals such as General Practitioners and community members such as dental health waiting lists, transport issues, high youth dental decay rates, need for after hours and emergency services and thyroid issues.
2. Invited and supported the establishment of a GROW (Mental Health support) group in Leongatha.
3. High youth dental decay rates and fluoridation of water supply issue raised with Gippsland PCP Network and to be further progressed by the Gippsland PCP Health Promotion Working Group.
4. Working with local agencies, Beyond Blue, and the Gippsland Primary Care Early Intervention Initiative and developed a South Coast Health Action Plan.
5. Provided many ways to let people have their say including a telephone survey of 1000 people, numerous presentation and meetings, and at least ten public forums on different health related topics.
6. Alignment of issues identified by the South Gippsland Division of General Practice and the South Gippsland Council Municipal Public Health Plan particularly in the areas including Access to Services, and Asthma.

¹ Based on SCHSC PCP Expenditure to date and Australian Institute of Health and Welfare, Canberra, June 2000 "Health expenditure bulletin, No. 16 Australia's health services expenditure to 1998-99, which highlighted a figure of \$2,671 per head of population in 98/99 and allowing for a 3% increase per year would be over \$2,800 as of June 2002.

Ensuring Access to Services & Service Coordination

1. Partnership approach with InfoXchange helping ensure all service details are regularly and efficiently updated so that professionals and the community can be ensured of one updated source of information that can be easily searched and used. This work is part of a current state wide directory of information provided by InfoXchange and offers a simple yet efficient and effective way to ensure services are up to date and available.
2. Physical Access audits which test wheelchair access to and in facilities have been undertaken for interested health related facilities and will be offered again in 2002/2003. This work has been assisted by the Rural DisAbility Access Worker.
3. Discussion with parliamentarians regarding state-wide viability of rural taxi cabs, highlighting planned state-wide changes to lifespan for current maxi cabs.
4. Undertaken community and agency training to ensure community members and professionals can search for services which will continue in 2002 / 2003.
5. Facilitated a one off 4% reduction in the Public Dental Waiting list due to transfer of patients to the child dental clinic. Also highlighted issues and solutions regarding the growing public dental waiting list issue.

Ensuring Access to Services

The South Coast Health Services Consortium will improve access to services by ensuring:

- Community members know how to contact health agencies located in their region and what they can do for them.
- People should be able to enter the health system at any agency

We have already:

- Conducted a survey of service providers to identify service gaps across the *South Coast area*.
- Worked in partnership with InfoXchange, agencies and consumers to update the local service directory, conduct training sessions, advertised the benefits and options available to access this service directory.
- Developed strategies to ensure that agencies and consumers are provided with accurate information regarding Privacy Legislation and Health Records Act
- Completed physical (including wheelchair accessibility) access audits in several health facilities across the South Coast area.
- Invited consumers to participate in forums, informing them of our progress and gaining ideas for future projects.
- Gained support from relevant parliamentary members to further explore local transport issues.
- Liaised with GP division about care planning for consumers with complex needs.
- Established an after hours working group to make progress on after hours services, collect current data and explore the potential for a pilot scheme.

Demonstrating progress:

- Service directory is developed so that consumers are more informed about services and so that practitioners can provide referrals more efficiently and effectively.
- Local health services information will be updated on an ongoing basis by agencies.
- Agencies have demonstrated their cooperation in developing and using a South Coast interagency form.
- Policy and protocols will be developed to support agencies who are involved in the piloting and use of the new initial needs identification tools.

Health Promotion & Integrated Service Planning

1. Quit Smoking Strategy adopted in large schools and sporting clubs to help address the biggest preventable killer in our community.
2. Developed and implementing an Asthma Management Plan with Asthma Victoria and the South Coast Community given information suggests high asthma rates in the South Coast compared to other areas.
3. Developed a Mental Health Action Plan with various stakeholders to be further explored next year.
4. Social and health data obtained which highlighted the need for work in the areas of Quit Smoking Campaign, Asthma, Injury Prevention, Mental Health and Obesity / Nutrition.

5. Collection of health information and analysis which can be useful for submissions or future planning of services. One example is the collection of Thyroid data highlighting a potential national women's health and older persons awareness raising opportunity.
6. Information was obtained and discussed on potentially preventable admission to hospitals and highlighted useful information on high and low admission rates in the South Coast area, particularly diabetes, which has been raised as a Gippsland wide health issue.
7. Alignment of issues identified by the South Gippsland Division of General Practice and the South Gippsland Council Municipal Public Health Plan particularly in the areas including Access to Services, and Asthma.

Health Promotion

The South Coast Health Services Consortium is committed to enhanced health outcomes for all in the South Coast community by working together and looking at opportunities from a preventative approach.

The priority health areas have been identified through analysis of relevant Burden of Disease Data and has resulted in the following health promotion work:

Smoking

We have: -

- Supported existing agencies to develop a Quit smoking program which is being implemented in South Gippsland Secondary College and Wonthaggi Secondary College and local sporting clubs. The program is in partnership with Quit, the local Council, and Vic Health.
- Provided Quit facilitator training for 15 health professionals from a range of backgrounds including alcohol and drug counselor, environmental health officer and women's health worker.
- Linked with statewide Quit campaign to have local media coverage of the impact of smoking on the family, in particular young people.
- Set up two smoking reference groups which are made up of parents, students and other community members.
- In conjunction with the VicHealth Partnerships for Health Program, worked with local councils to review their recreational facilities to ensure smoke free policies are being upheld.
- Reviewed member agencies smoke free workplace policies and status.
- Provided local Quit Fresh Start Courses

Asthma

We have

- Developed an Asthma management program in partnership with Asthma Victoria.
- Completed an audit of asthma training and policies for primary school aged children.
- Provided asthma management training to local agencies.
- Worked with GPs, physiotherapists, pharmacists and occupational therapists to look at better asthma management strategies by developing the South Coast Asthma Action Group.
- Increased links between local agencies and asthma educators to improve their ability to respond to families who have asthma needs
- Held community forum on asthma to gain input on programs and to look for other community based solutions.
- Liaised with the South Gippsland Division of General Practice to be ensure up to date and relevant training for GPs.
- Received feedback from the Division on the asthma management plan.

Mental Health

We have:

- Held forums for mental health agencies and community members to come together to share ideas and work on solutions to issues that are common to the South Coast.
- Developed a Mental Health Action Plan which is available on request and aims to reduce mental health illness in the community.

Injury prevention

We have:

- Held a community and agency forum on injury prevention to bring people together to share ideas and work on solutions.
- Held a follow up working group meeting to look at further injury prevention work.

In addition we have been building the capacity of local agencies to implement health promotion programs. We have done so by:

- Developing and establishing a health promotion working group which meets monthly to plan activities across the South Coast.
- Completing an audit of health promotion activities and have provided the information to be accessible through InfoXchange.
- Liaising with General Practices to encourage them to include their details on InfoXchange.
- Holding a local Health Promotion Short Course with over 28 participants to increase the capacity of local workers to undertake health promotion activities.

