

Wellington Primary Care
Partnership

Keeping Healthy People Healthy!



Community Health Plan 2003/2004

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Wellington Community Health Plan 2003/2004

Keeping Healthy People Healthy!

Our Members

The Wellington Primary Care Partnership is a voluntary partnership of 32 health and community-based agencies in the Wellington Shire.

- ⇒ Anglicare
- ⇒ Arthritis Victoria
- ⇒ Baptist Community Care
- ⇒ Central Gippsland Accommodation Support Services
- ⇒ Central Gippsland Health Service
- ⇒ Centre Against Sexual Assault
- ⇒ Dargo Bush Nursing
- ⇒ Deaf Infolink
- ⇒ Dental Health Services Victoria
- ⇒ Department of Education
- ⇒ Department of Human Services
- ⇒ Department of Veteran Affairs
- ⇒ Diabetes Australia
- ⇒ East Gippsland Community Mental Health
- ⇒ East Gippsland Division of General Practice
- ⇒ Eastern Gippsland Arts & Recreation Access Group
- ⇒ Gippsland Women's Health Service
- ⇒ Kilmany Family Care
- ⇒ Latrobe Community Health Service
 - Aged Care Assessment Team
 - Co-Care Gippsland
- ⇒ Mental Illness Fellowship Victoria
- ⇒ Migrant Resource Centre
- ⇒ Monash University School of Rural Health
- ⇒ MS Society Victoria
- ⇒ Ramahyuck District Aboriginal Corporation
- ⇒ Royal Victoria Institute for the Blind
- ⇒ SNAP
- ⇒ Villa Maria Society
- ⇒ Vision Australia
- ⇒ Wellington Shire Council
- ⇒ Wellington Special Needs Network
- ⇒ Yarram & District Health Service

Our Vision

The Wellington Primary Care Partnership has adopted as its vision that espoused in the *Ottawa Charter For Health Promotion*, 1996, that:

“Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.”

Mission Statement

“Together we will enhance Health Outcomes for the Community of Wellington”

Shared Values

The shared values espoused by the Wellington Primary Care Partnership which underpin health promotion and establish a platform for enhanced service coordination are:

- adoption of a **social model of health** which provides a context for the development of the Health Promotion Strategy
- a focus on **creating a healthy community**, emphasising support for personal choices for better health, and progress towards safer, healthier and more supportive living and working environments combined with improved personal health care and personal preventive services
- an approach for promoting health and reducing the burden of illness should be **holistic**, encompassing the continuum of care from prevention through to treatment, management and rehabilitation
- fostering partnerships, alliances and collaboration among different sections within the health and community sector; across other sectors; with community and non government organisations and consumers to enable cross sector/agency integration and co-ordination
- developing programs and services that achieve health advancement underpinned by appropriate evidence based research
- supporting local communities to plan, develop and deliver health promotion programs and interventions that are specifically tailored to the needs of the community
- recognition that the objective of undertaking joint health promotion activities across the Partnership requires changes at both the systemic and service delivery levels, sustained effort, longer periods of time and multifaceted approaches
- building on the existing platform of services, resources and infrastructure for health promotion and public health

Background

During the past year, the Wellington Primary Care Partnership has continued to support the reorientation of the primary care system to be population focussed and underpinned by the social model of health. Member agencies are continuing to strive for a common planning framework with organisational and service delivery plans being developed in tandem.

Service Coordination continues to be a key outcome area for the Wellington PCP. PCPs in Gippsland now have a formal partnership with the Gippsland Health Alliance (GHA) with representation on the GHA Steering Committee and Service Coordination Task Group. Much work is still needed to develop ongoing capacity, adoption of specific service coordination protocols with the acute sector and the eventual roll out of electronic referral capacity. The Wellington PCP will continue to be central to this ongoing change management process.

Over the past 12 months we have seen the SCoTT tools introduced across all core agency program areas supported by the development of 13 protocols and extensive workforce

development programs providing training and education to over 124 participants representing 12 member agencies.

The Wellington PCP has also been successful in establishing a broad coalition of key agencies both inside and beyond the health sector to participate in a coordinated promotion of **healthy lifestyles** in the community.

Through the engagement of 11 local Neighbourhood Houses and the inclusion of the Wellington Shire 'Movers and Shakers' program in the health promotion network the PCP has been able to increase access to and participation in casual physical activity programs conducted at a community level.

The result of this networking and support function will be the establishment of new, more readily accessible, low cost physical activity programs that are based on need and will benefit local communities in Wellington. The promotion of these programs will also be a priority for the WPCP. Details of physical activity programs will be made available to the Wellington community through a **physical activity guide** currently in development.

This guide will provide information regarding the physical activity options available throughout the community and will be made available to the general public as well as to health professionals who can use the guide as a referral point for clients. It will also act as a referral guide for GPs using the Active Script program. The production of the physical activity guide will add value to the service coordination work of the WPCP by assisting service coordination and referral amongst Wellington member agencies and Gippsland as a whole.

Established links with the Rural Access Project Officer, have identified issues concerning access to the built environment, community inclusion and connectedness for people with disabilities. There are now PCP member agencies contributing to a Wellington Transport Partnership successful in attracting 3 year funding to explore community transport issues and facilitate the development of local transport projects in the catchments of Wellington and East Gippsland.

A Consumer Participation Project was undertaken by Kilmany Family Care (as lead agency) on behalf of Wellington and East Gippsland PCPs to support effective and meaningful participation by consumers at all levels within the PCP. A Guide to Consumer Participation manual and tool kit are being developed, providing information about issues and best practice in relation to consumer participation. Training is being offered to service providers, CEOs and Boards of Management to report on findings about best practice consumer and carer engagement and foster involvement in service design for primary health care staff to encourage the involvement of consumers and carers in their work.

The Wellington PCP determined a new structure for 2002/2003 re-aligning advisory groups in line with priority health issues to support and enhance broad, consistent planning and implementation of health promotion projects.

