

COMMUNITY HEALTH PLAN 2003/2004



VISION STATEMENT

To deliver a Primary Care System across the Wimmera Region which delivers quality outcomes for consumers in an effective, planned and informed manner

JUNE 26TH 2003

ACKNOWLEDGEMENTS

This high quality Community Health Plan demonstrates the notion that collaboration and commitment is evident within the Wimmera PCP. This document and the progress of the PCP to date is a testament of the level of dedication and commitment of the all stakeholders associated with this alliance. I would particularly like to thank the following.

The Full Committee of the Wimmera PCP who continue to embrace the direction of the PCP including the Mini Forums and working groups. The Executive who have taken on a leadership, governance and strategic direction role and have supported me in my position as Project Manager of the Wimmera PCP.

The Service Co-ordination Sub Committee and Health Promotion Steering Group and the various working parties that have assisted greatly in bringing this plan to fruition. Members of the Wimmera PCP who have taken on the extra responsibility of representing the Wimmera PCP at region-wide forums, especially in the areas of service coordination and primary mental health and early intervention.

Charmane Hill and Peter Brown the Chairpersons respectively from June 2002 – April 2003 and April 2003; of the Wimmera PCP who have both provided me with invaluable support and encouragement.

To the staff of DHS Grampians Region, in particular Ms Alex Tascus, Ms Andrienna Harrison, Mr. Barry Robbins, Ms Carmel Haynes, Ms Deanna Davis, Ms Janis Brook, Ms Kate Serrurier, and Mr. Rick Gervasoni, your ongoing assistance and advice is very much appreciated.

To the Management Team and Board of Wimmera Uniting Care for providing accommodation, resources and day-to-day support of Wimmera PCP staff.

Finally, I wish to express my deep gratitude to the project team of the Wimmera PCP who have brought to the team their individual qualities and skills that have enabled the vision of the PCP to be maintained:

- Ms Joy Cowie, Executive Assistant
- Ms Pam Michael, Administration Support
- Ms Carmel Dunlop, HP Administration Support
- Ms Dianne Knoll, Community Development Worker
- Ms Debbie Milgate, Health Promotion Coordinator
- Ms Helen Wade, Local Information and Education Officer
- Ms Alissa Walsh, Walking School Bus

It is my belief that this document will build upon the strong level of partnership and collaboration which has been established within the Wimmera region. The benefits of this model are already evident to service providers and consumers and we will continue to see further benefits as this plan is implemented.

KATHY McEWAN

WIMMERA PCP PROJECT MANAGER

26 June 2003

Summary of Key Achievements

Improve health and well being in communities

- Walking Wimmera providing increased access to opportunities to increase physical activity and walking. This program has created immense interest from other regions through a presentation at the DHS PCP “Best Practice” conference.
- Active Script program – Encouraging physical activity as a valuable avenue towards improved health.
- Nutrition Forum was conducted, highlighting local nutrition issues and seeking solutions at a regional level.
- Accredited asthma training was offered for local practitioners to become asthma educators, which has increased consumers’ access to better asthma management.
- A Podiatry Workshop was held to enable local health workers to provide “basic footcare”, addressing the shortage of qualified podiatrists in the Wimmera.
- Wimmera Machinery Field Days and Speed Field Days provided opportunities for consumers to access health assessment, screening and discussion of health issues.
- Presentations to community groups provided health promotion opportunities.
- Working Groups provided opportunities for consumers to participate in the PCP and particular areas of interest. The Working Groups also bring together service providers from across the region to improve access to services within the Wimmera.
- The Service Coordination Tools improve access to services for consumers, through early identification of needs and appropriate referral.

Strengthen health promotion and service coordination

- The Transport Forum led to the “Transport Connections” submission, a three year project to coordinate use of existing transport resources such as school bus vehicles, health vehicles, volunteer services and private providers. This submission was subsequently successful.
- A Mental Health Forum and Beyond Blue conference increased knowledge of service providers, referral opportunities and supports in the mental health area.
- The Jigsaw Committee, with a focus on improving communication between youth service providers and generalist health workers. The Committee also provides a vehicle for increased collaboration and regional strategic planning on youth issues.
- Service Coordination training has skilled participating agencies to identify where health promotion opportunities exist.
- The new PCP structure will facilitate the integration of health promotion and service coordination. PCP Working Groups are an example of this process in action.

Improve people's experiences of Primary Care services

- Implementation of the Service Coordination Tools have led to better coordination of services and information sharing between agencies and between the acute and primary care sector. This was highlighted by a Wimmera PCP presentation at the DHS PCP "Best Practice" Conference on how agencies in isolated areas work together to provide coordinated service provision.
- Expansion and development of Connecting Care website providing information on available health and welfare services to consumers and service providers.
- Breast Services Enhancement Project provides greater awareness of the range of services available to women with Breast Cancer in the Grampians Region.
- Testing of electronic referral using the Connecting Care Service Directory has taken place between agencies and provides an additional referral mechanism for service providers.
- Youth Friendliness Audit of 22 Youth service providers and generalist providers to assess the agencies' endeavours to achieve a youth friendly service. The report identified a number of opportunities to enhance communication with youth when accessing services. As a consequence, four x one day workforce development workshops will be offered in the Wimmera from August to November 2003, and a GP Youth Friendliness Dinner will be held in September 2003.
- Health Promotion training to reorient agencies to become health promoting across all sectors of the service, hence improvements in prevention and early intervention.
- Counselling survey of all areas of counselling services in the Wimmera will be used to develop a database of available services and training needs in this area.
- Regional collaboration by Grampians Region PCPs in
 - GRHANet and GICTIA
 - ITIM Project Manager – supporting agencies in e-referral and development of service directory
 - Regional protocol development – Care Planning, E-Referral, Service Directory maintenance and use.
 - Regional Information and Education Officer role

Reduce preventable hospital admissions

- Walking Wimmera aims to reduce cardiovascular disease and improve physical fitness through walking. Another outcome is a reduction in isolation and increase in social connectedness through participation in walking groups.
- Walking School Bus is a long term strategy to re-normalise walking as a recognized avenue of transportation to school
- Binge drinking and drug awareness workshops aim to reduce the incidence of admission from drug induced psychosis and injuries due to risk taking behaviours.
- Asthma training was provided for Wimmera practitioners and will improve management of asthma.
- Podiatry training has been delivered to Wimmera practitioners. This will improve foot care of the at-risk foot through increased availability of skilled workers.
- The Beyond Blue Conference has increased the number of Wimmera health workers who are able to recognize early warning signs of potential mental health problems.

OVERALL CONSUMER BENEFITS

- **Consumers have increased access to physical activity programs, which will promote health, increase physical fitness and social connectedness.**
- **Access to a range of service information resources, including Connecting Care Service Directory, Physical Activity Audit and the Breast Services Enhancement Program.**
- **Through professional development programs for practitioners, consumers have increased access to asthma management, basic foot care and mental health services.**
- **Wimmera agencies adoption of Youth Friendly environments will benefit young consumers in accessing services.**
- **Consumers have benefited from the Health Promotion activities at community groups, field days**
- **Consumers have a voice to address service issues via the PCP Working Groups.**
- **Consumers will experience better access to services, early identification of needs and timely referral through the implementation of the Service Coordination Tools across the region.**
- **The success of the “Transport Connections” submission will be used to provide greater access for consumers to innovative transport solutions.**
- **Consumers will experience improvements in health promotion, and early intervention strategies following the Health Promotion training.**

Community Profile - General

Background

In 2001/2002 the Wimmera PCP conducted extensive service mapping project which formed the basis for a three year strategic direction for the primary care sector. This plan forms the third year of the planning cycle and builds upon achievements from 2001/2002 and 2002/2003. The Strategic Planning Day scheduled for August 2003 will begin the process of gathering further evidence for priorities into the future. The strategies included in this plan relate to lessons learnt along the way including being creative with recruitment and retention issues, development of an organizational structure that reflects the changing needs of the PCP and how to incorporate new issues that emerge such as the drought. The major change in the service profile relates to the drought throughout the region and the impacts to the community, the PCP is well positioned, due to its priorities, to play a major role in relation to links with the Drought Social Recovery Strategy.

In development of this plan the PCP has reviewed member agencies strategic plans to ensure that the common links and priorities and target groups set in 2001 still apply.

Population

The Wimmera PCP catchment is similar to many rural regions in Victoria. Trends over a decade show an increase in older age groups and a decline in children under school age and young adults, aged 15 -34. There is a high proportion of older people living alone in the Wimmera catchment. The region is not ethnically diverse, with the majority of residents being born in Australia and few languages other than English spoken. There is a significant indigenous population in the catchment, based largely in Horsham and Dimboola in the Shire of Hindmarsh.

There are few new arrivals to the area, with Horsham Rural City being the only center to show substantial in-migration over a period of time. Population projections show declining populations in the Shires of Yarriambiack and West Wimmera, and a sharp decline in the Shire of Hindmarsh. Horsham Rural City is projected to experience an increase in population over the next 15-20 years. Population density in the catchment is low.

Socio-economic Status

The region has a substantial proportion of people on low weekly incomes and the socio-economic disadvantage index is relatively high, particularly in Hindmarsh and West Wimmera Shires. Remoteness is a defining characteristic for many smaller communities in the three Rural Shires. Agriculture continues to be the dominant economic activity in the area. Structural change in the agricultural sector, globalisation of commodity markets and an ageing population pose a long-term challenge to the economic and social viability of smaller communities in the catchment. Our consultations and service mapping suggest however that there is a strong sense of resilience in local communities and a great deal of current development of community infrastructure and capacity.

Health Status

Life expectancy in the Wimmera region is close to the state average for men and women. Although health status and burden of disease data for the Grampians region as a whole show poorer health than other parts of the state, the data does not allow us to identify specific health inequalities in the Wimmera PCP catchment. The major causes of death in the Grampians region are cardiovascular disease, cancer and injuries, reflecting both state and national patterns. The top ranked diseases in the Wimmera catchment are heart disease, stroke, dementia, chronic obstructive pulmonary disease, cancers, osteoarthritis, road traffic accidents and depression. The disease profile found in CHP 2001/2002 is consistent with an ageing population. Physical inactivity, high blood pressure, high cholesterol and low dietary intake of fruit and vegetables are significant risk factors for ill health in the Grampians region for both men and women. Male smoking rates in the region are high. Aboriginal health status in the Wimmera area is reported by service providers to be lower than that of non indigenous residents, again consistent with state and national profiles.

Physical Environment

Distance and isolation characterize the vast area of the Wimmera PCP catchment, which in turn has a marked impact on access to services and the level of investment required for adequate community infrastructure in each community. Individuals and families living on farms experience greater difficulties in accessing services of all types. Air quality is generally good, but water quality is currently highly variable across the catchment, and frequent drought over the last decade has intensified water supply and quality problems. Extensive development of treatment plants is progressively addressing quality issues in towns in the Wimmera. Farm injury is a concern in the region, although there is now a considerable network of farm safety organizations, preventative campaigns and safety training resources available, and the most common cause of farm deaths - tractor roll-over - has been addressed by legislation.