Community Awareness & Media Support

Have been supported by local and regional media resulting in over 17 newspaper articles, five TV stories and nine radio interviews on various activities undertaken by the South Coast Health Services Consortium to help share positive work being undertaken for the local community.

Other Achievements for 2001 / 2002

Further details on South Coast Health Service Consortium initiatives are provided in Table 1. which highlights achievements according to the negotiated outcomes agreed and funded by the Department of Human Services.

Table 1. Community Health Plan Implementation Agreement (CHPIA) Update Deliverables and Status for 2001/2002

The following is an update on key SCHSC deliverables for 2001/2002 as of June 28th 2002.

	Deliverables	Status
PARTNERSHIPS – Implementation of SCHSC improvements demonstrates strong and effective collaborative decision making between a broad range of agencies, general practice, consumers, carers and the community		
1.	Complete a Community Health Plan for 2002/03 as a laypersons document that the public can read and highlight project briefs and opportunities to be explored.	Complete
2.	SCHSC will have implemented a Consumer and Carer’s Charter. <i>*Charter developed by consumers and agencies and was launched by the Health Services Commissioner.</i>	Complete
3.	Developed additional strategies for participation of Consumers/Carers/Community, which will be the major focus of the Solutions forums in late February 2002 on the issues of Asthma, Injury Prevention, Mental Health and Better Access to Services issues. COMPLETE	Complete
4.	Developed communication strategies to ensure consumers/carers/community are provided up to date information about the SCHSC, including a members’ information kit.	Complete
5.	Implemented strategies for improving linkages with small, specialist, multi-catchment agencies. For example exploring work with QUIT, Beyond Blue and Gippsland Women’s Health to help ensure better local service provision. Regional provision of Regional Funded agency list to be explored to see what enhanced service delivery options can be provided in the South Coast area.	Achieved & Ongoing
GP ENGAGEMENT – Divisions and general practitioners are involved in the development and implementation of the outcomes below to enhance multi-disciplinary care		
6.	Developed agreed arrangements with Div regarding GP representation in SCHSC decision making/advisory/education activities. <i>*SGGP leadership on A&E issues as a BATS issue has occurred. Status: SGGP representation on HP Working Group and Service Coordination group to be pursued.</i>	Ongoing
7.	Include Div/GPs in the development and implementation of piloting of INI and Care Planning Tool, Services Directory, Integrated HP Strategy <i>Status: SGGP involved in some relevant HP activities and further work is still required on Service Directories and relevant aspects of INI..</i>	Ongoing
8.	Engaged in particular activities with Divisions and GPs aimed at raising GPs awareness of local primary service systems/consumer and carer issues such as Asthma Work or the Smoking Reduction strategy. <i>Status: Further work in increasing awareness of other services is still required as is the case for all primary care services.</i>	Ongoing
9.	Work with and liaise with the SGGP to explore systems designed to increased multi-disciplinary care using EPC MBS items. Status: Organising DHS staff member has left and proposed forum may not proceed.	Ongoing
10.	Developed formal arrangements with Divisions on the use and sharing of health status analysis data.	Complete
11.	Developed arrangements with SGGP regarding More Allied Health Services Funding. Funds shared with other related agencies.	Complete
SERVICE COORDINATION – A functionally integrated approach to the way in which consumers come into contact with the PCP service system, have their broad based needs identified, and their care planned and managed		
12.	Agreed to the scope of the pilot of the tool templates for INI and Care Planning with DHS and participated in the state-wide tool template consultation.	Complete
13.	Piloted the INI and Care Planning Tool templates.	Complete
14.	Provided feedback on the content of the INI and Care Planning tool templates.	Complete
15.	Provided feedback on the content of the State-wide INI Care Planning tool templates.	Complete
16.	Implemented a local services info strategy, including electronic services directory options. <i>* Partnership with Infoxchange and agencies has resulted in Statewide media coverage and a model which ensures greater consumer access to information. Current approach will be reviewed in late 2002.</i>	Complete & further work
17.	Will develop practices, processes, protocols and systems for Initial Contact, INI and Care Planning. Eg Enhanced approach to privacy, common referral, care planning.	Ongoing
18.	Subject to state-wide work and progress, will explore implementation and ensure implementation of a local common electronic referral form. <i>Status: Awaiting state wide work and may be an outcomes delivered in the 2002/2003 year.</i>	To do
19.	As an outcome of the Better Access To Services survey of agencies and the BATS Working Group will explore and help pursue the following key areas: After Hours / Emergency Services; Physical Access audits; Transport <i>Status: All areas will require further work in 2002/2003 as part of the BATS approach. Significant work has been achieved in the Access Audits area and Transport area.</i>	Progressing

	Deliverables	Status
INTEGRATED SERVICE PLANNING – Priority health and wellbeing issues, of Asthma, Injury Prevention, Mental Health and Better Access to Services, are agreed by stakeholders for the catchment population and they clearly inform all the strategies implemented by the SCHSC		
20.	Continue to ensure primary health issues can be raised with SCHSC and action taken to enhance the community's health and experiences of the Service System. This to occur either via the HP Working Group, proposed Quality Committee, Full Members Meetings or individual agencies.	Ongoing
21.	Hold a preventable admissions workshop to explore current preventable admissions data for our area and draft project briefs for local pilots to explore what can be done at a local level to reduce preventable admissions. <i>*Significant opportunity for reducing preventable admissions exists for the South Coast area and rural areas generally. Data shared with Gippsland PCP Network in area of Diabetes may be a regional project.</i>	Complete
22.	Worked with Primary Mental Health Teams to develop a joint approach to Community Mental Health & local Mental Health Action Plan. <i>*Working with the PMEII and have drafted a South Coast Mental Health Plan which will be a major focus for 2002/2003.</i>	Complete - Ongoing
23.	In partnership with agencies meet to explore an integrated approach to health profile information and planning. <i>*To be pursued in 2002 /2003 based on Upper Hume experience.</i>	Work Required
24.	Collaborate with Rural Disability Access workers to develop an agreed plan and strategies for physical access audits for primary health care facilities. <i>Started and will continue in 2002/2003 as part of Service Coordination.</i>	Ongoing
25.	Continue updating Health Profile Information eg PAP smear, dental health, obesity rates, and seek additional data available by DHS. ONGOING	Ongoing
26.	Collect accurate baseline data on current Primary Care Service System and identify service gaps. <i>Status: To be raised with Rural Human Services Strategy and not to be pursued using PCP funds.</i>	Ongoing
27.	Website accessibility of planning information and documents. <i>Status: Complete and updates will be required.</i>	Complete
HEALTH PROMOTION STRATEGY – An integrated health promotion strategy outlining good practice program plans to address identified local priority health and wellbeing issues		
28.	SCHSC to provided costed program plans using the health promotion funding guidelines template (HPFGT) that account for 2000/2001/2002 funding. These programs will have commenced implementation. Completed for Quit Smoking Strategy, Asthma and Capacity Building.	Complete
29.	SCHSC will provide fully costed program plans for 2002/2003 funding allocations by the end of the year.	Complete
30.	Rural Health Promotion has identified Asthma as Chronic Disease focus in Primary school aged children and a program budget agreed to take local action. In addition will be undertaking a community solutions forum on this issue to better ensure community advice and involvement in this area in late February. Forum held, action plan developed and being progressed.	Complete
31.	Reported on the implementation of the SCHSC first Integrated Health Promotion program plan.	Complete
32.	Will explore and implement other Health Promotion ideas and programs as identified.	Ongoing
QUALITY IMPROVEMENT STRATEGY – A process for continuous quality improvement (a cycle of collaborative problem identification, strategy development, implementation and evaluation)		
33.	Establish a Quality Working Group with up to 50% of members as community representatives. <i>Status: To be explored as part of new Health System Improvement role in 2002 / 2003.</i>	Further work required
34.	Establish the Primary Care Risk Management Model. <i>Status: To be explored as part of new Health System Improvement role in 2002 / 2003.</i>	Further work required