Wellington Shire Council has developed detailed [community profiles](#) for each catchment in Wellington. These profiles will be utilised by the PCP to meet joint planning outcomes. *Refer Appendix 1.*

Also produced in the last 12 months is a detailed Gippsland Region "[Health, Wellbeing and Demographic Profile](#)" which supports regional planning approaches for Priorities in Profiles and was constructed from work of the Gippsland Region Common Planning Protocol Group.

Other **key achievements** for 2002/03:

- Educating staff about the social model of health and community development principles relating to health and wellbeing
- Working in partnership with GPs and the Division of General Practice to promote screening and exercise participation through programs such as Active Script and Doctors for Farm Health
- Providing brokerage funds to WPCP member agencies to undertake health promotion activities that focus on early intervention/healthy living:
- Supporting sustainable exercise programs in Neighbourhood Houses to promote social connectedness and ensure more isolated members of our community can access a range of programs close to their own home
- Fostering links with community based sporting clubs
- Increasing the capacity for WPCP member organisations to develop collaborative strategies
- Strengthening the rural workforce in Wellington supporting the continuation of the Wellington Student Unit which has provided some 32 placements across 19 agencies for social work students over the past two years. The Student Unit program has shown it has provided a unique opportunity for students to learn about working in rural areas, and for rural agencies and communities to benefit from the students' involvement. The final report of the Wellington Student Unit will be published in August 2003 upon completion of the project.
- Working collaboratively with the Streets of Harmony Steering Committee to develop a "Youth Space" providing recreational and health services specifically for youth.

Strategic Objectives

2003/04

While the Wellington PCP has focussed on healthy lifestyles as a priority health issue in the past through work around improving cardiovascular health and diabetes, there has been a shift in planning for 2003/2004.

The change has been in health promotion planning moving on from a disease specific focus and taking a population health approach. This type of approach has been lacking in the PCP's Integrated health promotion work over the past two years and as a result, has seen the program being more co-ordinated than integrated. This year however, the health promotion plan is aiming to not only prevent and reduce the incidence of disease, but start to create environments in which people can be supported and encouraged to lead healthier lifestyles. WPCP is building on the well established relationships and ground established over the last two years, moving to focus on the long term health of the community.

This means that while many of the small brokerage funded projects from 2002/2003 will continue into this new year, they will be strengthened and enhanced by the work planned for 2003/2004. By the end of June 2004, the Wellington PCP will be well situated to ensure sustainable improvements to the health of the community.

The objectives for the plan have been identified through an understanding of existing program delivery and opportunities available to build on and coordinate activities across the health, education and local government sectors.

As a result three agreed focus areas have been determined for the Wellington PCP Physical Activity and Nutrition Health Promotion plan for 2003/04:

1. improving the health of primary school students and their families by improving nutrition and increasing participation in physical activity through active play and transport both in school and at home
2. engaging communities to explore opportunities for recreation through the identification of local needs
3. creating safe and supportive physical environments that assist people in Wellington to live active and healthy lives

Our partnership has established and maintained a strong health promotion network across the catchment and region to coordinate and inform the work being undertaken:

Our approach to addressing our priority health and well-being issues is demonstrated in some of the programs below:

East Gippsland Division of General Practice	Program	Description	Target
	Active Script	Primary prevention strategy aimed at reducing the prevalence of modifiable risk factors associated with CVD. Encourages the promotion of physical activity through GP consultations by 'prescribing' physical activity together with the distribution of CVD guidelines to all GPs	
	Drs for Farm Health	Screening programs conducted at Farm Field Days and Cattle Sale events to detect potential skin cancers and risk factors for CVD and Diabetes	Farming families

Ramahyuck Aboriginal Co-op	Water Aerobics	Exercise classes for women	Koori Women
	Koori Golf Days	A number of golf days funded by the PCP and promoted throughout the year – fun health focussed activities designed to screen participants for diabetes and CVD risk in a non-threatening environment.	Koori Men & Women

	Program	Description	Target
Wellington Shire Council	Movers and Shakers	Training local community members to become trained fitness leaders – <i>see Case Study (Appendix 2)</i> The Wellington PCP has worked closely with the Shire by identifying communities of greatest need and targeting particular interest groups. Strong links are being formed with health professionals and neighbourhood houses to ensure connections are formed early to facilitate good working relationships that provide results in terms of increased opportunities for physical activity.	Small communities
	Community Education Programs	Active Australia Day Promotion of recreation opportunities in local communities through council District Advisory Networks Identifying issues and needs for recreation in small isolated communities Presentations to Schools (primary/secondary), TAFE, network U3A.	Whole community
	Living Longer, Living Stronger (COTA) program	Strength training program for older adults conducted at the Sale sports stadium. PCP funds enabled instructors to be trained with the Council of the Ageing in the delivery of this program. Demand has exceeded all expectations with 13 classes being run weekly attracting up to 20 participants in each session ranging in age from 50's to 80 plus.	Over 50's
	Let's DEW It (Dancing East Gippsland and Wellington)	Rural Access and EGERAG auspiced program focussing on skill development to make recreational settings (dance and movement groups and classes) more inclusive of people with disabilities	Dance Groups/ People with disabilities
	Men's Shed	New program auspiced by Sale Uniting Church focussing on social companionship and physical activity for older men	Older men

Gippsland Women's Health Service	Healthy Eating	Working with School Nurses in Secondary school to promote health eating	Secondary School Children
	Resources	Extensive library resources available across Gippsland focussing on promoting Health Eating and Physical Activity Quarterly newsletter – Winter 2003 edition focussing on Body Image/Healthy Eating	Whole community
	Education	Various programs in schools	School children
	Workforce Development	Professional development opportunities re healthy eating/body image	