Service Profile

The Wimmera PCP catchment is relatively well served by health and community services, including GPs, given the size and geographic spread of communities. Health and community service delivery in the Wimmera PCP catchment is largely distributed across five major health care providers, the four municipal authorities of Horsham, Yarriambiack, West Wimmera and Hindmarsh and a number of regional community-based agencies. There are also many smaller community organizations and private agencies across the region providing a diversity of support, advisory, residential and primary care services.

Coordination and integration of acute services, primary care, and aged and disabled residential facilities characterizes delivery of services in rural local districts. Effective integration appears to have been one of the key outcomes of restructuring of health and aged care services over a period of some years.

Progress 2001/2002

Progression has been achieved on the work already conducted as part of the ISP development. Recently a survey process was used to obtain further information and support from key health services and stakeholders in the region. This process indicated that the priorities as set out in the 2001/2002 Wimmera CHP were still applicable to the catchment. The process also indicated that stakeholders have progressed towards embracing a model of collaboration and coordination to address emerging gaps and issues.

Progress 2002/2003

The establishment of four working groups, through 2002/2003, to progress work in the areas of Counselling Services, Drug and Alcohol Services, Mental Health Partnerships and Transport Coordination and development has been a positive move towards sustainability and fine tuning of strategies to address these priorities. The PCP will continue to build capacity through the implementation of capacity building strategies. An evaluation conducted by the University of Ballarat, on behalf of DHS, has been used in conjunction with Health Promotion and Service Coordination Planning Days in April 2003 to review the progress and direction and set the priorities for 2003/2004.

The Wimmera PCP further clarified its priorities through a combined process of monthly sub-committee meetings, quarterly mini forums and an annual strategic planning day held in August 2002.

Methods Used to Prioritize Issues for 2003/2004

The community profile, service mapping and community and service provider consultation, Wimmera PCP Community Health Plan 2001/2002 revealed much common ground regarding health needs and service issues. Analysis of expressed, felt, normative and comparative need confirms the key needs of the Wimmera PCP catchment. Five criteria were used to determine these priorities. – The following are the priority issues as identified in the 2001/2002 Community Health Plan these priorities have been reviewed and evaluated against the original criteria and remain the key priorities for 2003/2004.

- Weight of evidence
- Community support
- Equity
- Feasibility
- Effectiveness

The Executive Committee on behalf of the partnership endorsed these priorities in June 2003. The effects of the drought will also influence the direction of the PCP as there are many possible links to identified areas of priority. The implementation of a new operational structure, in two phases, will also set the direction towards future sustainability.

On these criteria the following priorities were determined:

- Capacity building , as a pre-requisite for all priority needs
- Cardiovascular health promotion and restoration
- Focus on youth in terms of mental health
- Drug and alcohol strategies
- Mental health partnerships
- Community transport coordination and development
- Counselling services

Additional sub priorities as agreed to by the Wimmera PCP include:

- Asthma and Diabetes
- Dental Health

KEY PRIORITIES 2003/2004

- **Capacity building (including health promotion)** in the sub-region. The PCP will adopt the recommendations of the University of Ballarat's evaluation of health promotion projects within the PCP. This will see a focus on building capacity
- **Mental health services** have not been readily available in the region. A Mental Health Forum May 2003, conducted by the Mental Health Working Group, has set the priorities for improved communication between the primary care sector and psychiatric services. Preliminary evaluation of the Mental Health Forum indicates that the Wimmera PCP should continue to play a role in facilitating effective communication between service providers.
- **Transport** is a recurring theme in needs and services. The Wimmera PCP, Transport Working Group, was successful with a Transport Connections Submission. The success of this submission has generated a change of direction with the establishment of a Wimmera Regional, Regional and Remote Transport Group. Strategies in this plan reflect this new direction.
- **Drug Action Plan**
- **General counselling services** continue to be limited outside Horsham and health care providers and community members identify significant unmet demand. Survey results due in July 2003 will chart future direction.

METHODS FOR DEVELOPING STRATEGIC OBJECTIVES FOR 2003/2004

The strategies in this plan have been developed to achieve objectives and are underpinned by the following principles:

- **Harm minimisation**, which aims to reduce negative impacts on health, social and economic outcomes for both the community and the individual.
- **Social model of health**, which focuses on improving the health and well-being of the population through addressing the social, cultural, environmental, biological, political, economic and medical determinants of health.
- **Community strengthening**, which includes capacity building through partnerships, a focus on local initiatives, flexible approaches and an emphasis on the development of sustainable strategies.
- **Risk and protective factors** are considered so that primary prevention and early intervention strategies are more likely to result in connectedness and resilience.
- **Links with other planning processes and initiatives** to ensure coordination and reduce the potential for duplication.
- **Collaboration between key stakeholders** to ensure that the views of all community members are represented.
- **Evidence based approach** to ensure best practice, satisfactory theoretical development, effectiveness and efficiency, cost-effectiveness and a focus on outcomes and outputs.

Priority One – Capacity Building

BACKGROUND

An evaluation conducted by the University of Ballarat, on behalf of DHS, has been used in conjunction with Health Promotion and Service Coordination Planning Days in April 2003 to set the priorities for 2003/2004. The employment, in October 2001, of a Health Promotion Coordinator within the PCP has provided the route for interagency and intersectoral action for health promotion. Development of health promotion capacity is still an issue, as identified in the University of Ballarat report. This continues to be a priority for the role of the Health Promotion Coordinator. It must be noted that due to resourcing this position will end in October 2004, unless alternative funding can be accessed. Also identified in the evaluation was the need to increase the profile of health promotion and service coordination on the agenda of senior management. Strategies have been developed to address this issue. The demands of clinical commitments, the job specifications of community health nurses, the time and distance involved in meeting with other health promotion practitioners, limited professional development and continuing education opportunities and difficulties in recruiting qualified staff have been eased by the work of the PCP. However, these issues continue to be barriers to delivery of health promotion in the catchment.

TARGET GROUPS

- Wimmera PCP Alliance members – senior and practitioner levels
- All primary care workers in Wimmera sub-region
- Consumers and Community

OBJECTIVES

The following strategies will strengthen Wimmera PCPs capacity to undertake sustained and effective action to achieve improved population health outcomes in the Wimmera sub-region. These strategies will also enable the Wimmera PCP to expand development of health promotion infrastructure and capacity across all member agencies.

STRATEGIES

- Change management and capacity building through the implementation of a new operational structure.
- Leadership and partnerships developed to build commitment and capacity of integrated health promotion for the region.
- Coordination and part resourcing of an intensive, Accelerated Workforce Development Program
- Development of representative structures and processes to ensure active working involvement with consumer, carer and community representatives.

CAPACITY BUILDING

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>The PCP will implement a new operational structure.</p>	<p>Phase 1: New operational structure In April 2003 the Executive Committee endorsed a new operational structure to be implemented in June 2003. <i>*See appendix one</i></p> <p>The Executive Committee will be responsible for development of role descriptions for Chairpersons of all PCP Committees. <i>August, 2003</i></p> <p>The Executive will continue to explore options for training of Chairpersons through available existing structures such as Horsham Learning Towns.</p> <p>This training could be offered to all member agencies and be included as a component of the Accelerated Workforce Development Program.¹</p>	<p>Phase 1: New operational structure The Service Coordination Sub Committee will be renamed to the Interim Service Coordination Committee to reflect the move towards true integration. <i>July 2003</i></p> <p>Terms of Reference for the Committee will be amended to reflect phase one of the new structure. <i>July 2003</i></p> <p>The existing Service Coordination Sub Committee members will be encouraged to nominate to be actively involved in one or more working groups to ensure integration between service coordination and health promotion and as relevant to their core role. <i>August 2003</i></p> <p>The Interim Service Coordination Committee will inform and advise the Executive Committee on the progress of the implementation of the strategies of the 2003 Community Health Plan. <i>July – December 2003</i></p>	<p>Phase 1: New operational structure The Health Promotion Steering Committee will be renamed to the Interim Health Promotion Committee to reflect the move towards true integration. <i>July 2003</i></p> <p>Terms of reference for the Committee will be amended to reflect phase one of the new structure. <i>July 2003</i></p> <p>The existing Health Promotion Steering Committee members will be encouraged to nominate to be actively involved in one or more working groups to ensure integration between service coordination and health promotion and as relevant to their core role. <i>August 2003</i>The Interim Health Promotion Committee will inform and advise the Executive Committee on the progress of the implementation of the strategies of the 2003 Community Health Plan. <i>July – December 2003</i></p>
	<p>Phase 2: New operational structure The Executive will review the new operational structure with a view to integrating the Service Coordination and Health Promotion Committees. <i>December 2003/January 2004</i></p>	<p>Phase 2: New operational structure To advance the integration of Service Coordination and Health Promotion a more formally constituted committee with strategic responsibilities for the development of integrated service coordination and health promotion system across the Wimmera will be established. This committee hereafter named the Integrated Service Planning Committee will draw its membership from participants in the Accelerated Workforce Development Strategy. <i>December 2003/January 2004</i></p>	

¹ See strategies on page 18

CAPACITY BUILDING			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION / SERVICE PLANNING
<p>The PCP will implement a new operational structure. (cont)</p>		<p>Phase 2: New operational structure The Integrated Service Planning Committee will inform and advise the Executive Committee on the progress of the implementation on the strategies of the 2003 Community Health Plan. <i>January – June 2004</i></p> <p>Progress of the Integrated Service Planning Committee will be indicated by regular meetings within specified time frames, documented by minutes, attendance lists, preparation and distribution of regular integrated health promotion activities via PCP newsletter and PCP quarterly report.</p>	
<p>The PCP will provide leadership and partnerships to build commitment and capacity of integrated health promotion for the region.</p> <p>Phase One: Raise profile of health promotion to senior management of PCP member agencies</p>	<p>The PCP will facilitate Health Promotion Tool assessment in member agencies to identify barriers to providing collaborative integrated health promotion. DHS will provide funding to enable PCP to coordinate in-agency workforce development.</p> <p>The PCP will facilitate provision of identified common workforce development needs.</p> <p>Provide integrated health promotion education to PCP Executive Committee Members. This will be achieved through attendance of Executive members at selected components of the DHS Health Promotion Short Course commenced on June 27th 2003</p> <p>Investigate workforce development, such as managing up workshop, and other avenues for community health practitioners to enable them to effectively “manage up” <i>September 2003</i></p>		<p>The PCP will continue to part fund and actively participate in the management of the Active Script Program to be part funded by the PCP in conjunction with, Grampians Pyrenees and West Vic Division of General Practice.</p> <p>The PCP will investigate funding sources for incorporating the Physical Activity Audit onto the Connecting Care Service Directory. In the interim the document will be available to view on the PCP Website. <i>September 2003</i></p> <p>The Physical Activities Audit (developed by the PCP in 2002/2003) will be available to GP’s, pharmacists and primary care agencies as a resource to link consumers to physical activity. <i>July 2003</i></p> <p>The Physical Activity Audit will be used as a referral tool for the Active Script Program.</p>