SECTION TWO: Operational Plan

The SCHSC has considered Burden of Disease information, a community telephone survey of 1,000 people, community feedback and ideas from workshops and solutions forums, and agency feedback and ideas in determining key priorities and issues for 2002 -2003. Further details on specific issues are available on request and some are considered in more detail in the Community Health Plan for 2001/2002.

The following are key aspects of work used to illustrate the current health of the South Coast Community. Such information was also used to identify health and service coordination areas, based on best available objective information, to be pursued by the Consortium.

3.1 Measuring Our Health - Life Expectancy Rates

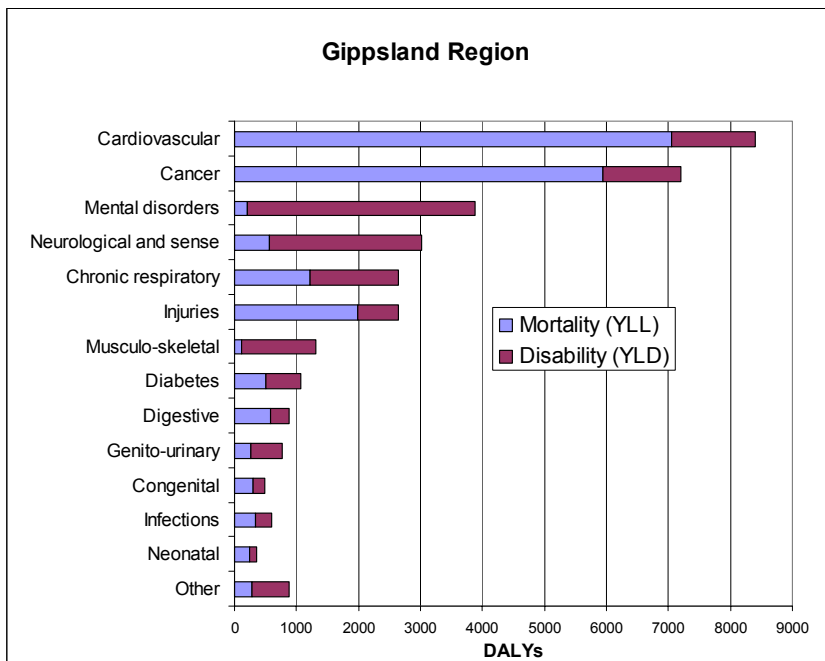
	South Coast	Victorian Ave.	Australian Ave.
Males	74.3	75.6	75.4
Females	81	81.3	81.1

According to average life expectancy rates at birth, people living in the South Coast area can expect a long life a little below the Victorian state average which is in the top few countries on the Earth. The difference in life expectancy between men and women is a significant concern.

We are doing well based on this broad indicator yet other detailed information such as Burden of Disease information considered at a local level has highlighted opportunities for improvement.

3.2 Burden of Disease Measures

Although the life expectancy rate figures suggest the South Coast Health is good the following burden of disease information highlights the impact of diseases. Comparing the South Coast rates in greater detail with other areas has helped identify health area where there can be improvement.



Disease Burden Measures (Disability Adjusted Life Years) by Broad Disease Group: Gippsland Region, 1996

The Burden of Disease data highlights the incidence of death and disability for disease groups and the above table is a summary of major issue by broad disease group. Consideration of the more detailed Burden of

Disease Data has been used by the South Coast Health Services Consortium to identify the need for action on smoking, asthma, and also a focus on mental health. To support this a local Quit smoking campaign, Asthma Management and Mental Health Action Plan has been developed to help address these problems which is provided as attachment A.

Health Promotion - Demonstrating Progress

In summary the SCHSC, via the Health Promotion Working Group will continue its work into 2003 and achieve the following.

- A reduction in smoking rates and the uptake of smoking among young people in the South Coast.
- Increase capacity of local schools and sporting clubs to address smoking.
- Increase number of Quit Fresh Start Courses being held locally.
- Increase understanding in the local community of the reasons why young people smoke and their role in assisting them to Quit.
- Decrease admissions to hospital for asthma in primary school aged children.
- A better understanding of emergency asthma management by those caring for primary school aged children.
- Better support and referral for families with a child with asthma.
- Increased number of community members trained in asthma management.
- Strengthened links between asthma educators, GPs, physiotherapists and pharmacists to prevent asthma admissions.

3.3 Oral Health & Public Dental Waiting List²

The following data highlights the public dental waiting list issue for the South Coast, which is also a Victoria wide rural issue.

	No. waiting	January 2001 Waiting Time (months)	No. waiting	January 2002 Waiting Time (months)
Wonthaggi & Dist. Hosp.	2093	23.06	2981	34.56
Gippsland Total/Average	9557	20.54	14459	29.15
Rural Average		18.65		22.88

In addition there are major concerns regarding high decay rates in areas without fluoridated water supplies which has been shared with Gippsland Primary Care Partnerships. Such data is available from the Dental Unit of DHS.

Gaps and Issues

The Public Dental Waiting list in the South Coast has grown by over 30% in the last 15 months. The SCHSC has worked with relevant agencies to identify data and help promote this major health issue. Key issues to address the problem relate to lack of funds and recruitment of dentists.

Strategies

Recruitment of dentists has been raised with stakeholders and will be further explored as a media strategy with Wonthaggi & District Hospital.

In addition the high youth dental decay information has been shared with the Gippsland Health Promotion Working Group which will be explored as an issue in 2002/2003 involving discussion of high decay rates and option of fluoridation of water supplies as a possible solution.

² Source: DHSV (Dental Health Services Victoria) Conservative Waiting List 2001/2002

3.4 Thyroid Issues

One area of data identified as a concern via a community members is Thyroid conditions was absent from Burden of Disease figures and is an area to be progressed.

Thyroid data provided by Thyroid Australia based on overseas data due to poor data on the issue in Australia suggests that the issue is a major women's issue (500% greater rate than men) and older persons issue (19.3% of women between 61 to 70).

Prevalence Rates

By applying rates from the Whickham Study (UK, 1972-1992)¹ for spontaneous hypothyroidism and hyperthyroidism for women and overall incidence rates for men to Australian population data, the following table was generated.² (Other forms of thyroid disease are not included, eg cancer, goitre, nodules not accompanied by abnormal blood chemistry. Sub-clinical conditions are also excluded.)