Neighbourhood Houses	Healthy living/Physical Activity	<p>The Wellington PCP has developed strong links with Neighbourhood/Community houses by supporting the development and implementation of seven (7) new programs this financial year through the allocation of brokerage dollars. All have been very enthusiastic about the projects and working in collaboration with the Wellington PCP.</p> <p>The projects include:</p> <ul style="list-style-type: none"> ⇒ Yoga classes in Rosedale ⇒ 'FitBall' classes in Yarram ⇒ Yoga and 'FitBall' classes in Gormandale ⇒ Cooking/Nutrition sessions in Maffra ⇒ Living Longer Living Stronger Strength training for older adults in Briagolong and Heyfield ⇒ Healthy Lifestyle Program in Loch Sport 	Small communities
Yarram & District Health Service	Shoot for Fruit	Health Information/health education/social marketing program aimed at school children	Primary School Children
	Go Bananas	School based nutrition program focussing on policy development.	
	Supermarket Strategy	Focussed on consumer information on products and workforce development for supermarket staff re reading labels on products	Community
	Schools Strategy	Education sessions in schools focussing on nutrition and physical activity – encouraging policy development	
	Physical Activity Resource	Resource developed detailing contact details for all physical activity opportunities in Yarram	
	Pit Stop	<p>Screening program open to men and women, investigating risk factors for CVC.</p> <ul style="list-style-type: none"> ⇒ Community event held in conjunction with the Tarra Festival ⇒ Calendar of events planned for the remainder of the year 	
Central Gippsland Health Service	Physical activity Programs	<p>2 x trained exercise instructors, range of classes such as Tai Chi, gentle exercise</p> <p>Walking Wellington program supported by PCP to enhance program to further develop existing walking groups to include</p> <ul style="list-style-type: none"> - Walks before and after regular working hours - Walks of varying distances - Lunch time walks 	
	Eat Smart for Health	Dietician and Community Health Nurse working with secondary schools (tuckshop policy)	Secondary School Children

Central Gippsland Health Service	Diabetes Education	Diabetes management including diet component ⇒ Diabetes Reference Group established with key stakeholders ⇒ Patient information kits developed for GP's and health professionals ⇒ Diabetes Resource Nurses trained x 5 ⇒ Self-Help Management Course being implemented	Diabetes Patients
	Active and Healthy	Phase 3 Cardiac Rehab program, includes diet/exercise component	
	RAAF "Well Women's Program"	Annual 18 week program for new arrivals Includes diet, exercise and social integration	Women
	Pit Stop	Men's Health screening program with follow up Screening includes nutrition, exercise and habits (eg alcohol, smoking) The Pit Stop program was purchased by the Wellington PCP as a resource to be used by all alliance members and interest groups. ⇒ Workplace program run at Central Gippsland Health Service ⇒ Community program run at Sam Gould Holden in Sale ⇒ Developed a yearly program of Pit Stop events in consultation with PCP member agencies	Men
	Falls Prevention	Occupational Therapy and Physiotherapy programs focussing on falls prevention in older people – balance	Older People
	Young Parents Group	Weekly sessions provided by M&CHN focussing on promotion of good nutrition, exercise and socialisation	Young Parents
	Healthy Bones	Primary school focussed program – good food	Primary school children
	Personal Development	Senior Primary School focussed program encouraging "healthy lifestyles"	Secondary school children

Operational Plan

This operational Plan has been developed through an understanding of existing program delivery and opportunities available to build on and coordinate activities across the health, education and local government sectors

Community and Service Profile

The Wellington PCP has agreed to focus cross sector health promotion planning efforts over the next 12 months on targeting primary school aged children and their families in the Wellington catchment. This target group was chosen because of the relatively untapped potential existing and working within schools. Schools have proven important settings for health promotion in recent years and currently provide unique opportunities to produce sustained improvements in health and wellbeing through innovative approaches to improving nutrition and increasing physical activity levels of students. Such approaches include working with the physical and social environments of the school, school policy and associated family and community settings as well as the traditional curriculum based interventions.

The WPCP capacity and commitment to deliver a mix of health promotion interventions and build on agency work in this target group is also reflected in individual agency planning that demonstrate a redirection of existing resources to support population health planning.

In collaboration with community groups and key stakeholders we have evidence to suggest that there is still a:

- ◆ duplication of effort by the health sector and local government in delivering curriculum based activities
- ◆ fragmented approach to promoting ‘whole of life’ programs
- ◆ need to increase capacity of local government and public health professionals to effectively and collaboratively plan for health
- ◆ lack of opportunities for children to participate in structured and unstructured physical activity programs outside of school hours

Wellington PCP also recognises that there are significant opportunities to maximise health outcomes over the next 12 months by:

- ◆ capitalizing on the newly released Government Department Guidelines for School Canteens as an opportunity to further involve the education sector
- ◆ strengthening community action through the Walking School Bus program (Wellington Shire) and the Greenhouse Project (Maffra Primary Schools)
- ◆ consolidating links with the Best Start and FAST Programs (Kilmany Family Care)
- ◆ increasing the capacity of local government and public health professionals using the Heart Foundation's 'Supportive Environments for Physical Activity' (SEPA) project/framework
- ◆ influencing and supporting the local government Municipal Public Health Planning process using the "Environments for Health' framework
- ◆ building on the partnerships established links with local sport and recreation groups and Regional Sports Assembly to implement the VicHealth 'Participation in Community Sport and Active Recreation (PICSAR) Scheme

Priorities for Action

Through the health promotion projects, service coordination work and research undertaken in 2002/03 the Wellington Primary Care Partnership will focus in 2003/2004 on the priority areas of :

- ◆ Physical Activity and Nutrition (Integrated Health Promotion)
- ◆ Service Coordination

Physical Activity and Nutrition

Key Stakeholders															
Women's Health (GWHS)	Central Gippsland Health Service	Y&DHS	East Gippsland Division of GP	Dept of Veterans Affairs	Local Government	Sporting Groups	Neighbourhood Houses	Bush Nursing	Ramahyhuck Aboriginal Co-op	Disability	Senior Citizens	VicFit	National Heart Foundation	Education Sector (local schools)	VicHealth

STRATEGIES

Problem Definition

GOAL: To improve the health and wellbeing of the Wellington community through healthy eating and physical activity promotion.

OBJECTIVES:

- To support the implementation of state government guidelines for school canteens in Wellington primary schools committed to healthy eating.
- To encourage active living within Wellington communities through the development of safe and supportive environments for physical activity.
- To increase physical activity levels of primary school students after school (3-6pm) and on weekends through active play and sport/recreation opportunities.