CAPACITY BUILDING

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>The PCP will provide leadership and partnerships to build commitment and capacity of integrated health promotion for the region.</p> <p>Phase One: Raise profile of health promotion to senior management of PCP member agencies</p>	<p>Investigate and develop a matrix, which identifies agency engagement and participation at all levels of the PCP. This would demonstrate the level of participation in the operational structure and workforce development. This process could identify opportunities to engage new agencies and identify early detection of barriers to participation.</p> <p><i>July 2003</i></p>	<p>Maintain Jigsaw Committee to oversee implementation of the Youth Plan. Adopt draft terms of reference for Mental Health Working Groups <i>July 2003</i></p> <p>Review membership of Jigsaw Committee to identify any gaps in service representation. The committee will aim to incorporate representation from</p> <ul style="list-style-type: none"> • Tribal Youth • PCP • Wimmera Sports Assembly • Ballarat University • LLEN • Wimmera Uniting Care • School Focused Youth Service • NEXUS • Salvation Army <p>Conduct an annual Jigsaw Conference to share information on local youth services initiatives and future strategies <i>April 2003</i></p> <p>Jigsaw Committee to develop 3 monthly newsletter with youth information updates</p> <p>Jigsaw Committee to develop interactive Youth Website</p> <p>As per Youth Plan Implement Peer Education Program – select Year 11 students will undergo 1 day training to enable them to offer awareness session to students in years 8 & 9</p>	

CAPACITY BUILDING

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING	
<p>The PCP will provide leadership and partnerships to build commitment and capacity of integrated health promotion for the region. (cont)</p> <p>Phase One: Raise profile of health promotion to senior management of PCP member agencies</p>	<p>Annual Strategic Planning Day will be utilized to reflect upon the partnerships that have been established and monitor their effectiveness. This will include a review of the PCPs priorities, health promotion mission and goals. <i>21st August 2003</i></p>			
	<p>Agreement reached within Wimmera PCP for identified opportunities for joint submissions on behalf of the PCP or a group of member agencies. <i>August 2003</i></p> <p>PCP project staff to facilitate the partnership with writing of funding submissions for set priorities. Where external consultants are engaged, contract management will be included.</p> <p>Annually circulate Wimmera PCP priorities to member agencies and prospective consultants with a view to logging expressions of interest for submission writing on behalf of the PCP. <i>August 2003</i></p>	<p>Finalise a mapping exercise to identify common service gaps and program goals within the PCP alliance relating to the set priorities. Outcomes of the mapping exercise will be used to inform the development and structure of the Accelerated Workforce Development Program <i>November 2003</i></p> <p>The content of the Accelerated Workforce Development Program will be informed, in part, by the Health Promotion Tools Assessment</p>		
	<p>A physical activities program will be developed within the PCP and rolled out to member agencies. This program will be based on components of the Walking Wimmera and 10,000 Steps Rockhampton projects and will take into account existing models at Edenhope and District Memorial hospital and Rural North West Health</p> <p><i>Project Developed January 2004</i> <i>Piloted February 2004</i> <i>Rolled out to Partnership April 2004</i></p>			
	<p>Phase One/Two: Raise profile of health promotion to senior management of PCP member agencies/Raise practitioner capacity to deliver integrated health promotion</p> <p>A structured, accredited physical training program has been developed between the Wimmera PCP, Grampians Pyrenees PCP and West Vic Division of General Practice. The six-month program will be delivered in the region. <i>July 2003 – January 2004.</i></p>			

CAPACITY BUILDING

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>The PCP will provide leadership and partnerships to build commitment and capacity of integrated health promotion for the region. (cont)</p> <p>Phase One: Raise profile of health promotion to senior management of PCP member agencies</p>	<p>Phase One/Two: Raise profile of health promotion to senior management of PCP member agencies/Raise practitioner capacity to deliver integrated health promotion</p>		
	<p>A structured, accredited physical training program has been developed between the Wimmera PCP, Grampians Pyrenees PCP and West Vic Division of General Practice. The six-month program will be delivered in the region. <i>July 2003 – January 2004.</i></p>		
	<p>As a component of the CVD plan the Wimmera PCP will part fund ten Primary Care Partnership member agency staff to undertake the Fitness Leader Certificate III training which will enable them to offer physical activities options in remote areas of the Wimmera. The training will include modules of Tai Chi and Strength Training to enable opportunities for alternative physical activity options.</p>		
	<p>Post training, West Vic Division of General Practice will approach participant’s agencies to extend the Physical Activities Enabler component of the Active Script program.</p> <p>The PCP Physical Activities Audit will be used as a resource and referral tool . <i>July 2003</i></p>		
	<p>West Vic Division of General Practice will provide opportunities for Wimmera PCP to work collaboratively with GP’s and practice staff in relation to PCP priorities.</p>		
<p>IM/IT staff, and Local Information and Education Officer will liaise with Connecting Care Strategic Planning Group for ways to link the Connecting Care Service Directory to the Statewide Services Directory.</p>			
<p>Wimmera PCP will play an active role in addressing connectivity issues in the Wimmera through representation on GHICTA and GRAHNET.</p>			
			<p>As a component of the CVD plan and in conjunction with Wimmera Sports Assembly The partnership will provide a seeding fund to Horsham Tidy Towns entitled ‘Walk for Waste/Waist’.</p> <p>This seeding grant will be utilized to run a pilot program that has been developed between the above services and modeled on the Walking Wimmera <i>July 2003</i></p>

CAPACITY BUILDING

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>The PCP will provide leadership and partnerships to build commitment and capacity of integrated health promotion for the region. (cont)</p> <p>Phase two: Raise practitioner capacity to deliver integrated health promotion</p>		<p>Based on evaluation of existing programs, ten of the original eleven Walking Wimmera programs, component of CVD plan, will be refunded for 2003/2004</p> <ul style="list-style-type: none"> • Edenhope District Hosp • Harrow Bush Nursing Center • Womens Health Grampians • Murtoa NHH • West Wimmera Health Service – Jeparit • West Wimmera Health Service - Goroke • Rural North West Health • Wimmera Health Care Group - Dimboola • Dunmunkle Health Service • Woodbine <p>Seven new groups have expressed an interest in implementing new Walking Wimmera programs. Groups have been issued with application form to request up to \$1,000 seeding funding</p>	<p>SERVICE DIRECTORY</p> <p>Introduce a regional approach to service directory maintenance for 2003/2004. A single Information & Education Officer resource will be responsible for directory content across the entire Grampians region. This will streamline the process and ensure consistency in approach across the region.</p> <p>Introduce new functionality that will allow each agency to maintain its own service information on the Connecting Care system. As a result the need for specialist resources to maintain the directory should be reduced. It is anticipated that this functionality will be implemented in the first half of 2003/2004.</p> <p>Pursue opportunities such as the Grampians Breast Services Enhancement Project. Such projects not only support the broader service coordination strategy, they also provide a source of revenue that can be used to offset directory maintenance costs.</p> <p>Given the dynamic nature of the environment, with many developments likely to occur over the next 12 months, it will be extremely important that the Grampians Region service directory maintenance strategy is constantly reviewed and evaluated.</p>

CAPACITY BUILDING			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
The PCP will provide leadership and partnerships to build commitment and capacity of integrated health promotion for the region. (cont)	<p>ELECTRONIC REFERAL Continue with the roll-out of PKI keys across the region, given that PKI is likely to be the encryption technology of choice in terms of inter-agency messaging/email systems.</p> <p>Continue to provide assistance to agencies with both the PKI registration and PKI implementation processes. Aim to have a total of 30 Grampians agencies registered for PKI by the end of 2003/2004.</p> <p>Pilot the Connecting Care e-referral system initially in a limited number of sites prior to expanding to other areas. Aim to have 1 pilot in each PCP region initially.</p> <p>Where appropriate continue to provide advice and assistance to agencies in terms of the automation of the referral process including consideration of options other than Connecting Care.</p> <p>Work with Mildura Rural City Council and the Connecting Care Strategic Group to ensure that the direction taken with the development of the Connecting Care system continues to address the needs of Grampians agencies.</p> <p>Work with Ballarat Health Services to develop a new interface between IBA and the Connecting Care system. This will ultimately benefit other Grampians Health Services using the IBA system.</p> <p>The outcomes of the Connecting Care pilots will be used to inform decision making in terms of further roll-out of the system. The outcomes of reviews/evaluations of other e-referral initiatives occurring across the state will also be considered.</p>		
	<p>WEB BASED COMMUNICATIONS AND COLLABORATION Develop a single Grampians Region PCP website. This site will replace the existing three websites and reduce the maintenance effort required.</p> <p>Pursue funding opportunities to support development of region wide web site. Additional funding would provide enhanced functions.</p> <p>Increase use of the MC2 on-line tools to support improved communications for the various PCP committees, projects and initiatives. This has the potential to reduce the number of face-to-face meetings required.</p> <p>Use the resources available locally to provide training and support in the use of the MC2 on-line tools</p> <p>The funding agreement for the GPPCP My Connected Community project requires that 6 monthly reports are produced. These reports will be used to determine the value or otherwise of this initiative and to inform decision making in all three PCP's in terms of further roll-out of this strategy.</p> <p>The degree to which the PCP web site is utilised will measured using standard metrics – hits, page views, visitors etc.</p>		

CAPACITY BUILDING

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>The PCP will provide leadership and partnerships to build commitment and capacity of integrated health promotion for the region. (cont)</p> <p>Phase two: Raise practitioner capacity to deliver integrated health promotion</p>	<p>In recognition that there are some common areas across the primary care and acute sector for professional development a meeting with the Acute Sector (Directors of Nursing) will be held to discuss common areas for professional development. <i>February 2004</i></p> <p>A similar meeting will be held with senior management in member agencies to discuss common areas for professional development <i>February 2004</i></p> <p>Wimmera PCP will continue to liaise with GP's with regard to Service Coordination implementation and development.</p> <p>Investigate development of mentor roles of GP's who are willing to use the tools. <i>February 2004</i></p>	<p>Wimmera PCP will continue to facilitate training opportunities in support of Service Coordination best practice. E.g.: Care Planning Training, managing aggressive clients</p> <p>This training will be offered to all member agencies and could be included as a component of the Accelerated Workforce Development Program.</p> <p>Evaluation of the Service Coordination Tools and use of the Feedback Sheet will inform the Wimmera PCP of service gaps and issues. <i>February 2004</i></p>	
<p>The PCP will coordinate an intensive, accelerated program of workforce development for a small, core group of staff from the Wimmera PCP and member agencies.</p>	<p>The Executive Committee and PCP Project Team will develop a strategy for Accelerated Workforce Development Program and selection criteria for participants. <i>August 2003</i></p>	<p>The Selection Criteria for participation in the Accelerated Workforce Development Program will reflect a balance of Service Coordination and Health Promotion practitioners with a representation relating to current priorities</p>	<p>Walking Wimmera Awards</p> <p>To be held in 'Heart Week' the five awards issued in 2003 will be built upon to include individual achievements in each group for 2004 awards.</p>