Australian Prevalence - Spontaneous Hypo- and Hyperthyroidism					
Age	Females		Males		Ratio
	Number	%	Number	%	Female to Male
20 & under	16,065	0.60%	4,055	0.14%	3.96
21 to 30	26,891	1.91%	7,856	0.55%	3.42
31 to 40	50,631	3.46%	15,361	1.06%	3.30
41 to 50	83,833	6.28%	23,349	1.74%	3.59
51 to 60	107,289	11.25%	25,563	2.59%	4.20
61 to 70	136,747	19.30%	25,274	3.68%	5.41
71 to 80	166,344	29.22%	21,869	4.85%	7.61
Over 80	123,815	41.85%	9,504	6.26%	13.03
TOTALS	711,614	7.56%	132,831	1.43%	5.36

Table reproduced from Stevens, Alun. How many Australians have thyroid conditions. An actuarial doodle. *Thyroid Flyer* 1:3, July 2000. [The very high rate for the over 80's must be treated with some caution as the incidence rates at these ages have large statistical errors. The errors in incidence rates for the younger ages also accumulate to produce bigger errors in the prevalence rate for the older ages.]

Actions

Information has been shared with the Regional Office of the Department of Human Services for comment and advice. In addition a Thyroid information forum was held and well supported by media to promote awareness of the issue. The forum was well attended by 38 community members. In addition the information has been shared with other primary care partnerships and will be shared with State and Federal Officials, parliamentarians and media for consideration, comment and advice. A briefing paper is available on request.

3.5 Better Access to Services

Surveys of the community, agencies, General Practitioners, and Practice Managers, have helped to identify the work undertaken in 2001/2002 highlighted in Achievements for 2001/2002 and also the priority for 2002/2003 as follows:

Priority Actions:

- Involve agencies and consumers in an evaluation of the service directory InfoXchange.
- Work in partnership with agencies to conduct an audit of all available community transport in the South Coast Area if supported by State Government.
- Support pursuing ideas and strategies to improve after hours access to health services as part of the establishment of a working group to be undertaken by the South Gippsland Division of General Practice.
- Work to pilot the new state wide Initial needs identification tools and development of appropriate Policies Procedures and Processes to support such change.

3.6 Summary

In summary the following actions will also be undertaken.

- Explore ways to evaluate and continue to support the Quit smoking program.
- Continue and evaluate the Asthma Management Program.
- Implement and review the local Mental Health Action Plan in partnership with the Primary Mental Health Early Intervention Team, and local interested Primary Mental Health agencies.
- Explore whether there is a need or opportunity to establish an action plan on injury prevention.
- Support continued Dental focus.
- Support and facilitate better use of planning data and service planning.
- Continue to identify other health issues and opportunities to improve the health of the community.

Other opportunities are being explored such as:

1. Continue to promote and explore solutions to address the growing public dental health waiting list.
2. Support greater provision of Mental Health illness prevention approaches for our local community.
3. Develop a strategy to improve community transport and access to services.
4. Continue the primary care risk management model to measure service gaps, identify issues and solutions within the primary care service system from the consumer's perspective.
5. High youth dental decay rates and fluoridation of water supply issue raised with Gippsland PCP Network and to be further progressed by the Gippsland PCP Health Promotion Working Group.
6. Continue to explore IT related enhancements and tools which can assist service coordination and access to services work.

Table 2. highlights SCHSC planned major activities for 2002 / 2003 subject to advice and negotiation with DHS and provision of detailed deliverables.

Table 2. Draft Community Health Plan Deliverables for 2002 / 2003

The following is the draft CHP deliverables for 2002 – 2003 as of the 28th June which will be further updated to reflect any further negotiated DHS deliverables.

	Deliverables	Timeline
PARTNERSHIPS – Implementation of SCHSC improvements demonstrates strong and effective collaborative decision making between a broad range of agencies, general practice, consumers, carers and the community		
1.	Complete a Community Health Plan for 2003/04 as a laypersons document that highlights partnerships that will help enhance the health of the community or improve primary care service coordination.	June 2003
2.	Ensured appropriate strategies for participation of Consumers/Carers/Community as it relates to CHP deliverables in 2002 –2003.	October 02
3.	Continue appropriate communication, media and marketing strategies to ensure the public, agency staff, consumers and carers are provided up to date information on SCHSC programs and projects.	Ongoing
4.	Continue strategies for partnerships and improved linkages with small, specialist, multi-catchment agencies. For example continue exploring work with QUIT, Beyond Blue, Thyroid Australia, Dental Health Services to help ensure better local service provision. Regional provision of Regional Funded agency list to be explored to see what enhanced service delivery options can be provided in the South Coast area.	Ongoing
GP ENGAGEMENT – Divisions and general practitioners are involved in the development and implementation of the outcomes below to enhance multi-disciplinary care		
5.	Developed agreed arrangements with Div regarding GP representation in SCHSC decision making/advisory/education activities. <i>*SGGP leadership on A&E issues as a BATS issue is occurring.</i> <i>SGGP representation on HP Working Group and Service Coordination group to be pursued.</i>	Ongoing
6.	Via relevant SGGP staff and interested GPs ensure development and implementation of following particular initiatives: A&E, Electronic Services Directory, Physical Access Audits, Piloting of enhanced referral and feedback information, & Integrated HP Strategy	Ongoing
7.	Work with and liaise with the SGGP to help promote understanding of other primary care staff opportunities to help increased multi-disciplinary care using EPC MBS items.	Ongoing
8.	Continue to develop formal arrangements with SGGP and other agencies on the use and sharing of health status and analysis data. Eg. Use of Diabetes information.	Ongoing
9.	Review GP Survey results undertaken in June 2001 and help ensure implementation of relevant actions by SGGP and SCHSC.	Dec 02
SERVICE COORDINATION – A functionally integrated approach to the way in which consumers come into contact with the PCP service system, have their broad based needs identified, and their care planned and managed		
10.	Evaluate local services info strategy, including electronic services directory options.	Nov 02
11.	Will support implementation of new forms and enhanced practices, processes, protocols and systems for Initial Contact, INI and Care Planning.	Ongoing
12.	Will review and if possible enhance incident management systems across all members sites.	June 03
13.	As an outcome of the Better Access To Services survey of agencies and the BATS Working Group will continue to explore and help pursue the following key areas: After Hours / Emergency Services; Physical Access audits; Transport; & Review and Enhance Incident Management Approach	Ongoing
INTEGRATED SERVICE PLANNING – Priority health and wellbeing issues, of Asthma, Injury Prevention, Mental Health and Better Access to Services, are agreed by stakeholders for the catchment population and they clearly inform all the strategies implemented by the SCHSC.		
14.	Support PCP Network activities relating to enhanced use of preventable admissions data to identify and reduce preventable admissions in the South Coast.	Ongoing
15.	Work with Primary Mental Health Teams and stakeholders to implement a joint approach to implement the South Coast Mental Health Action Plan. <i>*Working with PMEH and have developed a South Coast Mental Health Plan which will be a focus during 2002/2003 for SCHSC and HP Working Group.</i>	Ongoing
16.	In partnership with agencies meet to explore an integrated approach to use of health profile information and approaches to planning. <i>*To be pursued in 2002 /2003 based on Upper Hume experience and other models highlighted as potential best practice.</i>	June 03