TARGET GROUP: Primary School aged children (5-12 years) and their families.

Solution Generation

EVIDENCE BASE: This plan has been developed using the Ottawa Charter for Health Promotion and the Guiding Principles of Health Promotion as the basis of determining appropriate and evidence based strategies. A population health approach has been used in the planning process and therefore has provided an underpinning commitment to the notion of investment for health throughout the plan. There is a strong and ever increasing evidence base for combined nutrition and physical activity promotion programs and this has been drawn upon extensively, with information from a range of sources such as DHS, Deakin University, National Public Health Partnership, Active Australia, SIGPAH, VicHealth, VicFit, National Heart Foundation, Alberta Centre for Active Living and many

more. This information has been combined with local examples of good practice from member agencies and the wider primary health sector and has resulted in the development of a comprehensive integrated health promotion program.

RELEVANT STATEWIDE ACTION: Obesity has been an emerging statewide priority and will result in the development of an ‘obesity strategy’ in the coming year that will focus on improving nutrition and increasing participation in physical activity in children and the wider community. Other statewide bodies such as VicHealth, are continuing to focus on physical activity as a priority, but are creating innovative ways in which they work around this important issue. An example of this is ‘Planning for Health’ project currently underway through VicHealth and the Planning Institute of Australia, which focuses on strengthening links between urban planning through local government and health. This work which is being implemented at a different level to the work of the PCP has been identified and considered in the in the PCP integrated health promotion planning process.

MIX OF INTERVENTIONS: There has been significant effort during the planning process to ensure that there is balance between individual and population focused interventions. In previous PCP plans, there has been a tendency to concentrate effort around the individual based intervention end of the spectrum however this year, with the population health planning approach it has been easier to include interventions that are focused more upstream and will result in sustainable change around community action and settings and supportive environments for healthy eating and participation in physical activity. There has been considerable discussion amongst member agencies regarding possible changes in practice required to deliver the new plan, with a particular focus on moving away from a health education or curriculum based approach to healthy eating and focusing on developing policy and systems in appropriate settings that will support healthy food choices. There has been similar effort regarding the promotion of physical activity throughout the region.

ACTIVITIES REQUIRED:

Objective 1: To increase healthy eating initiatives in Wellington primary schools.

Impact evaluation: Percentage of schools implementing canteen guidelines
 Percentage of schools implementing healthy eating initiatives

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
1.1 Gauge interest from local primary schools in developing canteen policies based on state government guidelines	1.1.1 Contact all primary schools in Well Shire via letters to principals and surveys to determine interest in developing policy and current status of school. 1.1.2 Follow up with information in appropriate newsletters re WPCP support available	HP Co-ordinator and Project Manager, Dept of Education	No. of surveys distributed No. of surveys returned No. of school interested in developing canteen policies No. of articles
1.2 Identify schools interested in	1.2.1 Assign interested schools to local	Lead agencies- CGHS and	No. of schools assigned to

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
progressing recommendations for school canteens and investigate current policies/practices around school canteens and healthy eating	<p>organisation that will act as lead agency for the program and work with school through policy development and implementation</p> <p>1.2.2 Lead agency to attend meetings with school staff and council to discuss issues with appropriate school leaders</p>	YDHS (depending on school location) with support from Ramahyuck, GWHS etc.	<p>each lead agency</p> <p>No. attending meeting with school leaders</p>
1.3 Establish working party from school staff and council and identify potential barriers and enablers to developing new policy and develop program plan	1.3.1 Explore issues such as current contracts for school food service, local shops providing 'junk' food to students, availability of professional development for school staff and council around a whole school approach to healthy eating	Lead agency and working group (school staff, school council, education dept, parents etc)	No. of people involved in working group, proportion of school staff, council, parents etc.
1.4 Engage parents and students in the discussion around healthy and affordable canteen food, taking into account important sociocultural and socioeconomic issues	<p>1.4.1 Work with the school to determine the best way to engage parents in discussion and working group- ie. Newsletters, special meetings</p> <p>1.4.2 Involve students in process by integrating discussion about healthy food, different types of food into curriculum (short or long term)</p>	School with support from working group	<p>No. of articles, special meetings held etc to engage parents</p> <p>No. of parents involved in work</p> <p>No. of sessions conducted with school students during school time</p> <p>No. of students involved</p>
1.5 Increase capacity of school staff, council and parents around a whole school approach to nutrition education through professional development opportunities, and information sessions.	<p>1.5.1 Explore possibility of shared school pd activity for teachers (SA model could be used)</p> <p>1.5.2 Hold evening information sessions for parents and interested others to learn more about healthy eating and whole of school approach</p>	WPCP HP Coordinator, Education Dept, PD Providers, local specialist agencies	<p>No. of professional development opportunities re healthy eating currently available in Wellington.</p> <p>No. of programs running in other regions.</p> <p>No. of info sessions held for parents/community.</p> <p>No. attending sessions</p>
1.6 Support working groups in each school to develop policies for the canteen based on Australian		Lead agency	No. of groups developing policies.