CAPACITY BUILDING

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>The PCP will coordinate an intensive, accelerated program of workforce development for a small, core group of staff from the Wimmera PCP and member agencies.</p>	<p>The Executive Committee will negotiate release of staff from partner agencies for the training. Part funding, from youth, CVD, Capacity and FoS budgets, will be available to agencies who release staff to assist with backfill. <i>August - October 2003</i></p> <p>It is envisaged that components of the Accelerated Workforce Development Program could be offered to all member agencies.</p> <p>Nominations from training participants will be encouraged to fill any future vacant positions on the Wimmera PCP Executive Committee.</p>		<p>Participants from the Accelerated Workforce Development Program will be invited to fill vacant positions on PCP committees. <i>December 2003/January 2004</i></p> <p>This revised committee, Integrated Service Planning Committee, will develop a revised Integrated Health Promotion Plan (CHP) for the Wimmera PCP incorporating Service Coordination and health promotion opportunities. <i>June 2004</i></p>
<p>The building of skills and resources of agencies and services to successfully engage with consumers</p>	<p>Funding will be sought to support the development of the staff education program in consumer representation. <i>July 2003</i></p> <p>Funding support will be sought from internal and external sources to resource the development of the consumer and community framework and education program and its implementation. <i>July - December 2003</i></p> <p>A framework sensitive to differences in current agency level of involvement in consumer and carer participation will be established in each Municipality for Consultation (Involvement), Engagement and Participation (Self – Help Groups, Walking Wimmera, Formal Representation). <i>December 2003</i></p> <p>An education program, this will be considered as part of the Accelerated Workforce Development Program, will be developed, subject to funding, for staff in consumer participation to be held in key locations. <i>December 2003 – June 2004</i></p>		

CAPACITY BUILDING

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>The building of skills and resources of agencies and services to successfully engage with consumers (cont)</p>	<p>Continue to support consumer engagement already occurring within Drug and Alcohol and mental health Working Groups</p> <p>Youth Friendliness audit, component of Youth plan, results will be circulated by Jigsaw Committee to all member agencies</p> <p>PCP will host a GP dinner to provide development through ‘Center for Adolescent Health’ and results of youth friendliness audit. <i>6th August 2003</i></p>		
<p>The building of skills and resources of consumers to successfully engage with agencies and services</p>	<p>Member agencies will distribute information materials on the Wimmera PCP and the ways in which consumers can participate in it at all levels. Some of the means of circulation will include</p> <ul style="list-style-type: none"> • Weekly advertiser • Website • Service directory • Consumer charter available to member agencies to display. <p>Funding will be sought, through the Executive Committee to support the development of the consumer education program and participation.</p> <p>The program will be delivered at consumer friendly environments e.g.: Neighborhood Houses.</p>		
<p>The building of commitment by services and consumers to engage with each other.</p>	<p>Obtain a commitment from each member agency to specify and implement at least one improvement to their Consumer Engagement and Participation practices <i>December 2003</i></p> <p>All agencies and services will review the Wimmera PCP Consumer Charter will be reviewed by, including operational structure of PCP, in partnership with their respective consumers and feedback will be provided to the Executive Committee. <i>February 2004</i></p> <p>Wimmera PCP will develop a Consumer Engagement and Participation protocol, which details a minimum agency standard for consumer and Carer participation, including policies on remuneration of participation practices <i>December 2003</i></p> <p>In collaboration with Grampians Pyrenees and Central Highlands PCP further development of the Connecting Care Service Directory and assist with its marketing and evaluation</p>		

CAPACITY BUILDING

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>The building of commitment by services and consumers to engage with each other.(cont)</p>	<p>Member agencies will encourage their consumers to participate in the PCP Consumer Representative Forum to provide representation and advice to the Partnership.</p> <p>Member agencies will be encouraged to review their mission and vision statements, strategic and business plans with a view to inclusion of consumer participation principles and activities.</p> <p>The PCP will develop a consumer participation auditing tool for use by services and agencies. <i>May 2004</i></p>	<p>Progress and marketing of the Wimmera PCP Health Promotion strategy will be achieved through an annual display and interactive community participation including but not limited to:</p> <ul style="list-style-type: none"> • Speed Field Days. <i>August 2003</i> • Wimmera Machinery Field Days <i>March 2004</i> • Rural Health Week <i>May 2004</i> 	
<p>The development of representative structures and processes to ensure active working involvement with consumer, carer and community representatives.</p>	<p>The PCP through their regular media releases will market and promote the benefits of consumer participation in PCP and its member agencies.</p> <p>Any future operational structure changes need to demonstrate a commitment to increasing consumer participation and skilling of consumers for participation at higher levels of the operational structure.</p> <p>Terms of Reference of all Working Groups will reflect commitment to actively involving consumers. Future Terms of Reference will be developed in partnership with consumers.</p> <p>The PCP, drawing upon the consumer representation of member agencies will work towards the identification of consumer representatives to actively participate on the Working Groups. The PCP will actively pursue consumer participation on its Working Groups.</p>		

ACHIEVEMENTS

Partnerships

- In reviewing its governance arrangements for 2002/2003, members agreed that the Wimmera PCP would continue to be a voluntary alliance of primary health and community support services. In line with DHS direction, the governance arrangements for 2003/2004 will continue the implementation of the strategic direction identified in this plan. The PCP will continue to maintain current membership and seek to involve other relevant stakeholders a range of stakeholders. A move in 2002/2003 from bi-monthly full committee meetings to quarterly mini forums has been embraced. The Executive Committee continues its decision-making powers progressing the work of the PCP in an expedient and directional manner.
- The Wimmera PCP Policy Manual has been developed and circulated to all members of the alliance, which incorporates all policies of the Wimmera PCP and an annual review schedule.
- The Service Directory has over 774 services listed and continues to expand. Member agencies along with other agencies and groups have had demonstrations of the Connecting Care Service Directory. Wimmera PCP is able to report a significant amount of hits have been received on the website.
- The three PCPs in the Grampians region were successful in obtaining the Breast Services Enhancement Project, which opens opportunities for future sustainability and expansion of the Connecting Care site.
- The PCP continues to be involved at management level in the GHICTA and GRAHNET projects. These projects will further cement the PCPs relationship with the acute sector.

Consumer and Community

- Consumer engagement strategy has been developed to ensure further community participation in the Wimmera PCP.
- Building upon the 2002 Health Promotion Course, the PCP will support participants in the 2003 Health Promotion Short Course. This has been further enhanced through Health Promotion Skills Assessments in agencies.
- Media activities of the PCP ensure a wide spread of information is circulated through monthly Walking Wimmera and bi-monthly PCP Newsletter and teleconferences. Monthly media articles PCP direction in the Weekly Advertiser, a free Wimmera-based publication, currently issued to 23 000 homes, and a double page spread highlighting events, priorities and achievements.
- Consumers have been informed of PCP direction primarily through presentations to groups including Wimmera Parent Support Group, Probus, regional field days, service clubs, Rural Health Week activities and Mental Health and Nutrition Forums.
- The PCP hold positions on the following committees – Horsham Community Center Steering Group, Regional Dental Services Steering Group, Primary Mental Health Advisory Group, Blood Borne Diseases Committee, PATS, drought recovery committees, young parents clinic, safety committees, regional youth committee and School Focus Youth Services involvement on these committees enhances service coordination which in turn benefits consumers.
- Co-location of the PCP Project team with the Wimmera Sports Assembly and Local Learning and Employment network has enhanced strategic opportunities for the PCP that will result in increased community benefits.
- Representation on drought committees in the 4 LGAs assists the community through a coordinated inclusive approach to innovative solutions and support.
- Presentations have occurred to member agencies Boards of management who are inclusive of consumers.
- PCP website has been redeveloped, incorporating more information on PCP activities for consumers and services, through MC2.

Consumer and Community (cont)

- Strategic Planning Day (August 2002), included consumer participation.
- Wimmera PCPs bi weekly email bulletin is sent to stakeholders, interested services, and community members, providing a regional information resource..
- Walking Wimmera strategy has involved over 500 Consumers who have participated in walking activities in the Wimmera May 2003
- The Active Script strategy has seen over 172 consumers receiving innovative referrals and support
- Physical Activities Directory has been circulated widely within the Wimmera communities, enhancing community members knowledge of existing physical activities opportunities and ensuring consumers are referred to the appropriate physical activities opportunities.
Training has been provided to consumers and community groups regarding the delivery of the 'Walking Wimmera' to ensure quality and safety in the implementation of the program.

PCP GP Engagement

- GP and GP Division engagement has been encouraged
- The PCP has provided the conduit for individual GPS engagement in use of service coordination tools – in particular this has been successful in the Yarriambiack Shire
- GP submission – the PCP had prepared a submission based on GP engagement. This submission did not proceed, but allowed the opportunity for West Vic Division and the PCP to discuss SC work and future cooperation
- GPs provided in put into the implementation of the CVD Plan and Walking Wimmera Awards
- As mentioned previously 172 GP referrals have been received through Active Script
- GP's have been forwarded copies of the Physical Activities Directory
- PCP provides relevant material for circulation in West Vic Divisions Practice Nurse/Managers, GP Fax and Pharmfax
- The PCP continues to recognise the West Vic Division of General Practices' expertise in engaging General Practice in primary care reform and acknowledges the Divisions' work to date on PCP outcomes. The Division has provided opportunities, knowledge and support for the PCP to engage General Practice including practice staff, management and nurses.
- The PCP held one GP/Pharmacist dinner in 2002/2003, in conjunction with the West Vic Division of General Practice
- The PCP will continue to utilize West Vic Divisions' expertise to ensure that PCP documentation is expressed in GP friendly language.

Service Coordination

- Terms of Reference adopted for the Service Coordination Sub Committee
- Chairperson elected for the Sub Committee
- Agreement reached to move towards integration of service coordination and health promotion in 2003/2004
- Agreement reached to move towards regional roles for Local Information and Education Officer and Information Management position
- Collaboration on regional issues where practicable, has ensured effective service system redevelopment, coordinated through the Service Directory and is resulting in positive results for consumers.