	Deliverables	Timeline
17.	Continue updating Health Profile Information eg PAP smear, dental health, obesity rates, and seek additional data available by DHS.	Ongoing
18.	Work with and where possible support the Rural Human Services Strategy to help ensure accurate mapping of rural human services in the South Coast area.	Ongoing
HEALTH PROMOTION STRATEGY – An integrated health promotion strategy outlining good practice program plans to address identified local priority health and wellbeing issues		
19.	Will explore current alignment opportunities to sustain and enhance current recurrent funded HP activity in the South Coast area.	Ongoing
20.	Will continue with implementation of the Quit Smoking Strategy.	June 03
21.	Will continue with implementation of the Asthma Management Program	June 03
22.	Will ensure implementation of the South Coast Mental Health Action Plan.	June 03
23.	Will explore, support and if relevant implement other Health Promotion ideas and programs as identified such as Obesity and Nutrition, or Oral Health.	Ongoing
QUALITY IMPROVEMENT STRATEGY – A process for continuous quality improvement (a cycle of collaborative problem identification, strategy development, implementation and evaluation)		
24.	Establish a Quality Working Group / Committee with up to 50% of members as community representatives.	March 03
25.	Establish the Primary Care Risk Management Model as a pilot.	March 03

ATTACHMENT A. HEALTH PROMOTION TEMPLATES

Health Promotion Strategy: Plan 00/01 01/02

Step 1: Final Plan

Goal: **To develop, implement and evaluate a program to reduce smoking in young people**

Target group/s: **Young people who smoke or are at risk of smoking within the identified schools (Wonthaggi Secondary College and South Gippsland Secondary College) and local Football and Netball Clubs.**

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
Objective 1:	INTERVENTIONS						
To develop a model with schools and recreational groups to enhance their capacity to address smoking reduction and prevention	Health information Nomination of a Quit Contact to provide Quit information to target schools and recreational groups	<i>Program Workers</i> <i>Beginning of March 02 for schools</i> <i>End of April 02 for Sporting Groups</i>	1 student quit smoking 100% of schools agreed to Quit Contact role	As documented in resource allocation <i>In kind role of School Nurse and Welfare Coordinator</i>	Nil	Nil	Relevant and up to date Quit resources distributed to 300 students
	Provision of Quit information at Foster Health Expo Korumburra Sale Yards	<i>PCP Agencies</i>		<i>In kind support from Agencies</i>	Pamphlets and resources from Quit Nil Cost	Nil	300 school students received Quit show bag. wider community
	Screen of Quit video during World No Tobacco Day Activities	<i>Program Worker</i>		Nil	Video from Quit, Nil Cost School AV equipment Nil Cost	Nil	10 students viewed video
	Health education counseling and skill development Focus group with young people to discuss issues around smoking Students trained in	<i>Program Workers</i> <i>School Staff June, 02</i>	8 students trained as mentors 100% of student mentors assist 8 students who smoke	As documented in resource allocation <i>In kind support by school staff</i>	4 sessions at \$50 per session = \$200	1000	16 students who smoke or are at risk of smoking

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
	mentor skills to assist other students who smoke						
	Community action Engage community members in 2 smoking prevention reference groups	Program Workers Beginning of March 02	100% of reference group adopting Terms of Reference	As documented in resource allocation In kind support by reference group members	2 reference group celebrations =500	1000	15 key community people engaged in reference group Networks of each reference group member
	Smoking reduction reference group to work with schools and sporting groups to develop policies around going smoke free	Program Workers March 02	100 % of members adopt their individual role statement 80% attendance at Reference Group meetings	As documented in resource allocation Tasks to be carried out by reference group members = 500	Nil		Meeting minutes distributed to all members Reach to sporting clubs incomplete to be carried over to 02-03 program plan
	Social marketing Raise community awareness of the reasons why YP smoke through local newspapers, school newsletters, community billboards etc Link with National and State wide campaigns to create local campaign	Health Promotion Coordinator Program Workers Ongoing/ Opportunistic		As documented in resource allocation	Nil	200	6 local media stories 1 state wide rural Television story via WIN TV 1 radio story on local ABC radio Readership and listener figures of local radio, newspaper and television Whole school campus population on World No Tobacco Day

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
	Economic and regulatory activities Develop award incentive scheme to recognise activities carried out with the target schools and sporting clubs that have a smoking reduction theme	Program Workers Reference Group End of March 02	100% of schools and sporting groups implementing award incentive scheme developed by reference groups to reward smoking reduction behaviour.	As documented in resource allocation	\$250 per school/club =1000	1000	10 students who receive awards 2 clubs receive award All club members
	Work with Local Shire Councils to enhance the outcomes of the Tobacco Act	Program Workers End of May 02	80% compliance of sales to minors	As documented in resource allocation <i>In kind support from Council EHOs</i>	Nil	Nil	2 Shire Councils involved as stake holders No reach to wider community. To be carried over to 02-03 program plan
Objective 2 <i>To build the capacity of the local community to address smoking</i>	CAPACITY BUILDING:						
	Organisational Development						
	Formation of South Coast Health Services Consortium, Health Promotion Working Group with overall responsibility for the development and implementation of the HP Smoking Reduction Plan	PCP Service Planning Team 01	100% of the Working Group engaged in developing and implementing the HP Plan. 2 agencies taking on lead role	As documented in resource allocation <i>In kind support of members of HP working group</i>	Nil	Nil	6 meetings held and minutes recorded
	Review of school curriculum and smoking policy Review of sporting club smoke free policy		Obtained smoking policies and models from peak education bodies including, DEET and Catholic Education Office Gained input and	As documented in resource allocation <i>In kind support of members</i>	Nil	Nil	2 schools & 4 sporting clubs

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
			<p>collaboration from the following external agencies including Quit, Goodsports, Shire Recreational Officers, School Focus Youth Services, School Nurses</p> <p>Documents include:</p> <ul style="list-style-type: none"> • Smoke free in practice document • Quit smoking activity survey • Going smoke free policy kit <p>Collaboration with peak sporting bodies including Netball Victoria and the Victorian Country Football Association to identify local clubs to be part of the program</p> <p>100% of school smoking policies updated to be based on Quit model</p> <p>1 School nurse included on curriculum committee to give input into smoking related curriculum</p> <p>Review of 4 sporting club policies</p>	school staff			
	Review HP Working Group agencies workplace smoke free policies to ensure best practice	All members of HP Working Group End of June 02	100% of HP Working Group agencies reviewing workplace practices	As documented in resource allocation In kind support from	Nil	Nil	6 PCP member agencies