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
Dietary Guidelines for Children and Adolescents			
1.7 Develop local awards/accreditation scheme similar to SunSmart Schools model to provide exposure and recognition to schools committed to healthy eating	<p>1.7.1 Form reference group with representation from all schools involved in program, Education Dept, Well Shire, WPCP and other interested parties to develop awards scheme</p> <p>1.7.2 Develop media campaign to highlight schools involved to wider community and to encourage other schools to follow their lead</p>	WPCP HP Coordinator	No. of stakeholders involved in developing scheme
1.8 Support schools to implement new policy and build healthy school culture around food and eating.	<p>1.8.1 Support implementation of specific activities around new canteen policy and menu as developed by schools themselves</p> <p>1.8.2 Explore possibility of continuing pd opportunities for teachers and school council</p>	Lead agency	No. of schools implementing canteen policies and other healthy eating activities
1.9 Investigate eating habits of students at home and the dissemination of 'smart eating' guidelines to parents	<p>1.9.1 Work with working group to identify current programs at school linking eating at home and at school</p> <p>1.9.2 Engage parents in discussion around eating habits at home, identifying common issues and concerns</p> <p>1.9.3 Support group to develop programs aimed at improving students eating habits at home, to support work being done at school</p>	Lead agency	<p>No. of school programs involving students eating habits at home.</p> <p>No. of parents involved in identifying issues around healthy eating at home.</p> <p>No. of programs developed</p>
2.0 Showcase good work of schools through local media and education newsletters, principals breakfasts etc.	<p>2.1 Use media campaign and presentation opportunities to showcase schools approach to healthy eating.</p> <p>2.2 Support schools in writing up a case study re their journey in developing canteen policy and the barriers and enablers to the process, impacts, outcomes etc.</p>	WPCP HP Coordinator/Lead agency	<p>No. of articles/stories re work in schools</p> <p>No. of schools developing case study.</p>
2.1 Offer to work with schools having implemented their canteen	2.1.1 Discuss other possibilities with working group and school and identify any interest in	Lead agency/ other agencies within WPCP	No. of schools interested in developing other healthy

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
policy on other health policy development- ie. Active transport or physical activity participation	furthering work around 'Health and Active Schools'		school policies
2.2 Offer WPCP support and resources to other primary schools in Wellington interested in developing own canteen policy and healthy eating programs following the success of work with initial schools.	2.2.2 Utilise showcasing of successful programs as opportunity to encourage new schools to get involved in this work with offer of PCP support	WPCP HP coordinator	No. of new schools taking up offer of support to develop own canteen/healthy eating policies
2.3 Development of local 'Healthy and Active' School resource, using input from schools involved in developing canteen guidelines, active transport and physical activity programs to act as a 'how to' guide for other schools demonstrating best practice, local case studies and sample policies etc.	2.3.1 Use evaluation and case studies from completed programs and best practice guidelines to develop local resource to be used by schools interested in progressing work around health eating and/or physical activity. 2.3.2 Organise event to launch the resource and distribute to all local primary schools.	WPCP HP Coordinator	No. of schools contributing to development of resource. No. of copies printed and distributed across region No. attending launch event

Objective 2: To encourage active living within Wellington communities through the development of safe and supportive environments for physical activity

Impact Evaluation: Number of WSB programs implemented
Percentage of WSB routes extended to become community walking trails
Percentage of Council policies acknowledging the link between urban planning and health
Percentage of Wellington Shire new policies/initiatives reflecting Environments for Health

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
2.1 Expand WSB Project Officer position to full time 'Active Living and Environment' Officer, whose key role is to facilitate a community development approach to the creation of safe active	2.1.1 Work with lead agency for WSB program, Well Shire to develop new position 2.1.2 Advertise position in appropriate newspapers and on HP Assoc mailing list	Wellington Shire Council and WPCP HP coordinator Wellington Shire	No. of advertisements placed

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
transport routes in local communities	2.1.3 Recruit suitable Project Officer	Wellington Shire and WPCP HP Group	
2.2 Raise awareness amongst schools, parents and the wider community of the benefits of active transport for students, families, the community and the environment.	2.2.1 Utilise appropriate mediums to convey benefits of active transport to various audiences	Proj Officer	No. of articles, interviews, news stories etc conveying active transport message
2.3 Implement WSB program across four Sale Primary Schools as per successful VicHealth application and support Maffra Primary School's Greenhouse Project.		Proj Officer, Well Shire and WPCP HP Group	No. of school implementing WSB program No. of bus routes established across region
2.4 Engage four Sale schools and Maffra school to explore possible extension of one WSB route to become community walking trail	2.4.1 Investigate other groups or casual walkers sharing current WSB route and proximity of local destinations to school route	Proj Officer and WSB working groups	No. of possible routes identified
2.5 Select most appropriate school (or schools) to extend their current WSB route and identify other key stakeholders to join current school bus working group for the project	2.5.1 Identify school with capacity to expand current program and suitable WSVB route to become community walking trail 2.5.2 Contact other key stakeholders not already involved in WSB program to join working group- ie community groups, VicRoads, Police, Community Health	Proj Officer, WSB working groups and WPCP HP Group	No. of new stakeholders joining WSB working group
2.6 Explore expansion of WSB route, taking into account the linking of popular neighbourhood destinations with signed trail. May have walks of differing lengths starting from same point.			No. of possible routes from same destination identified
2.7 Use school students, parents and community groups to conduct walkability audit on selected trail to identify issues that need addressing in the construction of a safe	2.7.1 Conduct audit taking into account issues such as footpath quality, appropriate places to cross roads, road safety/traffic issues, lighting, seating, perceived safety of area etc.	Working group with support of Proj Officer, WPCP HP Working group and the Heart Foundation	No. of students taking part in audit No. of issues for consideration identified

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
walking trail	2.7.2 Document issues identified to feedback to council for the development of design guidelines for Supportive Environments for Physical Activity		
2.8 Explore community resources that can be utilised in the development of community trail (including signs, seats etc) and develop plan for constructing trail with available resources	2.8.1 Use local groups, schools, work for the dole participants, local horticulture groups etc to aid with construction of trail to ensure community ownership.	Working group and Well Shire	No. of community resources identified No. of community members involved in trail construction
2.9 Support working group in implementing plan for trail development and production of maps and brochures for walks	2.9.1 Continue to feedback issues arising to council for inclusion in design guidelines.	Proj Officer, Well Shire and WPCP HP Group	No of resources developed
2.10 Launch community walking trail with special event, including community walk		Proj Officer and WPCP HP working group	No. of people attending launch No. of people taking part in opening community walk
2.11 Evaluate process and use of trails by school and the wider community, producing report outlining outcomes that can be used in other area to develop similar resource.		Proj Officer and WPCP HP coord	No. of school students and families utilising trail. No. of general community utilising trail Satisfaction with community trail
2.12 Support the use of 'Leading the Way' resource within Wellington Shire	2.12.1 Investigate current views on using the resource within council 2.12.2 Support the use of the resource with councillors and senior management 2.12.3 Explore the possibility of using the resource within a workshop specifically for council planners and WPCP HP group members.	WPCP HP Coordinator, VicHealth	No. of Wellington Shire councillors and staff involved in 'Leading The Way' No. of outside agencies involved in 'Leading The Way'
2.13 Investigate possibility of participating in 'Planning for Health Project' with VicHealth, the Planning Institute of Australia and	2.13.1 Identify current status of project with VicHealth's project officer and determine Wellington's eligibility for participation	WPCP HP Coord, Well Shire, Heart Foundation, VicHealth, Planning Institute of Australia	