Service Coordination (cont)

- The development of the PCP's strategies and University of Ballarat evaluation has provided the momentum for the PCP to endorse a greater alliance in 2003/2004 the integration of service coordination and health promotion in recognition that opportunities exist at all levels of care and service delivery.
- The Connecting Care electronic service directory is established and available online at www.connectingcare.com
- Implementation of Service Directory Officers within member agencies, as a move towards sustainability, to update the Connecting Care directory via the Local Information and Education Officer.
- The Wimmera PCPs Local Information and Education Officer has shared her knowledge of data collection systems and acted as a mentor across the region this is acknowledged through the move of this Wimmera role to a region wide role in 2003/2004.
- The PCP is active on the Connecting Care Users Group and Strategic Planning Group for a coordinated and collaborative approach to Connecting Care system ..
- Utilising the IM/IT Regional Project Manager, the PCP has commenced electronic referral this work will continue into 2003/2004.
- The Regional IM/IT Project Managers contract extended 2003/2004 to allow time too develop a business model for sustainability of the system.
- The PCP is actively involved in developments relating to the GHICTIA and GRAHNET
- A draft evaluation form is available for the Service Directory. Evaluation to commence early 2003/2004.
- Selection for tow presentation at the DHS Best Practice Forum
- Regional protocols, development for service coordination in areas of service directory, service directory maintenance, care planning, electronic referral and Service Directory Officers
- Presentations on service coordination tools have been conducted to Practice Nurses, Palm Lodge, West Wimmera Health Service, Community Axis and Occupational Therapists.
- Service coordination training on implementation of service coordination tools, development of PPS and Service Directory Officer training.
- Strong participation in RSCSC and SCIM including Halls Gap Planning Days
- Registrations and support of PCP agencies for PKI tools for ereferral implementation.
- BSEP Project – Utilisation of Connecting Care information in breast cancer information website

Service Planning

- The PCP Health Promotion Coordinator has continued to build on existing informal health networks, with coordination and administrative support of working parties for development of the CVD and Youth Plans for the PCP and developed a direction for capacity building within the catchment.
- Further development of the Health Promotion Steering Committee has seen the adoption of Terms of Reference and election of a Chairperson.
- HP tools assessment s have been conducted and skill development plans identified for individual agencies
- The Project team have developed a library of resources in the PCP office
- Tender writing workshops (funded through DHS) have been well attended by a broad range of representatives of primary care and community services
- PCP Project Team and alliance members have participated in the following forums: Physical Activities Forum Melbourne, Transport Forum, Sydney, and Strengthening Communities

Service Planning (cont)

- Selected for the DHS Best Practice Forum presentations – Health Promotion - Walking Wimmera and Rural and Remote Service Coordination – How We Do It In The Bush.
- The PCP has been represented regionally at Regional Drug and Alcohol Committee and Regional Youth Committee,
- Health promotion presentations were delivered to RNWH, Dunmunkle, West Wimmera Health Service and University of Ballarat
- The PCP has delivered Physical Activity, asthma, depression and podiatry training to the sector
- 200 copies of the Physical Activity Directory were developed and widely distributed as part of the CVD Plan
- 11 agencies were provided with grants to establish walking groups in local communities, 10 groups established to June 2003
- The Walking Wimmera strategy has attracted immense interest from other PCPs and community groups
- New groups have approached Wimmera PCP for assistance with establishing walking groups in 2003/2004
- Horsham Tidy towns in conjunction with Wimmera Sports Assembly and the PCP have developed a 'Walk for Waste' concept to be implemented in 2003/2004, based on a social model of health
- Walk and Talk and the PCP have developed a partnership in the delivery of the Walking Wimmera
- Active Script (a partnership between West Vic Div, GP's and the PCP) project has received 172 referrals for 2002/2003 The PCP will continue to support this project through Foothold on Safety money into 2003/2004
- The PCP was successful with submissions for the Walking School Bus and Foothold on Safety projects
- Wimmera Sports Assembly, as member's of the PCP Health Promotion Steering Group, elected to undertake the 'Veterans Football Training' project as outlined in the CVD Plan. Now entitled the 'Return to Training' Program the Wimmera Sports Assembly have developed protocols between the league and clubs. The program will initially commence with a pilot.
- Dr Janus, a local GP, has provided invaluable input into the development of the CVD Plan and the development of the Walking Wimmera program. In recognition of this contribution one of the Walking Wimmera awards was entitled 'The Professor Edward Janus Region Fittest Community Award' Dr Janus also played an integral part of the planning and delivery of the Rural Health Week 'Real Food for Real Communities' Conference.
- Jigsaw communications group formed to oversee implementation of the Youth Plan. Terms of reference have been adopted and a Chairperson elected.
- PCP participated in a Regional Youth in Action Planning Day – March 2003 attended by 40 youth
- PCP facilitated Reach for Leadership Days August 2002 - attended by 800 students
- Youth contracts circulated for implementation of strategies from the 2002/2003 Youth Plan – April 2003
- Jigsaw Conference attended by over 40 participants from a broad range of youth service providers – June 2003
- Youth friendliness audits conducted by Jigsaw Committee and evaluated by Latrobe University, results will incorporate apart of the PCP consumer strategy for 2003/2004
- Jigsaw Committee members involved in the development of the successful Transport Connections Submission
- PCP conducted a Mental Health Forum in May 2003 with over 40 participants from specialist and generalist service providers

Quality Assurance

- A PCP Strategic Planning Day held in August 2002 was used to prioritize key tasks in the 2002/2003 Community Health Plan. This forum enabled members to review and endorse the vision of the Wimmera PCP, and articulate to the wider membership/community the benefits of effective collaboration for their agency/service and consumers. This demonstrates progression from the regions competitive history and will result in consumers receiving more positive outcomes.
- Regular project staff reports are made to committees on progress against the 2002/2003 Community Health Plan
- A system has been established to see annual review of operational policies and procedures implemented through the PCP strategy
- DHS commissioned a University of Ballarat evaluation of the PCP Health Promotion Strategies. This evaluation has been used to underpin direction for 2003/2004
- The PCP conducted a service coordination planning day in April 2003 to mark achievements, evaluate and plan for 2003/2004
- The PCP conducted a health promotion planning day in April 2003 to mark achievements, evaluate, and plan for 2003/2004
- Reports on progress of the working groups and sub committees is tabled at the Executive Committee meeting each month

PRIORITY TWO – MENTAL HEALTH PARTNERSHIPS

BACKGROUND

The following strategies have been developed due to perceived local need and in response to the Victorian Government Mental Health Policy priority areas comprising of

- Support for the Second National Mental Health Strategy
- Provision of more responsive and inclusive service system
- Access to timely mental health care
- The strengthening of partnerships with consumers, carers and various mental health care providers
- An increase in early intervention services

GPs and community health nurses commonly encounter mental health problems in their work, but often feel under-equipped to deal personally with the issue and in the case of non-serious mental illness, may not have a point of ready referral. Recent initiatives in mental health and increased Primary Mental Health staff resources in the region will assist in this area.

Recent effects of the drought on the community and receipt of additional funding to provide capacity building projects for the Wimmera have added another aspect to the direction of the following strategies

TARGET GROUPS

- Wimmera PCP Alliance members
- All primary care workers in Wimmera sub-region
- Consumers and Community

OBJECTIVES

It is essential that the Wimmera Primary Care Partnership take actions to address communication and coordination issues in the delivery of mental health services in the region, that are appropriate to the specific needs of each community. Anecdotal evidence from the Wimmera PCP Mental Health Working Group and a Mental Health Forum 2003 suggests that in the past there has been a lack of understanding about each services role and boundaries within the region. In part, this has been addressed through the Primary Mental Health Team.

Wimmera Primary Care Partnership will continue to build on the work progressed by the Mental Health Working Group in 2002/2003. The focus of this group will become clearer as the results of the Mental Health Forum are compiled.

Therefore, the objectives of the Mental Health Partnership Strategies are to:

- Continue to facilitate better communication between mental health service providers, primary care agencies and consumers;
- Facilitate member agency engagement in partnership with funding bodies and service providers where opportunities arise
- Link with the DHS drought social recovery strategy

MENTAL HEALTH PARTNERSHIPS			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Facilitation of better communication between mental health service providers, primary care agencies and consumers</p>	<p>Wimmera PCP will maintain three positions on the Primary Mental Health Services Advisory Committee.</p> <p>Current representatives</p> <ul style="list-style-type: none"> ▪ Jan Hutton-Coser, West Wimmera Health Service ▪ Helen Ballentine, Rural North West Health ▪ Ross Bullock, Wimmera Uniting Care <p>The PCP Project Team will regularly inform all alliance members of developments in mental health in the sub region via PCP marketing strategy</p>	<p>Maintain Mental Health Working Group through administration support.</p> <p>Adopt draft terms of reference for Mental Health Working Groups</p> <p><i>July 2003</i></p> <p>Review membership of working group to identify any gaps in service representation. The working group will aim to incorporate representation from Interim Service Coordination and Interim Health Promotion Committee, service providers and consumers</p> <p>Current members</p> <ul style="list-style-type: none"> ▪ Primary Mental Health Team ▪ Grampians Psychiatric Services ▪ Centacare ▪ Wimmera Uniting Care ▪ DHS ▪ Rural North West Health ▪ NEXUS <p>Additional membership to be pursued</p> <ul style="list-style-type: none"> ▪ Secondary School Nurses ▪ School Focused Youth Service ▪ Drug and Alcohol Working Group representative ▪ Jigsaw Working Group representative ▪ West Vic Division of General Practice ▪ SUMMITT ▪ Rural Counselors ▪ WUC Drought Counselors ▪ LGA Drought Community Development Workers ▪ Other identified specialist Counselling areas as identified by survey results <p><i>July 2003</i></p>	

MENTAL HEALTH PARTNERSHIPS

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Facilitation of better communication between mental health service providers, primary care agencies and consumers (cont)</p>	<p>Consumer and community awareness will be achieved through newspaper articles and wide circulation of weekly email and monthly newsletter highlighting mental health issues, activities and workforce development opportunities</p> <p>PCP Project team will attend the 4 LGA drought recovery meetings to update the PCP and the sector on developments and opportunities for partnership projects</p>	<p>Mental Health Working Group will utilise the outcomes of the Mental Health Network Forum held May 2003 to recommend strategies for planning and development to the Executive Committee <i>July 2003</i></p> <p>Jigsaw Forum held 19th June 2003 will identify and chart the direction of Youth Mental Health in the region and recommend strategies for planning and development to the Executive Committee. <i>August 2003</i></p> <p>The Mental Health Working Group will participate in the development of the Grampians Regional Community Mental Health Plan</p> <p>PCP Project Manager will meet with Wimmera Community Resource Team with regards to exploring options for updating their CORT Kit and other possible links between the two groups. <i>September 2004</i></p> <p>Conduct an annual Mental Health solution focused forum for local health services initiatives and identify gaps in referral pathways and service delivery <i>April 2004</i></p> <p>Participate with Latrobe University in their project entitled ‘ Meeting the service needs of young people at risk of common mental disorders and suicide: longitudinal evaluation of service system capacity building strengths. This is a three year evaluation of the Jigsaw Working Group and is subject to Latrobe University receiving funding through Australian Rotary Health</p> <p>The working group will closely align itself with developments in the Drought Social Recovery Strategy</p> <p>The PCP will offer one member the opportunity to train in ‘Mental Health First Aide’ instructor training with a view to the training then being offered at a local level I conjunction with the 4 LGA drought recovery committees</p> <p>The PCP will issue grants of up to \$500 to up to 6 community groups to enable drought affected families to participate in school holiday programs</p> <p>The PCP Project Team will investigate opportunities for men’s health programs relating to mental health and CVD</p>	<p>Look at links between PCP and Beyond Blue THIS SECTION IS STILL UNDER DEVELOPMENT</p>

MENTAL HEALTH PARTNERSHIPS			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
Facilitation of better communication between mental health service providers, primary care agencies and consumers (cont)		<p>Wimmera PCP will continue to facilitate training opportunities in support of mental health best practice. E.g.: Care Planning Training, managing aggressive clients</p> <p>This training will be offered to all member agencies and could be included as a component of the Accelerated Workforce Development Program.</p>	
Facilitate member agencies engagement in partnership with funding bodies and service providers where opportunities arise	Facilitate stakeholders to collaboratively plan and seek funds for mental health promotion initiatives e.g. Mental Health First Aid	Wimmera PCP will assist agencies to access mental health services through the Connecting Care Web Site and electronic referral	<p>The PCP will facilitate funding submissions for regional mental health promotion activities</p> <p>Develop links with Learning Towns and other key agencies as possible partners of joint projects e.g. health promotion first aid</p>