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
				HP Working Group agencies			
	Conduct a literature review on smoking reduction HP practices and models, other Programs	Health Promotion Coordinator End of July 01	100% of Program based on best practise	As documented in resource allocation	Nil	Nil	Summary of literature shared with HP Working Group
	Workforce Development Quit Fresh Start Facilitator Training Provided	HP Coordinator Quit	15 Staff from local agencies funded to attend 2 school nurses trained 100% Commitment from each agency who attended to implement one course locally over the next 12 months	Quit Training Provision \$1900	Tea/coffee refreshments \$200 Administration \$300	\$2400	10 SCHSC agencies 2 school nurses
	Professional Development Provided to target School & Sporting Clubs	Quit School staff Sporting Clubs	50% of school staff and sporting club officials attending Professional Development	In kind support from Quit, schools and clubs	500	500	2 schools 4 sporting clubs
	Agency staff supported to attend HP short course	All PCP member agencies Oct/Nov 01	Staff from each agency reporting gains in knowledge about HP planning/implementation	Staff time to organise short course As documented in resource allocation	Nil	Nil	28 Staff from member agencies attended HP short course
	Resource Allocation Health Promotion Coordinator 0.5 EFT x 12 months 2 Program Workers Evaluation			0.5 EFT x 12 months \$30605 2 x 0.4 EFT CHN for 6 months= 11,000 Monash University \$5000		\$46605	

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
	Total Budget Expended as of 28/3/02					\$52705	

Health Promotion Strategy: Plan 02/03

Step 1: Final Plan

Goal: **To reduce smoking in young people**

Target group/s: **Young people who smoke or are at risk of smoking within the identified sporting clubs.**

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (Including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
Objective 1:	INTERVENTIONS						
To work with sporting clubs to increase smoke free policy and practice	Health education counseling and skill development Quit Course held at sporting club	<i>Quit Facilitator</i> <i>Sporting Clubs</i> <i>November 02</i>	100% of sporting clubs implementing Quit Course	As documented in resource allocation In kind support by club	2 courses @ 50each = \$100	100	10 participants in Quit Course
	Community action Continue work of 2 smoking prevention reference groups	Program Workers	80% of reference group members report implementing changes to their setting to be smoke free 80% attendance at Reference Group meetings	As documented in resource allocation Reimbursement of reference group members \$1000	Administrative costs \$100	1100	15 key community people engaged in reference group Networks of each reference group member
	Social marketing Raise community awareness of smoke free activity in local sporting clubs	Health Promotion Coordinator Program Workers Ongoing/ Opportunistic		As documented in resource allocation	Nil	Nil	Readership and listener figures of local radio, newspaper and television
Objective 2	CAPACITY BUILDING:						
	Organisational Development						
	Work with local shire to reduce sales to minors through	Program Workers	80% compliance of sales to minors	As documented in resource allocation	Nil	Nil	2 Shire Councils involved as stake holders

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
	minors through secondary sales and vending machines	End of May 02	Reduction in access to vending machines in Clubs and hotels	allocation <i>In kind support from Council EHOs</i>			holders X clubs and hotels
	Documentation and ratification of sporting club smoke free policy	<i>Program Workers</i>	100% of sporting clubs accept and implement smoke free policy	As documented in resource allocation <i>In kind support of members school staff</i>	Nil	Nil	4 sporting clubs
	Resource Allocation Health Promotion Coordinator 0.5 EFT x 12 months Program Worker			0.5 EFT x 12 months \$30605 9987		\$40592	
	Total Budget Expended					\$41792	

Rural Health Promotion Funding Strategy: 00-02 Plan

Step 1: Final Plan

Goal: **To reduce asthma related hospital admissions in the South Coast**

Target group/s: **Primary School aged children in the South Coast**

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts * (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
Objectives	INTERVENTIONS						
To ensure the local community has up to date information available on asthma	Health Information Provide Asthma Victoria information to neighborhood houses and libraries	HP Coordinator June 02	80% of Neighborhood houses in South Coast having access to asthma information 3 Libraries having access to asthma information	As per resource allocation	Nil	Nil	Clients of the Neighborhood houses and libraries
	Health Education Hold a community education session on asthma for carers	Program Workers Rural Ambulance Victoria June 02	100% of carers reported feeling more confident in managing a child with asthma 1 referral made with asthma educator	12 hours worker time @ \$50 per hour = \$600	Tea, coffee, etc \$100 Hall Hire \$50 Information brochures \$50	800	15 carers
	Community action Invite community members, including carers and parents to be part of a South Coast Asthma Action Group which will meet 3 times within 6 months	HP Coordinator Program Workers Beginning of March 02	1 parent participating in South Coast Asthma Action Group	As per resource allocation 12 hours worker time @ \$50 per hour = \$600	Payment for consumer attendance and consumables 1200 In kind from member agencies	1800	Minutes
	Social marketing Explore media opportunities to promote Asthma Work in South Coast	Health Promotion Coordinator Program Workers		As per resource allocation	Nil	Nil	2 local media articles Readership figures

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts * (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
		World Asthma Day 5/5/02 Ongoing/ Opportunistic					
	CAPACITY BUILDING:						
	Organisational Development						
<i>To build the capacity of the local agencies to address asthma management</i>	To create a collaborative asthma network that will address asthma as a South Coast issue.	HP Coordinator Program Workers Beginning of March 02 Stakeholders including: Pharmacists, Physiotherapists, Occupational Therapists, Asthma Educators, GPs and Welfare Agencies	100% representation of key stakeholders 100% commitment from stakeholders to further action	As per resource allocation	Nil In kind from member agencies	As per community action	7 members engaged in Action Group
	Review referral process with Family Service Agencies	HP Coordinator June 02	Anglicare, Gippscare/ Salvation Army identified need to review referral procedures Formalised links with 50% of Family Service Agencies and Asthma Educators	As per resource allocation	Nil	Nil	4 Family Service Agencies
	Implement a pilot project with local agency	South Gippsland Hospital	One SCHSC agency implementing pilot project	Asthma Educator @\$25/hr = \$4062	Nil	4000	12 participants 1 community health centre

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts * (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
To build the capacity of local primary schools to address asthma management	Work with local primary schools to assist them to implement the Asthma Friendly Schools Program	Project Workers Ongoing	50% of schools in South Coast enrolled to become asthma friendly	80 hours project worker time @ \$50 per hour = 4000 Asthma Victoria consultation \$200	Catering, venue, advertising etc. \$1528	5728	10 schools
To develop a network of health professionals to respond to asthma management issues in the South Coast	Workforce Development Linking with the South Gippsland Division of General Practice Asthma Continuing Professional Development Program	HP Coordinator South Gippsland Division of General Practice	Asthma CPD held Information provided from Asthma Victoria, GP, Physiotherapist, Asthma Educator and Pharmacist 10% of GPs who attended CPD will implement care plans 20% of GPs reporting increased understanding of the role of allied health and pharmacists in asthma management	In kind from South Gippsland Division of General Practice	Nil	Nil	30 GPs 10 Pharmacists
	To provide training in asthma management for health professionals	Program Workers August 02		As per resource allocation 48 hours worker time @ \$50 per hour = 2400	Catering. \$500 Venue Hire \$500 Guest speakers \$1000 Conference Packs \$500	4900	
	Resource Allocation Health Promotion Coordinator 0.5 EFT x					As per smoking reduction	