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
the Heart Foundation, which focuses on incorporating health related issues into MSS planning.	2.13.2 Take part in project if possible 2.13.3 Contribute to the development of new MSS with Wellingt on Shire		
2.14 Increase capacity of local government and public health professionals to effectively and collaboratively plan for health, particularly regarding SEPA.	2.14.1 Heart Foundation to deliver SEPA workshops to planners and public health professionals 2.14.2 Investigate the delivery of population health planning workshops to be delivered around 'Environments for Health' framework.	Heart Foundation, Well Shire, WPCP HP Task Group, DHS	No. of workshops delivered by HF No. attending workshops
2.15 Support the development of Design Guidelines for Supportive Environments for Physical Activity to be used by council, development proponents and the community when proposing or considering changes or additions to the urban environment	2.15.1 Establish working group to develop guidelines with the guidance of the Heart Foundation and the feedback from the development of community walking trail and WSB programs	Working group made up of Well Shire, WPCP HP Group, EGARAG, Community Groups, schools, local traders and other interested agencies.	No. of members of working group
2.16 Influence and support council to take systems approach to Municipal Public Health Planning with the idea of incorporating future CHP into MPHPs	2.16.1 Identify status of current MPHP and any planning underway 2.16.2 Expand membership of MPHP Advisory Committee to include WPCP member agencies 2.16.3 Develop MPHP Working Groups to implement planned strategies and to act as HP working group post PCP	Well Shire, WPCP HP Group, DHS, Heart Foundation, VicHealth, Planning Institute of Australia, other WPCP member agencies and interested stakeholders	No. of WPCP members on MPHP Advisory committee No. of WPCP members on MPHP Working Group

Objective 3: To increase the physical activity levels of primary school students after school (3-6pm) and on weekends through active play and sport/recreation opportunities.

Impact Evaluation: Percentage increase in reported levels of physical activity participation after school (3-6pm)
Percentage of schools implementing 3-6pm initiatives

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
3.1 To identify schools interested in working with the PCP in increasing physical activity levels of students after school and on weekends.		WPCP HP Coordinator	No. of schools interested in working to increase p/act levels of students
3.1 To identify and record leisure time activities of students between 3 and 6 pm weekdays and on weekends.	3.1.1 Develop activity diaries for students to take home and record after school and weekend activities for a period of time. 3.1.2 Determine average time students spend active vs sedentary between 3-6pm and on weekends and identify most popular activities.	Lead agency	No. of students providing information re leisure time activity No. of students participating in sufficient leisure time physical activity for health benefits No. of students involved in sedentary leisure time activity
3.2 Investigate the availability of guidelines for TV viewing/screen time.		WPCP HP Coordinator/ Best Start	
3.3 Investigate current options for structured sport and recreation activities (including after school programs) and unstructured active play (parks, bike tracks, playground etc)	3.3.1 Utilise Wellington Physical Activity Guide and Shire information to identify youth- friendly sport and recreation clubs and conduct audit re costs associated and membership requirements and family-friendly policies 3.3.2 Determine if other schools use similar model to Maffra Secondary College for after school program 3.3.3 Conduct audit of parks and playgrounds,	WPCP HP Coordinator/Well Shire	No. of appropriate programs/ clubs/ resources etc that provide options for participation in safe physical activities

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
	bike tracks, skate parks etc avail across Wellington		
3.4 Engage parents in discussion around benefits of physical activity vs sedentary pursuits and the 3-6 pm 'window of opportunity' and identify barriers to participation in physical activity from a parent's point of view.	<p>3.4.1 Hold information evenings for parents re physical activity vs sedentary pursuits with guest speakers.</p> <p>3.4.2 Disseminate information through school newsletters re physical activity</p> <p>3.4.3 Survey parents re barriers to children's participation in physical activity and suggested solutions</p> <p>3.4.4 Collate results of surveys and disseminate results through school community and wider community.</p>	Lead agency and school	<p>No. of information evening meetings held across region</p> <p>No. of parents attending meetings</p> <p>No. of articles in school newsletters</p> <p>Satisfaction with information distributed to parents</p> <p>No. of surveys distributed to parents</p> <p>No. of surveys returned</p> <p>No. of articles etc, distributing survey results</p>
3.5 Investigate the possibility of implementing 'Switch Off and Play' like-program in school curriculum, incorporating discussion with students around what they see as barriers to being active.	<p>3.5.1 Contact program developers to determine if it is ready to be implemented in other areas</p> <p>3.5.2 Identify schools interested in implementing the program as part of school curriculum</p> <p>3.5.3 Implement program as required</p>	Lead agency with Deakin Uni	<p>No. of schools interested in implementing program as part of school curriculum</p> <p>No. of schools implementing program</p> <p>No. of students involved in program</p>
3.6 Support schools to hold series of active events aimed at students and families and to participate in upcoming planned events (eg Active Australia Day)	3.6.1 Consider external funding opportunities eg Communities Together VicHealth funding for combined schools events.	Lead agency/ Well Shire	<p>No. of events held across region</p> <p>No. of people participating in active events</p>
3.7 Promote existing opportunities for participation in physical activity	3.7.1 Use schools newsletters, PCP physical activity guide, general media etc to promote opportunities for participation	Schools and WPCP	No. of articles, interviews etc promoting opportunities for families to be physically active