ACHIEVEMENTS

PARTNERSHIP

- Establishment of working group which is quickly moving towards becoming an independent and sustainable group
- Development of draft terms of reference

CONSUMER AND COMMUNITY

- Achieved through regular media releases
- Consumer involvement at Mental Health Forum ‘What do you know – Where do you go’ May 2003

GP ENGAGEMENT

- GP involvement at Mental Health Forum ‘What do you know – Where do you go’ May 2003 as a presenter on the panel and hypothetical

SERVICE COORDINATION

- ‘What do you know – Where do you go’ May 2003 achieved expected outcomes of providing an increased understanding of mental health and knowledge of available services. Forum also commenced exploration of access and referral pathways and provided opportunity for networking.
- Further work will be undertaken with the possibility of more forums into 2003/2004

SERVICE PLANNING

- The PCP continues to provide three representatives on the Primary Mental Health Advisory Committee
- The PCP is actively involved on the Drought Recovery Committees for the four LGA's in the Wimmera
- 'What do you know – Where do you go' May 2003, provided a basis to continue work with a focus on service planning (Mental Health Forum)

QUALITY ASSURANCE

- Evaluations from the 'What do you know – Where do you go' forum May 2003, used to identify outcomes of the forum and other areas for the working group to address
- Beyond Blue Forum/partnership May 2003
- Working Group progress reports tabled at the Executive Committee meeting each month

PRIORITY THREE – COMMUNITY TRANSPORT DEVELOPMENT AND COORDINATION

BACKGROUND

In the 2001/2002 Community Health Plan it was recommended that Wimmera Primary Care Partnership convene talks with key stakeholders in community transport to determine the best way forward to achieve improved transport resources for those in need. Preliminary discussions have been held and a Transport Working Party established. Recently the PCP has been informed that the submission they facilitated, through the working group' under the 'Transport Connections' has been successful.

TARGET GROUP

- Aged
- Disabled
- Koorie
- Youth

OBJECTIVES

Transport continues to be a recurring theme in needs and services. Lack of private transport and limited public transport are major influences on the ability of consumers to access services. Transport impacts not only on consumers, but also on service providers who deliver services outside their immediate town. Transport is a major concern for the aged, disabled and the Aboriginal community in the Wimmera Catchment.

COMMUNITY TRANSPORT DEVELOPMENT AND COORDINATION			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
To improve the ability of consumers to access health and community services in relation to transport options	The PCP will continue to lobby for flexibility in government assistance in relation to transport for health matters	Due to the success of the PCP lead Transport Connections submission, working group members have taken ownership of the issue. This has included a decision to establish a new committee. This committee 'Wimmera Regional, Rural and Remote Transport Group' will oversee implementation of the project. In acknowledgement of the community ownership and sustainability the PCP will disband its Transport Working Group as of July 2003. The PCP will maintain a position on the Wimmera Regional, Rural and Remote Transport Group.	

ACHIEVEMENTS PARTNERSHIP

- Establishment of working group and adoption of Terms of Reference
- Transport Forum held December 2002 formulated a shared vision and paved the way for the submission outlined below
- Presentation at Sydney Transport Forum – February 2003, Post conference a ‘transport enetwork was developed
- The Wimmera PCP prepared and lodged (through the Transport Working Group) a submission with the Department of Human Services; Department of Infrastructure entitled ‘Wimmera Transport Connections’. This submission was subsequently successful and will be lead by Wimmera Volunteers Inc. The goal of the project is to develop a collaborative framework for matching people who are transport disadvantaged with inclusive flexible transport services including providers from public (taxi, bus), community (local government, sporting clubs, organisations with vehicles), employers and health services (HACC etc) to provide an integrated transport service. Will see the development of alternative transport models utilizing existing resources
- Community is kept informed of progress through regular media articles
- Representative of the Working Group meet with the Community Cabinet when in Horsham providing a presentation on transport issues to Premier Steve Bracks and the Minister for Transport Peter Batcholer
- The Working Group has become fully sustainable and the PCP has a role on the Wimmera Regional, Rural and Remote Transport Advisory Group developed to oversee the Transport Connections Project
- Establishment of working group

CONSUMER AND COMMUNITY

- The Working Groups structure has been inclusive of community representatives
- The community will benefit by this collaborative approach through - Expected sustainable and tangible benefits – such as creation of small business opportunities such as hire of small bus, local taxi, small rack bus for inter-shire community access and intangibles such as a reduction of social isolation, improving health and well being, improved school retention, reduction in family violence, direct impact on capacity of people to remain in their local communities and indirect benefit of reducing the cost of providing services for all levels of government to each community.

GP ENGAGEMENT

- Will provide information to GPs re transport options for disadvantaged consumers

SERVICE COORDINATION

- Same as community benefits

SERVICE PLANNING

- Same as community benefits

QUALITY ASSURANCE

- Reports on progress of the working group is tabled at the Executive Committee meeting each month

PRIORITY FOUR – DRUG AND ALCOHOL ISSUES

BACKGROUND

As a result of the recommendations made in the final report of the Drug Policy Expert Committee (DPEC), the Victorian Government has approved four key strategies to approach the drug crisis. These strategies are:

- Preventing drug abuse
- Reducing harm and saving lives
- Getting lives back on track
- Effectively policing the drugs trade

TARGET GROUP

- Young people
- People with Drug and Alcohol problems
- Wimmera PCP Alliance members
- All primary care workers in Wimmera sub-region
- Consumers and Community

OBJECTIVES

As stated in the DPEC report, it is essential that communities take actions to address local drug problems that are appropriate to the specific needs of each community. Data from the Wimmera alcohol drug service (Palm Lodge Center) as well as anecdotal evidence from numerous small communities in the Wimmera region indicates that irresponsible consumption of alcohol is seen as the most significant drug problem in the Wimmera. Evidence indicates that the underlying causes of substance abuse can be addressed by strengthening the capacity of community members to understand and respond to local drug issues.

Therefore the objectives of the Wimmera Drug Action Plan are to:

- Raise awareness that alcohol is a drug
- Encourage responsible consumption of alcohol
- Research issues contributing to irresponsible alcohol consumption by young people in Wimmera communities
- Develop programs and resources to assist local communities to reduce the incidence of binge drinking

DRUG ACTION PLAN

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Continue to create a partnership between, drug and alcohol service providers in the region, local government and communities</p>	<p>The Wimmera PCP will maintain a position on the Grampians Regional Alcohol Drug Reference Group</p> <p>The PCP will inform alliance members of developments in the drug and alcohol service provision via the PCP Marketing Strategy</p>	<p>Connecting Care Service directory data will identify and record services currently offering drug and alcohol services</p> <p>Palm Lodge will participate in the DHS Drug and Alcohol pilot of Service Coordination tools</p>	
		<p>Develop terms of reference for Drug and Alcohol Working Groups</p> <p><i>July 2003</i></p> <p>Maintain Drug and Alcohol Working Group through administration support. Review membership of working group to identify any gaps in service representation. The working group will aim to incorporate representation from Interim Service Coordination and Interim Health Promotion Committee, service providers and consumers</p> <p>Current members</p> <ul style="list-style-type: none"> ▪ Palm Lodge ▪ Wimmera Health Care Group ▪ Rural North West Health ▪ 4 Consumers ▪ Horsham Rural City Council ▪ Cent care ▪ Wimmera Uniting Care ▪ Wimmera Sports Assembly ▪ Department of Education and Training ▪ DHS <p><i>July 2003</i></p>	

DRUG ACTION PLAN

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Continue to create a partnership between, drug and alcohol service providers in the region, local government and communities (cont)</p>		<p>Additional membership to be pursued</p> <ul style="list-style-type: none"> ▪ LLENS ▪ School Focused Youth Service ▪ Mental Health Working Group representative ▪ Jigsaw Working Group representative ▪ West Vic Division of GPS ▪ West Wimmera Health ▪ Rural Counselors ▪ WUC Drought Counselors ▪ LGA Drought Community Development Workers ▪ Other identified specialist Counselling areas as identified by survey results ▪ Horsham Police <p><i>July 2003</i></p> <p>Conduct a Drug and Alcohol Forum to share information on local drug and alcohol services</p> <p><i>November 2003</i></p> <p>The forum will be used to identify current gaps and chart the direction of drug and alcohol health promotion in the region</p> <p>Wimmera PCP will continue to facilitate training opportunities in support of drug and alcohol services best practice. E.g.: Care Planning Training, managing aggressive clients</p> <p>This training will be offered to all member agencies and could be included as a component of the Accelerated Workforce Development Program.</p>	
		<p>The PCP, through the Drug and Alcohol Working Group, service providers and consumer representatives will continue to investigate the need for detoxification and follow-up withdrawal services in the Wimmera. Alternatively the working group will investigate the feasibility of a rural withdrawal nurse</p> <p><i>March 2004</i></p>	
<p>Consumer and community awareness will be achieved through newspaper articles and wide circulation of weekly email highlighting drug and alcohol issues and promotion of activities</p>			
<p>DRUG ACTION PLAN</p>			

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Continue to create a partnership between, drug and alcohol service providers in the region, local government and communities (cont)</p>	<p>PCP Project team will attend the 4 LGA drought recovery meetings to update the PCP and the sector on developments and opportunities for partnership projects</p>	<p>The working group will closely align itself with developments in the Drought Social Recovery Strategy</p> <p>The PCP will offer one member the opportunity to train in ‘Mental Health First Aide’ instructor training with a view to the training then being offered at a local level I conjunction with the 4 LGA drought recovery committees</p> <p>The PCP will issue grants of up to \$500 to up to 6 community groups to enable drought affected families to participate in school holiday programs</p> <p>The PCP Project Team will investigate opportunities for men’s health programs relating to drug issues and CVD</p>	
<p>Research factors contributing to irresponsible consumption of alcohol by young people</p>	<p>Collate existing information from other studies/health plans <i>September 2003</i></p> <p>Write a briefing paper providing evidence for further development of relevant strategies to be submitted to DHS <i>October 2003</i></p>	<p>Communities and sporting groups will be addressed to increase the profile of this region's high rates of binge drinking the strategy is also included in the PCP's (Youth Plan 2003) working together with Wimmera Regional Sports Assembly in the implementation of ‘Participating in Good Sports Program’</p> <p>The Jigsaw Forum held 19th June 2003 will identify and chart direction of future strategies to address this issue</p>	
<p>Raise awareness of alcohol as a drug</p>	<p>Develop links with Secondary Schools through the Department of Education and Training a, Horsham office and the Regional Drug Education Facilitator and School Nurses</p>		<p>Conduct a poster competition for secondary students to be judged by members of the Drug and Alcohol working group and a Graphic Designer) <i>May 2003 - July 2003</i></p>
<p>Assist local communities to develop strategies to reduce the incidences of binge drinking</p>	<p>Develop links with Wimmera schools to ensure they are aware of the resources available through the PCP and its member agencies when developing their individual school Drug Education Strategies</p>	<p>Liaise with Wimmera Sports Assembly to conduct ‘Looking after Our Mates’ program in sports clubs across the region.</p> <p>Palm Lodge Staff and PCP Health Promotion Coordinator to present information sessions to workers across the region</p>	
<p>DRUG ACTION PLAN</p>			