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts * (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
	12 months Consortium Administration Officer and Executive Officer support					program	
	Program Workers			As documented in Actual Staff Costs			
	Total Budget Expended as of					15700	

Rural Health Promotion Funding Strategy: Plan 02/03

Step 1: Final Plan

Goal: **To reduce asthma related hospital admissions in the South Coast**

Target group/s: **Primary School aged children in the South Coast**

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts * (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
Objectives	INTERVENTIONS						
<i>To work with the local community to increase knowledge and understanding of the relationship between diet and asthma</i>	Health Education Hold education sessions on the relationship between diet and asthma	Program Worker Play groups Preschool	80% of participants report greater understanding of the relationship between diet and asthma 50% of participants change dietary behaviour for young children	12 hours worker time @ \$50 per hour = \$600	Tea, coffee, etc \$100 Hall Hire \$50	750	30 parents/carers
	Community action Continue to invite community members, including carers and parents to be part of a South Coast Asthma Action Group	HP Coordinator Program Worker Beginning of March 02	50% of participants report being able to work on asthma and diet through their community networks	12 hours worker time @ \$50 per hour = \$600	Payment for consumer attendance and consumables 1200 In kind from member agencies	1800	10 Community and Agency Representatives
	Social marketing Explore media opportunities to promote relationship between diet and asthma	Health Promotion Coordinator Program Worker		As per resource allocation	Nil	Nil	2 local media articles Readership figures
	CAPACITY BUILDING:						
	Organisational Development						

Objectives	Interventions/Capacity Building strategies	By whom & Timelines	Actual Impacts * (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total budget spent or acquitted	Actual Reach
To work with local agencies to include the relationship between diet and asthma in their programs	Work with primary schools to look at food provided in canteen	HP Coordinator Program Worker Local Schools August 02	100% of schools complete process of Asthma Friendly Schools accreditation 50% of schools modify food provided in canteens	As per resource allocation	Nil In kind from member agencies		10 schools in South Coast
	Work with local agencies to include asthma management in their core programs	HP Coordinator Maternal and Child Health SCHSC January 03	80% of agencies include asthma management programs as an activity for 2003				SCHSC member agencies
	Resource Allocation Health Promotion Coordinator 0.5 EFT x 12 months					As per smoking reduction program	
	Program Workers 72 hours @ \$50 per hour			3637			
	Total Budget Expended as of					6187	

Health Promotion Reporting Template: Capacity Building 00/01 01/02

Program Goal: **To build sustainable networks and capacity among agencies in the South Coast to support future Health Promotion work**

Population group/s: **All agencies in the South Coast Health Services Consortium and community members**

Program Objectives	Interventions/Capacity Building strategies (include specific activities under the appropriate heading)	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total cost	Actual Reach
To build the understanding and participation of the community in the work of the SCHSC	Interventions						
	Health Education, counseling and skill development Held thyroid information session	SCHSC support staff June 02	Thyroid included in HP Network Agenda	As per resource allocation	Nil		20 people attending information session
	Community action Held community solutions forums to gain input into program plans Support other SGSC community forums Ask the community for ideas/strategies to address identified health priority areas Share BOD and ambulatory care data with the community	SCHSC support staff Agencies February – June 02 SGSC		As per resource allocation In kind support from agencies	Catering and venues \$5000 Reimbursement of community members \$2000	\$7000	350 people attending community forums
	Social marketing Media campaign focusing on community solutions forums Media campaign focusing on health priority areas	SCHSC Support Staff January – June 02		As per resource allocation	Advertising	\$2000	Readership Figures
Capacity building strategies							

Program Objectives	Interventions/Capacity Building strategies (include specific activities under the appropriate heading)	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total cost	Actual Reach
To develop local capacity to support HP Work	Organisational Development Develop HP Working Group	SCHSC Support Staff	100% commitment from SCHSC members to established Health Promotion Working Group 90% of SCHSC members nominated a HP Representative 100% commitment from HP Working Group to Terms of Reference 100% commitment from HP Working Group to priority areas	As per resource allocation	In kind from member agencies	Nil	6 Agencies participating in Hp Working Group
	Hold service provider meetings to share mental health work occurring across the South Coast	SCHSC Support Staff SCHSC All mental health providers and interested parties March 02 June 02	80% of mental health services providers attend meetings held 100 % of attendees shared set of priorities and actions for mental health 100 % Commitment for future work 100% endorsement of Mental	As per resource allocation	Meeting costs \$1000	\$1000	15 mental health agencies

Program Objectives	Interventions/Capacity Building strategies (include specific activities under the appropriate heading)	By whom & Timelines	Actual Impacts (Qualitative &/or Quantitative)	Actual Staff costs (including staff oncosts)	Actual Consumables	Total cost	Actual Reach
			Health Action Plan				
	Investigate Dental Waiting Times and services	SCHSC Support Staff	Commitment from Regional Health Promotion Working Group	As per resource allocation	Nil		SCHSC
	Workforce Development Developed position for HP Coordinator	SCHSC Support Staff SCHSC	Hp Coordinator employed	As per resource allocation	Nil	Nil	HP Coordinator
	Resource Allocation SCHSC Support Staff					47913	SCHSC
Total Budget						57913	

Mental Health Final Program Plan 02/03

Program Goal: **To implement a South Coast Mental Action Plan to reduce mental health issues in the South Coast Community**

Population group/s: **South Coast Community**

Program Objectives	Interventions/Capacity Building strategies (include specific activities under the appropriate heading)	By whom & Timelines	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Staff costs (including staff oncosts)	Estimated Consumables	Estimated Total cost	Estimated Reach
To provide information to the community on mental health	Interventions						
	Health information Develop Mental Health Brochure for consumer distribution	SGSC <i>Mental Health Action Group</i> <i>Kilmany Care</i>	<i>10% of SGSC residents will contact mental health services</i>	As per resource allocation	In kind from SGSC	Nil	All households in South Gippsland Shire Council
	Health education, counseling and skill development In partnership with Rotary hold community forums in the South Coast area	Program Worker Rotary School Focused Youth Services SG Shire From July 02-July 03	20% of participants at forums report feeling more supported in the community to discuss mental health	As per resource allocation	3 forums @ \$200 each = \$600 Advertising \$300	\$900	200 community and agency members
	Promote Get Well strategies	SCHSC Community	10% of those engaged in get well strategies participate in recommended activities	As per resource allocation	Focus groups to develop strategies \$500	\$500	3 focus groups held 15 participants in focus groups
To provide opportunity for	Community Action Community representative to be part of advisory process for	Program Worker	1 Community Representative participating	As per resource allocation	Reimbursement of consumer	\$500	1 Consumer Representative