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation Questions
3.8 Aim to address barriers identified by parents, student and schools by developing projects aimed at increasing children's participation in structured and unstructured physical activity	3.8.1 Develop programs with relevant stakeholders as identified as priority- eg. bike safety workshops, come and try days, motor skill development as core PE requirement, family friendly policy development in sporting clubs, development of new facilities, new after school/holiday programs	School with support of PCP agencies, PCP agencies, local clubs, community groups- as appropriate	No. of projects developed

Service Coordination

Key Stakeholders													
Women's Health (GWHS)	Central Gippsland Health Service	Y&DHS	East Gippsland Division of GP	Dept of Veterans Affairs	Local Government	GPs	Bush Nursing	Ramahyhuck Aboriginal Co-op	Disability	Kilmany Family Care	Aged Care Assessment Service	Villa Maria Society	Latrobe Community Health Service

Integrated Service Coordination continues to be a key outcome area for the Wellington PCP. PCPs in Gippsland now have a formal partnership with the Gippsland Health Alliance with representation on the GHA Steering Committee and Service Coordination Task Group. The Wellington PCP has formed a Service Coordination Advisory Group committed to improving access, responsiveness and integration of services in Wellington so that consumers and carers

- experience enhanced engagement with the service system and
- services are provided in a seamless, co-ordinated way.

Our work over the past 12 months has focussed on the development and implementation of agreed practices, processes, protocols and systems for Initial Contact, Initial Needs Identification and Care Planning. The Service Coordination Tool Templates are now used by practitioners in all core PCP agencies to enhance common referral and practices. An amendment to the MOU has been sent to agencies for protocol sign off and the partnership will continue with implementation as per individual agency plans.

This work has been supported by extensive workforce development programs, providing training and education to over 124 participants across 12 member agencies.

Much work is still needed to develop ongoing capacity, adoption of specific service coordination protocols with the acute sector and the eventual roll out of electronic referral capacity. The Wellington PCP will continue to be central to this ongoing change management process through fostering sustainable service links between primary care providers, sub-acute and acute sectors to encourage integrated and coordinated approaches to health care for the consumer.

Wellington PCP has made a significant dollar contribution to engage an ITIM Project Worker (based at the Gippsland Health Alliance) to support planned PCP integrated projects aimed at addressing the acute-primary care interface, as well as related project activities which focus on integrated information management.

The Gippsland Health Alliance, representing the Gippsland Primary Care Partnerships, now operates as one governing body for IMIT development throughout Gippsland. The governance structure includes a Service Coordination work group that will focus on ensuring the roll out of information technology across the acute and primary care sectors is complimentary to the service coordination models developed by the Gippsland PCPs.

The Wellington PCP will continue to support the Regional Strategic Plan that outlines a vision for improved access to quality, consumer focussed, cost effective primary care services through efficient and innovative information management. The strategy envisages a whole of Gippsland Health Information infrastructure connecting hospitals and core community based agencies that will provide:

- ◆ an infrastructure that will link individual agencies within a single system;
- ◆ access to video services free of usage charge for remote specialist services, peer support and specialist consultancies providing services to communities in their local environment;
- ◆ integration of information across the care continuum and across providers to facilitate managed care;
- ◆ internet based service directories;
- ◆ productivity gains and optimal use of clinical resources by avoiding some current administrative processes
- ◆ the critical mass required to achieve economies of scale in acquiring information infrastructure;
- ◆ establishing regional standards of discharge planning, referral and assessment to ensure seamless patient centred services.

A key project to be undertaken this year is the development of a 'Regional Knowledge Portal' to improve service coordination and improve efficiency of knowledge sharing. A copy of the project charter is attached. (Appendix 3)

Project Objectives

1. To implement an inter/intra/network accessible knowledge system that is used by individual Gippsland health organisations to share their knowledge with selected people

2. To embed an externally sourced state-wide service directory within the system, and establish protocol and business systems for the maintenance of the directory data
3. To implement a business framework for the system that is affordable, flexible, scaleable, allows optional participation and is self-maintaining
4. To maximise the likelihood that the portal is compatible with future regional and state-wide initiatives in areas such as broadband networks, electronic health information, service directories and referral systems.

13 member agencies across Gippsland have come together in the Knowledge Portal pilot to develop business rules and operational protocols related to project implementation. Wellington Primary Care Partnership is one of three Gippsland PCPs to set aside funds for this project which is seen as a platform for future regional e-referral practices.

Priorities for Action

The Wellington PCP Service Coordination priorities for 2003/2004 have been agreed through an understanding of existing program delivery and opportunities to build on service coordination activities both within Wellington and across the Region:

- ◆ GP Engagement in BATS
- ◆ Regional Service Coordination
- ◆ Primary Health/Acute Interface

Objective 1: To increase GP involvement in the Wellington BATS model

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation
1. Support the development of Nurse Practitioner forums that support the uptake of EPC items by GP practices	<ul style="list-style-type: none"> ◆ Provide education and training within existing practice nurse network focussing on: <ul style="list-style-type: none"> ⇒ Principles of good practice intake systems (initial contact and referral) ⇒ Overview of service coordination model – for East Gippsland and Wellington PCPs ⇒ Supporting GPs in their referral and 	EGDGP Wellington and East Gippsland PCPs Key Practitioners	<ul style="list-style-type: none"> ◆ improve the coordination and referral pathways of consumers using GP clinics and primary care services in East Gippsland and Wellington Local Government Areas ◆ ‘sustainability’ of the EGDGP Practice Nurse