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Assist local communities to develop strategies to reduce the incidences of binge drinking (cont)</p> <p>Assist local communities to develop strategies to reduce the incidences of binge drinking (cont)</p>	<p>Develop links with Wimmera schools to ensure they are aware of the resources available through the PCP and its member agencies when developing their individual school Drug Education Strategies - Cont</p>	<p>PCP Project Team will coordinate delivery of DHS funded drug and alcohol training. DASWEST will provide accredited training to primary care workers on</p> <ul style="list-style-type: none"> ▪ Managing clients under the influence of drugs or alcohol ▪ Dealing with day center clients who present under the influence ▪ Youth issues – binge drinking and peer pressure ▪ Influencing accessibility of alcohol in the community ▪ Prescription drug dependency ▪ Identifying dependency <p><i>July 2003 (5 days)</i></p>	
		<p>Delivery of second part of DHS funded training to be delivered by the Center for Adolescent Health. A multi faceted approach to binge drinking which will provide information sessions and workforce development to Department of Education and Training, Youth Workers, generalist health workers and other relevant stakeholders. Sessions one and two completed prior to June 2003</p> <p>Session three</p> <ul style="list-style-type: none"> ▪ Youth participation working across sectors and disciplines ▪ Worker self care and boundaries <p><i>28th August 2003</i></p> <p>Session Four</p> <ul style="list-style-type: none"> ▪ Evaluation of practice and programs ▪ Tender and proposal writing <p><i>20th November 2003</i></p> <p>Train Year 11 students, as per next strategy, to deliver peer education program to years 8 & 9 in secondary schools across the region. Teachers will be provided with training and resources to support ‘Peer Leaders / students’</p> <p>Health Promotion Coordinator to work with NEXUS/Tribal Youth to develop peer education program to a ‘Train the Trainer ‘ model</p> <p>NEXUS will present the ‘Train the Trainer’ program to teachers across the region. <i>February 2004</i></p>	
DRUG ACTION PLAN			

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Continue to identify areas for workforce development around drug and alcohol issues for local primary care service providers</p>	<p>Executive Committee will support pursuit of funding for training relating to any recommendations on identified workforce development gaps</p>	<p>The PCP will disseminate the findings of the Jigsaw forum – Youth Friendliness audit.</p> <p>Recommendations from the audit will Be used by agencies to develop more ‘consumer friendly environments’ for service provision <i>July/August 2003</i></p> <p>The PCP will facilitate upskilling and educational opportunities for relevant local health and recreation providers</p>	

ACHIEVEMENTS PARTNERSHIP

- Establishment of Working Group
- Development of draft Terms of Reference
- Development by Working Group fo Drug Action Plan for the Wimmera
- Regional representation on Grampians Regional Alcohol Drug Reference Group

CONSUMER AND COMMUNITY

- Consumers have been kept informed through media articles.
- Media articles have generated a response from four consumers who now receive agendas and minutes for the working group.
- One consumer attended the May Mini Forum to request the PCP to investigate withdrawal facilities for the Wimmera.
- Poster competition relating to ‘alcohol is a drug’ has been circulated through out the Department of Education system for secondary school students

GP ENGAGEMENT

SERVICE COORDINATION

- This has been demonstrated through the joint writing o the Drug Action Plan

SERVICE PLANNING

- The PCP has facilitated ongoing workforce development in the area of drug education for primary care workers by the Center for Adolescent Health. A multi faceted approach to binge drinking has commenced and will continue in 2003/2004 to provide information sessions and workforce development to Department of Education and Training, Youth Workers, generalist health workers and other relevant stakeholders.
- PCP will continue to coordinate delivery of DHS funded drug and alcohol training. DASWEST will provide accredited training to primary care workers on a variety of topics
- PCP staff attended the Department of Educations training session for schools writing of drug education plans

QUALITY ASSURANCE

- Reports on progress of the working group is tabled at the Executive Committee meeting each month

PRIORITY FIVE – COUNSELLING SERVICES

BACKGROUND

In the Wimmera PCP Community Health Plan 2001/2002 access to Counselling and mental health services were identified as service issues; when expanded these issues related directly to Counselling and social supports, difficulties for small rural services in an environment with pressures for economies of scale, workforce issues such as –recruitment of qualified staff and staff training needs and limited Counselling and crisis support services in some communities.

It must be noted that until we know the locations of existing private and public providers reference must be reflected in the context of likely local demand based on local and PCP catchments population trends Between March 2003 – July 2003 the PCP is conducting a survey to obtain base line data to assist with development of further strategies relating to gaps in Counselling services, workforce development and possible models of delivery..

TARGET GROUPS

- Wimmera PCP Alliance members
- All primary care workers in Wimmera sub-region
- Consumers and Community – with a focus on socio economic disadvantaged and remote communities

OBJECTIVES

- To improve the ability of consumers to access high quality Counselling services in the Wimmera region
- Link with and support work occurring through the drought strategy

COUNSELLING SERVICES			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Create a database of available Counselling services and facilitate communication between Counselling services, primary care agencies and consumers</p>	<p>The Counselling Working Group will provide a written report on the Counselling Services Survey (conducted March – July 2003) to the Executive Committee <i>September 2003</i></p> <p>The PCP will inform alliance members of developments in the drug and alcohol service provision via the PCP Marketing Strategy</p>	<p>Incorporation of additional private and generalist Counselling services on the Connecting Care website will be explored</p>	

COUNSELLING SERVICES			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Create a database of available Counselling services and facilitate communication between Counselling services, primary care agencies and consumers (cont)</p>		<p>Review membership of working group to identify any gaps in service representation. The working group will aim to incorporate representation from Interim Service Coordination and Interim Health Promotion Committee, service providers and consumers</p> <p>Current members</p> <ul style="list-style-type: none"> ▪ Dunmunkle Health Service ▪ Wimmera Health Care Group ▪ Rural North West Health ▪ Wimmera Uniting Care ▪ Horsham Rural City Council <p>Additional membership to be pursued</p> <ul style="list-style-type: none"> ▪ DHS ▪ Department of Education and Training ▪ West Vic Division of General Practice ▪ Rural Counselors ▪ WUC Drought Counselors ▪ LGA Drought Community Development Workers ▪ Other identified specialist Counselling areas as identified by survey results <p><i>July 2003</i></p> <p>Develop terms of reference for the Counselling Working Group <i>September 2003</i></p>	
		<p>Consumer and community awareness will be achieved through newspaper articles and wide circulation of weekly email highlighting drug and alcohol issues and promotion of activities</p>	

COUNSELLING SERVICES			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
Continue to create a partnership between, counselling service providers in the region, local government and communities	PCP Project team will attend the 4 LGA drought recovery meetings to update the PCP and the sector on developments and opportunities for partnership projects	<p>The working group will closely align itself with developments in the Drought Social Recovery Strategy</p> <p>The PCP will offer one member the opportunity to train in ‘Mental Health First Aide’ instructor training with a view to the training then being offered at a local level in conjunction with the 4 LGA drought recovery committees</p> <p>The PCP will issue grants of up to \$500 to up to 6 community groups to enable drought affected families to participate in school holiday programs</p> <p>The PCP Project Team will investigate opportunities for men’s health programs relating to counselling and CVD</p>	
Commencement of research into suitable model for service delivery of specialist and generalist Counselling services to rural and remote areas of the catchment	The proposed model and written report will be presented to stakeholders and consumers at the PCP’s mini forum. <i>November 2003</i>	<p>A review of literature will be conducted to identify innovative models that exist for delivery of Counselling services to rural and remote areas <i>July – September 2003</i></p> <p>Information gathered through the Counselling Services Surveys and literature review will be utilized in the development of a proposed model for Counselling services <i>August – October 2003</i></p>	
To identify service gaps and opportunities for workforce development of counselors	The Executive Committee will support recommendations from the Counselling Working Group for professional development needs as identified in the Counselling Services Survey	<p>Promotion of health promotion opportunities and workforce development to local counselors as identified through the Counselling Services Survey</p> <p>The PCP will lobby rural and regional universities offering health degrees, to include rural placements, in relation to Counselling, throughout the region</p> <p>Through the results of the Counselling Services Survey the PCP will develop a list of all primary care providers in the region who are willing to accept student placements.</p> <p>This database will be widely circulated to all Universities offering health studies <i>September 2003</i></p>	

ACHIEVEMENTS PARTNERSHIP

- Working group has been established

CONSUMER AND COMMUNITY

- Consumers have been kept informed of progress through regular media articles

GP ENGAGEMENT

SERVICE COORDINATION

- Surveys developed and circulated to known counselors in the region to identify gaps and issues relating to assessment and referral

SERVICE PLANNING

- Surveys developed and circulated to known counselors in the region to identify gaps and issues relating to service delivery and workforce development

QUALITY ASSURANCE

- Reports on progress of the working group is tabled at the Executive Committee meeting each month

PRIORITY SIX – FALLS PREVENTION PROGRAM – Foothold on Safety Phase 4 Project

BACKGROUND

The goal of the Wimmera PCP Foothold on Safety Project is to reduce the risk and incidence of falls and the severity from falls among older people living in their homes in the Wimmera PCP catchment area.

The intended long-term benefit to older residents of the Rural City of Horsham, Shire of Hindmarsh, Shire of West Wimmera and the Shire of Yarriambiack in the Wimmera Sub-region and the Grampians Region is an improvement in the health, well-being, and mobility of older residents who are able and the opportunity to live in their own homes with greater confidence, independence and security.

TARGET GROUP

The broad target group includes community members aged 65 years and older and aged 55 years and over for Koori communities, the advanced age group (over 80 years), and other chronically ill members of the community, others taking a number of medications, people with sensory loss, or limited mobility, the socially isolated and people with a greater degree of postural sway or gait disorder.

Within the target group the special risk groups have been identified as the HACC target group, older members of the community with disability, rural and remote older people, Koori communities, older people living alone, older women and in West Wimmera older men. The Harrow Bush Nursing Center review identified isolated older people, and in particular men, tended to be very stoic and reluctant to accept assistance with hazard reduction until a degree of trust had been established. This highlighted the need for local area strategies to meet the needs of specific groups.

For each of the groups, interventions are based around insuring immediate access to appropriate service provision through an agreed service coordination referral pathway for falls prevention that includes the majority of service providers. Culturally sensitive strategies will be applied.

Vigorous Groups

Averaging 78 years of age, more active, having the highest alcohol and medication use (apart from sedatives) and the lowest rate of depression. 17% of this group fell, usually when away from home and significantly, 22% of these falls resulted in serious injury.

For the *Vigorous group*, interventions will be provided in the community aimed at preventing falls through community education, increasing exercise opportunities (Tai Chi and strength training) and reviewing medications.