Program Objectives	Interventions/Capacity Building strategies (include specific activities under the appropriate heading)	By whom & Timelines	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Staff costs (including staff oncosts)	Estimated Consumables	Estimated Total cost	Estimated Reach
community involvement in the mental action plan	program		in activities after the advisory process		costs = \$500		
	Social marketing Develop and implement a Communications Strategy to help destigmatise Mental Illness and to promote YARN and ASSIST	SCHSC Beyond Blue SGGP All mental health agencies	100 % of SCHSC members aware of YARN and ASSIST	As per resource allocation	Advertising \$200	\$200	Local media readership figures
Capacity building strategies							
To facilitate improved cooperation, communication and linkages between agencies	Organisational Development Hold service provider meetings to share mental health work occurring across the South Coast List issues raised by consumers and providers. Analyse and distribute results from community forums	SCHSC All mental health providers	80% of service providers committed to South Coast Mental Health Action Plan 80% of agencies committed to further work	As per resource allocation	3 meetings @ \$100 each = \$300	\$300	15 health agencies and other interested parties
	Update InfoXchange and local agency databases, including a request to DHS to ensure all agencies are identified Develop list of local Mental Health services	InfoXchange All SCHSC mental health agencies DHS	80% of all agencies updating information on InfoXchange	As per resource allocation		\$500	15 mental health agencies in SCHSC
	All SCHSC members to provide accommodation support for mental health related support groups	All members of SCHSC	1 New GROW support service in Leongatha	As per resource allocation	Nil	Nil	SCHSC Agencies
	Service Mapping and analysis to identify gaps	SCHSC Primary Mental Health Early Intervention Initiative (PMHEII) Agencies	Service map developed and gaps identified	As per resource allocation	Nil	Nil	All SCHSC agencies included in mapping exercise

Program Objectives	Interventions/Capacity Building strategies (include specific activities under the appropriate heading)	By whom & Timelines	Estimated Impacts (Qualitative &/or Quantitative)	Estimated Staff costs (including staff oncosts)	Estimated Consumables	Estimated Total cost	Estimated Reach
	Provide Mental Health Action Plan as part of planning for Community Health Mental Health Plan, Municipal Public Health Plan, DHS Regional Health Plan and SGGP approach.	PMHEII SGGP SCHSC Local Government DHS Health Services	50% of target group include Mental Health Action Plan utilised in agency planning	As per resource allocation	Nil	Nil	SCHSC agencies
	Explore evidence based HP pilot programs	Beyond Blue Vic Health PMHEII HP Working Group	10% of agencies involved in Pilot Program	As per resource allocation	\$5000 for pilot projects	Nil	All agencies in SCHSC
	Workforce Development Training for agencies in InfoXchange	Administrati on Officer	Train members from 5 SCHSC agencies	\$500	Nil	\$500	10 staff members from key agencies
	Resource Allocation Program Manager 0.2 EFT @ \$50 per hour			\$15000		\$15000	Stake holders
Total Budget						18400	

South Coast Health Services Consortium Health Promotion Budget

Income

	00/01	01/02	02/03
PCP HP	38046	38046	38046
Rural	26821	24933	24933
Total	<u>64867</u>	<u>62979</u>	<u>62979</u>

Combined 2 years 127846

Total 3 years **190,825**

Expenditure 00/01 – 01/02

HP Coordinator	30605
Smoking Reduction	22100
Asthma Management	17228
Capacity Building	57913

Total **127846**

Expenditure 02/03

HP Coordinator	35605
Smoking Reduction	6187
Asthma Management	6187
Mental Health	15000

Total **62979**

ATTACHMENT B. OTHER INFORMATION FOR AGENCIES AND COMMUNITY MEMBERS

Have Your Say / Contact Us

Consortium members or staff would be pleased to hear your ideas, make a presentation to any interested groups or agencies, or meet with individuals to discuss ideas and work to date. Please call the South Coast Health Services Consortium on 5674 3105 for further information or any of the Consortium full member agency representatives.

Reports & Information

Would you like to know more about local health measures and other health information collected?

Reports are available by request from full member agency contacts, or the Consortium, or some can be found directly on our web pages by going to www.sggp.com.au and going to the PCP pages. Some of the reports available include:

- A Snapshot of our health (2 pages of summary health information)
- A comprehensive Health Profile Report
- South Coast Update Sheets
- Burden of Disease Analysis for the South Coast Area.
- More detailed analysis of Mental Health in the South Coast
- More detailed analysis of injury information in the South Coast
- More detailed analysis of Asthma in South Coast.
- Preventable admissions information including admission rate data for various PCPs areas that are considered to be preventable.
- Community Telephone Health Survey of 1,000 people undertaken by GRIS in April 2000.

Other Social Information & Key Demographic Indicators³

Other data and information we have highlights the social landscape of our area that needs to be considered in designing and developing services or seeking funding for future initiatives:

Demographic Indicator	Bass Coast	South Gippsland	Alberton	Cardinia - South	Victoria
Total population	22,563	25,503	5,768	5,115	4,712,173
Population density (persons per sq Km.)	26	8	3	15	20.7
% born in Australia	82%	87%	83%	81%	87%
Indigenous residents	72	89	12	27	22,598
% couple with children households	26%	31%	33%	40%	35%
% lone person households	28.5%	23%	24.5%	19%	23%
% households weekly incomes <\$300	32%	24%	27%	18%	24%
Unemployment rate	8.4%	5.3%	6.7%	5.7%	6.7%
% aged 65 & over	23%	15%	16%	12%	14.4%
% with a disability	25%	21%	22%	16%	17%
Number with a disability	5,112	5,062	1,256	747	729,687

Consumer Focus & Consumer Charter

The Consortium has implemented a Consumer Charter which was developed by consumers and agencies. The idea was initially discussed at community workshops in June 2001. The community workshops highlighted community members generally do not want to complain when things go wrong and such an approach does not help highlight how agencies can improve.

³ Sources: Various (refer to Socio-Demographic and Health Profile from the South Coast health Services Consortium for full list of data sources)

As part of a strategy to help address this, the Health Services Commissioner, Ms Beth Wilson, launched the Charter in May 2002 and highlighted why people need to complain or make suggestions for improvements to make the system better for everyone.

Copies of the consumer charter are available by contacting the South Coast Health Services Consortium.

Community Survey

A major survey of 1000 households in the area was undertaken and highlights a range of gaps in information on services, strengths and other health care related information. This information has guided some of the Consortium work and is available for further consideration on request.

How to Find, Access & Update Services

People can search for agencies via the InfoXchange website which is at the following web site.
www.infoxchange.net.au

This service can be accessed via any internet accessible computer and has been promoted amongst libraries in the South Coast area and is also accessible via Better Health Channel terminals free of charge which are available at the following health facilities: Wonthaggi District Health Service, Warley Private Hospital - Phillip Island, South Gippsland Health Service, and Koo Wee Rup Regional Health Service.

Ensuring Updated Health Services

Please help the community and agencies ensure service details are accurate and up to date by contacting InfoXchange via their website, or the email address or telephone numbers as below.

Email: database@infoxchange.net.au
Telephone: Infoxchange Database Manager (03) 9561 9937

Such information is also used by the Better Health Channel, which is another way the community accesses updated health services information.

Contact & Membership Information

For further general information, members information and details, or to raise ideas or issues relating to improving the health of the South Coast Community please contact any of the following South Coast Health staff.

Julie Kellow (Manager Access to Services), Angela Rodaughan (Health Promotion Coordinator), Michele Speak (Program Support), and Edward Fraser (Manager).

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