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation
	<p>care planning linkages with other primary care providers</p> <p>⇒ Good practice examples – where its working (local and other regional examples)</p> <p>⇒ Support tools: EGPCP referral templates (fax cover sheet and referral acknowledgment sheet); care pathways document (hard based services directory – consistent with electronic statewide directory)</p>		<p>Network</p> <ul style="list-style-type: none"> ◆ increase the GP uptake of EPC items in relation to care planning
<p>2. Increase the participation of GPs in the coordination of care for consumers with chronic or complex situations</p>	<ul style="list-style-type: none"> ◆ Develop clear and easily accessible pathways for GPs to engage with local service providers facilitated by care plans and use EPC Medicare items for remuneration ◆ Develop and distribute a Diabetes Kit for all GPs and Practices ◆ Deliver Education Sessions to GPs and Practice Nurses about the new CGHS Diabetes Self Help Peer Support program ◆ Link the WPCP HP plan activities to increase awareness of physical inactivity and poor diet as risk factors contributing to diabetes and cardiovascular disease ◆ Develop and support innovative and sustainable health promotion programs to help address the high rate of acute admissions in the catchment ◆ Work with Ramahyuck Aboriginal 	<p>CGHS Diabetes Reference Group WPCP SCAG EGDGP</p>	<ul style="list-style-type: none"> ◆ Increased uptake of EPC items ◆ GPs use and adhere to agreed best practice guidelines ◆ GPs knowledge, skills and competence are increased

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation
	Cooperative to develop health screening, physical activity programs and information processes sensitive to the needs of Koori people		
3. Ensure Intake and Referral systems support physical activity and nutrition health promotion programs	<ul style="list-style-type: none"> ◆ Promote the use of the Wellington Physical Activity Guide to GPs and health professionals for use as a referral tool linked to the Active Script program ◆ Ensure relevant physical activity providers are listed on the VicFit INFOLINE service 	WPCP HP Coordinator EGDGP	<ul style="list-style-type: none"> ◆ Increased referrals to relevant Physical Activity programs
4. Develop an integrated, comprehensive and consistent approach to physical activity assessment and referral and information across agencies in the catchment	<ul style="list-style-type: none"> ◆ Develop agreed physical activity assessment, practices, tools and resources involving key stakeholders including consumers ◆ Identify existing programs within agencies that would be appropriate to incorporate promotion of physical activity ◆ Develop a marketing strategy to ensure an integrated and comprehensive approach to promoting the physical activity message to health care providers and the community 	WPCP SCAG WPCP Health Promotion Advisory Group	<ul style="list-style-type: none"> ◆ Increase percentage of participating agencies who have implemented practices and protocols for identifying, assessing and providing appropriate information and referrals to people who are physically inactive ◆ 80% of participating agencies are incorporating physical activity promotion into existing programs

Objective 2: Maximise opportunities to develop sustainable service coordination practices across the region

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation
1. Support the ongoing development of the Electronic Services Directory through participation in the Regional Knowledge Portal	<p>Working Group established to:</p> <ul style="list-style-type: none"> ◆ Implement an inter/intra/network. ◆ Embed the Statewide Health Services Directory and establish protocols and 	<p>Working Group representation:</p> <ul style="list-style-type: none"> ◆ Gippsland Womens Health Service 	<ul style="list-style-type: none"> ◆ Shared knowledge across the region

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation
Project	<p>business systems for the maintenance of the directory data.</p> <ul style="list-style-type: none"> ◆ Implement a business framework for the system that is affordable, flexible, scaleable, allows optional participation and is self-maintaining. ◆ Maximise the portal's compatibility with future regional and statewide initiatives in areas such as broadband networks, electronic health information, service directories and referral systems. ◆ Promote the benefits of this project together with the opportunities for further development and sustainability. 	<ul style="list-style-type: none"> ◆ Central Gippsland Health Service ◆ Ramahyuck Aboriginal Co-operative ◆ Omeo District Hospital ◆ The Mental Illness Fellowship Victoria ◆ Lakes Entrance Community Health ◆ Combined Gippsland Divisions of GPs ◆ Kilmany Family Care ◆ Gippsland Health Alliance ◆ Central West Gippsland PCP ◆ East Gippsland PCP ◆ Wellington PCP ◆ South Coast PCP (observer) 	
2. Progress the development of regional service coordination work through working in partnership with GHA and other Gippsland PCPs:	<ul style="list-style-type: none"> ◆ Membership on the GHA Steering Committee ◆ Membership on the GHA Service Coordination Task Group ◆ Contribute financially to resourcing IT support through the GHA to support the roll out of the 'Growing Victoria Infrastructure Reserve' ICT program 	<p>GHA WPCP Core Member Agencies</p>	<ul style="list-style-type: none"> ◆ Regional connectivity for hospitals and core community based agencies

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation
	◆ Ensure connectivity arrangements for key participants in service coordination implementation.		
3. Introduce a common Care Pathways document to enhance regional service coordination	◆ Develop a Care Pathways document using an information template to provide each agency's program information to link with other regional initiatives and the Statewide Services Directory to assist e-referral processes.	WPCP SCAG Member Agencies	◆ Shared regional standards for collecting program information linked to the Statewide Services Directory

Objective 3: Foster sustainable service links between primary care providers and the Acute sector to encourage integrated and coordinated approaches to health care for the consumer

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation
1. Improve Discharge Planning procedures by building on the learnings of the joint GP Discharge Planning Project conducted by EGDGP and CGHS	◆ Involve Acute Discharge Planner on the WPCP Service Coordination Advisory Group	CGHS EGDGP WPCP SCAG	◆ Improved communication links between acute/sub acute and the primary care sector
2. Improve service coordination between Acute and Community Health	◆ Ensure Acute areas have timely access to community program information and vice versa ◆ Support the Discharge Planning Work Group established at Central Gippsland Health Service to develop a strategic approach to communication ◆ Facilitate and support shared learning through the development of resources for the acute/sub acute sectors on best practice approaches to improve service coordination		
3. Encourage the use of the SCoTT tools across the sub-acute/acute sectors	◆ Support the integration of the SCoTT tools into existing client management software applications		◆ SCoTT tools implemented in sub-acute/acute sectors

Strategy Objective	Strategies	By Whom & Timeline	Process Evaluation
	♦ Ensure software development is compatible with electronic messaging standards ensuring a foundation for the implementation of future e-referral applications.		

Appendices

1. Wellington Community Profile
2. Case Study – Movers and Shakers Program
3. Regional Knowledge Portal Project Charter
4. Health Promotion Summary Grid