Transitional Group

Transitional from vigorous to frail. Spanning wider age range, with an average age of 81 years, and a fall rate of 32% with 11% of the falls causing serious injury.

For the *Transitional group* the interventions are targeted exercise programs, medication reviews and community education. The targeted message is “live longer, live stronger, stay home longer”. Health workers who work with this group will receive education in monitoring the risks and responding to concerns through a service coordination referral pathway of falls prevention in early implementation.

Frail Group

Older, averaging over 86 years, with multiple disabilities and 52% falling at home during the year with 6% of those falls resulting in serious injury.

For the *Frail Group*, interventions are based on falls prevention pathways and service provision in gait and balance clinics, care plans and education and training for carers.

OBJECTIVES

- Increase community recognition of falls as a 'whole of community' responsibility.
- Increase community understanding that falls are not an inevitable part of growing older.
- Integrate into practice falls prevention strategies and community activities that will be sustained beyond the life of the project.
- Increase the proportion of older people who actively participate in reducing their risk of falling and as a consequence enjoy an independent and healthy lifestyle.
- Increase the safety of local environments for current and future generations.

The Wimmera PCP will implement strategies to achieve the above objectives through a local community strategic four-year plan

FALLS PREVENTION

STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Increase community recognition of falls as a ‘whole of community’ responsibility.</p>	<p>Formation of LGA – FOS Committee Clearly defined roles and responsibilities including progress reporting supported by WPCP Project Co-ordinator to plan and implement strategies to ensure good practice is sustained.</p> <p>Identified groups to approach</p> <ul style="list-style-type: none"> ● Local Government Authorities ● including Local Government – Community Services and Engineering (Planning) Managers, ● Real Estate Agent, ● OoH, ● Community Housing, ● Public Transport (V-line), ● Health Service Providers, ● Builders/ Handy persons, ● Community Pharmacist, ● Furniture-Floor Covering suppliers, ● Footwear Retailers, ● Senior Citizens, ● Probus, ● CWA, ● VFF <p><i>August 2003</i></p> <p>Ensure there is a linking with Optometrists, recognising a “whole of community approach” to falls prevention. <i>September 2003</i></p>	<p>Map and measure the current level of recognition and promote local and personal responsibility for:</p> <ul style="list-style-type: none"> ● Whole of life activity, exercise, strength building ● Walking the Wimmera ● Appropriate Footwear, etc. <p><i>August 2003</i></p> <p>Information provision to Footwear Retailers’ staff to enable indirect screening of older persons in the community. Includes development and distribution of resource package highlighting the danger of some foot products. <i>October 2003</i></p> <p>Awareness Raising Activities Radio/talks/media releases/websites/ resources – kit, videos, manuals, information. Ensure trained community and health workers are supported, motivated and networked.</p> <p>Trained Homeware/ Builders/ Suppliers, Footwear Suppliers, etc. will receive a WPCP-FOS acknowledgement and will participate in the progress</p> <p>Promote and incorporate into local area strategy the usage of the home safety checklist prior to falls prevention <i>October 2003</i></p> <p>Secondary Fall Prevention - Post Fall Promote the development of Activity of Daily Living Facility – Independent Living information/ display/ website (Sensory loss, balance & gait clinic) at each Health Service for group involvement</p>	

FOOTHOLD ON SAFETY			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
<p>Increase community understanding that falls are not an inevitable part of growing older.</p>	<p>Promoting Positive Ageing Strategy of the WPCP</p>	<p>Information/ Education that Education re falls prevention for people is a whole of life activity.</p> <p>Information to raise awareness of the number of falls causing hospitalisation across all ages.</p> <p>Healthy Feet Program in conjunction with pharmacies, recognising a “whole of community approach” to falls prevention.</p> <p>Information provision to pharmacy staff to enable indirect screening of older persons in the community. Includes development and distribution of resource package highlighting the danger of some foot products.</p> <p>Information on factors that improve balance and prevention and fall recovery rates:</p> <ul style="list-style-type: none"> • the role of exercise • diet (prevention of osteoporosis etc) • strength building • impact of medications, alcohol, smoking and illicit drugs on intrinsic risk factors • the elimination of extrinsic risk factors. 	
<p>Integrate into practice falls prevention strategies and community activities that will be sustained beyond the life of the project.</p>	<p>Presentation of findings and recommendations of consultant engaged by the PCP will direct future strategies</p> <ul style="list-style-type: none"> • The review of a Falls Prevention Training Manuals, • Review of Health Promotion, local strategies, effective assessment, prevention, referral and interventions for falls prevention within health and community practices. • The Falls Prevention Checklist will cover items including: Clothing and footwear; Lighting; Stairs; Exercise; Areas Outside the Home; Living Areas – Lounges, Kitchens, Bathrooms, Bedrooms; Floors; Eyesight; Medications. • Develop referral protocols for falls and balance clinics, day Centers at Health Services • Protocol development for ‘Local Area Falls Prevention Service Strategy’ (specific to the townships) Falls Prevention Working Party to review and trial. 		

FOOTHOLD ON SAFETY			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
Integrate into practice falls prevention strategies and community activities that will be sustained beyond the life of the project. (cont)	<p>Delivery of specific education seminars on how to effectively use the falls assessment tool and referral pathways will be ran as part of the training program to ensure HACC service employees are equipped with the necessary knowledge and information that will be required to make this initiative a success. <i>November 2003</i></p> <p>Deliver training to health professionals (allied health, DNS, home care workers) in falls risk assessment, management and referral <i>November 2003</i></p> <p>Continued support of the Active Script project in conjunction with West Vic Division and GP's</p>		
Increase the proportion of older people who actively participate in reducing their risk of falling and as a consequence enjoy an independent and health life style			<p>Determine feasibility of training peers to provide peer education by evaluations of similar models. Identified groups to approach Project Officer and Health service providers U3A Senior Citizens Clubs Service Clubs Community Organisations Church Organisations VFF CWA Cardiovascular and Health Promotion project worker <i>April 2003</i></p>
Increase the safety of the local environments for current and future generations	It is envisaged that work will commence on this strategy in 2004/2005		

ACHIEVEMENTS

Consultant has been engaged to complete the research requirements of the project

PRIORITY SEVEN – WALKING SCHOOL BUS

BACKGROUND

The model is based on a social and community building philosophy bringing together, schools, local government, rural health – community health promotion, VicRoads, young people and older people to implement the vision of health as a primary resource for living. The model will strengthen understanding, skills, support and provide an avenue for health promotion and community capacity building. Community Health Nurses will work with schools and local government to provide health promotion. The PCP and the Councils have worked cooperatively with local Schools, Communities and Health Service providers to develop and implement programs to improve the health and social capital of their communities and have demonstrated a commitment to continue the project as part of the ongoing structure beyond the life of the funding program. This proposal will build on established practice, responsibility and commitment to creating conditions that support good health and further promote improved health outcomes across the Wimmera Region. The lead agency model was chosen to support the smaller rural shires and small primary schools unable to provide the infrastructure without the support of the Rural City of Horsham and the links to the Rural Health services. The consortium will better share resources for co-ordination, implementation and evaluation of the program. Previous planning and development have resulted in Safer Communities Strategies, Safer Routes to School program, Traffic and transport planning in conjunction with VicRoads, Health Plans, Walking the Wimmera Strategy – Wimmera PCP Cardiovascular Plan, Yarriambiack Rural Health Alliance Transport Program and many others activities that engage schools and communities being developed.

TARGET

- Provide a safe r environment for students and families when they are walking to and from school.
- Develop and implement programs and curriculum in the areas of traffic safety and health
- Promote ‘community building’ through broad involvement in the program – schools, Councils, Health professionals, community members
- Improve the health of the local community

Community-based whole of population interventions targeting multiple risk factors do not have a strong record of success – effective health promotion is more likely to be achieved in specific settings within a community, such as schools or workplaces or targeting specific sub-populations within the community.²

This priority links closely with the Cardio Vascular Plan aiming in the long term to decrease the incidence of cardiovascular disease and restoration of heart health within the Wimmera region. Cardiovascular disease is the leading cause of mortality and the dominant source of burden of disease in the Wimmera region. CVD accounted for 46% of mortality in 1996 in the Wimmera PCP catchment.

² University of Melbourne undertook a wide-ranging evidence-based review of the effectiveness of population health interventions (2000)

OBJECTIVES

- Encourage more primary school children to walk safely to and from school
- Replace short, regular car trips with daily walking
- Support the development of local social and community networks of participating adults and children
- Build capacity within the local government Shires and Councils to facilitate the establishment and ongoing support of Walking School Bus programs with their local primary schools
- Establish a cooperative relationship between local Councils or Shires, primary schools, families and the communities
- Evaluate, document and disseminate the outcomes of funded activity

WALKING SCHOOL BUS			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION / SERVICE PLANNING
<p>Assist and support the school communities to enable them to develop a sustainable walking school bus program in their schools.</p>	<p>Employment of a project worker to implement the project <i>May – August 2003</i></p> <p>Attend Schools & local communities– staff meetings, parent groups, school council meetings to promote the project</p> <p>Establish a community advisory group formed from</p> <ul style="list-style-type: none"> • Councils, • Shire /Council Project Officers, • Community Health Nurses • PCP Health Promotion Coordinator/ Project worker • School Liaison personnel • Local Police <p>Liaise with local governments to ensure volunteers are registered and covered under the individual councils Volunteer policy public liability insurance. <i>July 2003</i></p>		
<p>Ensure safety and quality of the program through recruitment of reliable volunteers to be attached to each school</p>	<p>Project Worker will interview and process volunteers including police checking.</p> <p>As part of this process training will be provided, in conjunction with road traffic liaison officer, in duty of care, child behaviors, basic first aid and traffic safety</p>		

WALKING SCHOOL BUS			
STRATEGY	PARTNERSHIP	SERVICE COORDINATION	HEALTH PROMOTION/ SERVICE PLANNING
Promote the walking school program in the school and broader communities.	<p>Ongoing Publicity & Promotion Schools & local communities – staff meetings, parent groups, school council meetings</p> <p>Conduct a coloring competition to raise awareness of project <i>July 2003</i></p> <p>Provide information sessions for children in individual schools</p> <p>Seek minor sponsorship for program.</p>		
Develop policies to support a quality, safe and sustainable Wimmera Walking School Bus Program	<p>Policy and Curriculum development and implementation <i>August 2003</i></p> <p>Program Evaluation & Review <i>October 2003</i></p>		

ACHIEVEMENTS

- Project Worker has been engaged for three months to establish Walking School Buses
- Commitment gained from 8 schools in the region
- First bus due to start 14th July 2003

SUB ISSUES FOR THE PCP OVER 2003/2004

Community Health Center – Horsham

- The PCP will continue to be represented through developments relating to the establishment of a Community Health Center in Horsham currently being driven by Horsham Rural City Council

Promoting Oral Health

- The PCP will maintain an interest in public dental health as per the DHS Strategic Directions and Framework for Action 2000-2004

Diabetes and Asthma

- The PCP will continue to pursue models, workforce development and funding options that will address the issue of diabetes education currently occurring through ‘generalist workers’