



Central Victorian Health Alliance

*The Central Victorian Health Alliance Plan for Health and
Wellbeing*

October 2006

**Primary Care Partnerships
Community Health Plan**

Central Victorian Health Alliance
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Primary Care Partnerships

Community Health Plan

Endorsed by PCP Chair:

Name: Jennifer Gale

Signature:

Date:

Introduction

The Central Victorian Health Alliance is committed to working together to enable residents of the Macedon Ranges, Mount Alexander and Goldfields Shires to have access to a high quality, responsive and integrated primary care service system. The Alliance's Plan for Health and Wellbeing 2006-2009 illustrates the commitment of its members to addressing health and wellbeing issues at a whole of partnership or a local area level as required.

The Central Victorian Health Alliance Plan for Health and Wellbeing 2006-2009 contains 3-year strategic and 12-month operational goals and objectives. This will enable the new Alliance structure to develop and for its efficacy in meeting goals and objectives to be reviewed and modified if required.

This plan includes goals and objectives for the service coordination, integrated health promotion and integrated disease management deliverables required by the Department of Human Services. The Alliance has also recognised its capacity to act together to undertake service system developments to impact on local issues at a systems development level. These systems developments are concerned with the Mental Health Service System (including all services across the continuum such as Community Health, Alcohol and Drug, Housing, Family Violence and Sexual Assault in addition to specialist mental health services) in the Shires of Macedon Ranges and Mount Alexander and Footcare and Best Start Service systems in Central Goldfields Shire.

Central Victorian Health Alliance Plan for Health and Wellbeing 2006-2007 Operational Plan Framework

	Catchment Wide				Central Goldfields	Macedon Ranges	Mount Alexander		
Service Development	Partnership Development and Review	Integrated Disease Management				Determination of System Priorities post HP Framework Development	Community Based Falls prevention	Mental Health and Wellbeing Service System	
Service Coordination			Statewide PPS and utilisation of SCTT	Electronic Communication	Effective Follow-up of Suicidal Clients	Diabetes Care Coordination		Mental Health Care Coordination	Mental Health Care Coordination
Integrated Health Promotion			Physical activity and active communities	Accessible and nutritious food	Partnership Planning Framework Development			Mental Health Promotion – Social Inclusion	Mental Health Promotion – Social Inclusion

Central Victorian Health Alliance

The Central Victorian Health Alliance Plan for Health and Wellbeing

Deliverable 1: Partnership

October 2006

Primary Care Partnerships Community Health Plan

Endorsed by PCP Chair:

Name: **Jennifer Gale**

Signature:

Date:

1. Partnership vision

The Alliance is committed to the reform of the primary care sector and best practice in service planning and delivery to ensure efficient, coordinated and consumer focused services. Through local and sub regional planning mechanisms and protocols, residents of the Macedon Ranges, Mount Alexander and Goldfields Shires will have access to a high quality, responsive and integrated primary care service system.

2. Achieving the vision: *priority setting and problem definition*

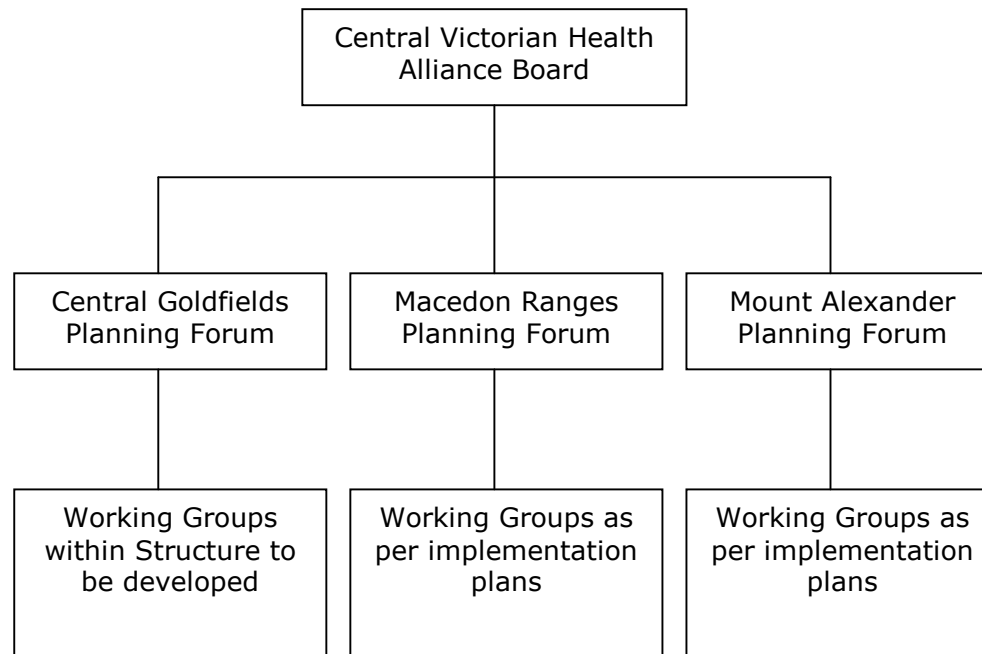
CVHA undertook a Strategic Review in May 2006 that identified the need to separate the strategic and operational functions of the partnership. This session also identified the value of implementing place based planning in addition to catchment- wide strategic planning as a means of advancing the partnership work. These changed processes require the support of appropriate structures and capacities and the implementation of a review process. The following actions are also consistent with:

- State and Federal policy
- Evidence including international literature on value of partnerships for dealing with community health and wellbeing issues
- Evidence including international literature on value of place – based planning

In recognition of the diversity of the local government areas in our catchment and the containment of their service systems and pathways the Central Victorian Health Alliance has agreed to a structure that enables strategic catchment wide planning operationalised at meetings of the full Board of the Alliance. Local Government area place based planning is then undertaken by LGA based planning forums acting within frameworks agreed by the strategic planning of the full CVHA partnership. This has enabled each local area to target local issues at systems development, service coordination and integrated health promotion levels. Integrated Disease Management is also targeted across the 3 levels. In addition to catchment wide priorities and associated activities the Macedon Ranges and Mount Alexander Shire forums have agreed to a focus on mental wellbeing that will be addressed at all 3 levels. The Central Goldfields Shire members have

determined to undertake initially through its Integrated Health Promotion work to develop a structure through which it will work collaboratively at a local level. This work will inform the means by which local service coordination and system development will occur.

The Central Victorian Health Alliance local forums have made a commitment to undertake service system development to meet locally identified systemic needs. This partnership plan therefore also contains a service system development template.



3. Achieving the vision: *Capacity Building Plan*

Aim:

To improve and sustain the quality of life of residents and the overall health and well being of the community through:

- Support for an integrated approach to consumer orientated planning and service delivery in the southern area of the Loddon Mallee Region by health and community support agencies.
- Establishment of processes and approaches to integrated service planning that acknowledge and are consistent with the unique characteristics of local area needs.
- Facilitation of discussion, planning, co-ordination and prioritisation around community needs as identified by key planning mechanisms of the Federal, State and Local Government.
- Facilitation of the development of co-ordinated strategies/initiatives targeting agreed priorities.
- Promotion of optimum integration of health and community support services and the development of a coherent service system for consumers.
- Development care pathways between service providers, which maximise continuity of care and better health outcomes for consumers

Goal	Objectives	Strategies/Interventions	Estimated Impact
That the potential for CVHA to act as the strategic planning body for system developments and initiatives requiring collaborative partnerships between primary health care services, or between these services and other health and community services and sectors is reached.	To ensure the CVHA partnership planning, implementation and staffing structures are able to meet the developing requirements of a collaborative partnership strategic planning body and local community and service system needs.	1. Implementation of CVHA Partnership governance and decision-making structures as per reviewed MOU September 2006 (September 2006 – June 2007) <ul style="list-style-type: none"> ▪ CVHA Board as strategic thinking/planning forum (eg consideration of implications of state and federal policy initiatives) ▪ CVHA Executive as operational governance body ▪ LGA Based planning and implementation forums acting within frameworks agreed by the strategic planning of the full CVHA partnership ▪ Review membership to ensure it meets the needs of an integrated service system and partnership planning 	Structures will support action on local issues locally meaningful networks and systems whilst contributing to and acquiring the additional capacity of the broader strategic planning of the PCP. Evaluation Tool: <i>VicHealth Partnership Analysis Tool</i>
	To develop the	1. Implementation of workforce development in strategic	The partnership has the

<p>strategic thinking and planning capacities of the partnership</p>	<p>thinking and planning for senior managers of member organizations</p> <ol style="list-style-type: none"> 2. Board to act as a forum for keeping each other informed of changes in the sector and each others organisations that may potentially impact on the system 3. Continued development of links between member and partnership planning processes 4. Development of a mechanism for updating of comprehensive community profile to inform system planning 	<p>capacity (skills, knowledge and resources) to undertake strategic thinking and planning</p> <p>Evaluation Tool: <i>VicHealth Partnership Analysis Tool</i></p>
<p>To develop the implementation capacities of the partnership</p>	<ol style="list-style-type: none"> 1. Development and implementation of project partnering agreements that include consideration of partnership implementation structures, member commitments and representatives' legitimacy, authority and accountability. 2. Implementation of workforce development in working in partnership 	<p>The partnership has a workforce skilled in partnerships and supported by project <i>partnering agreements</i></p> <p>Evaluation Tool: <i>VicHealth Partnership Analysis Tool – Section 3</i></p>
<p>Partnership structures and processes act efficiently and effectively to support the partnership goal attainment.</p>	<ol style="list-style-type: none"> 1. Review CVHA Quality Framework 2. Undertake annual partnership evaluation (Year 1 - VicHealth Partnership Analysis Tool) 3. Review MOU and affiliated governance and decision making structures utilising evaluation results 4. Review efficacy and appropriateness of selected partnership evaluation tool and process 	<p>Review processes will enable changes to be made to the partnership structures and processes to ensure ongoing efficiency and efficacy.</p> <p>Evaluation Tool: <i>See activity 4</i></p>

Service System Development

Goal	Objectives	Strategies/Interventions	Partners
To improve mental health service delivery across the spectrum of mental health interventions including whole population mental health promotion interventions through to specialist treatment interventions.	See Loddon Campaspe Southern Mallee Community Mental Health Plan 2006-2009	<ol style="list-style-type: none"> 1. Implementation of Community Mental Health Plan actions incorporated in CVHA plan 2. CVHA EO member of CMHP Governance Group and Chair of Working Group 	CVHA
To establish and/or strengthen the organisational alliance and working relationship between clinical mental health services and Psychiatric Disability Rehabilitation and Support Services (PDRSS) in order to maximise recovery, rehabilitation and continuity of care outcomes for shared adult consumers with mental illness and associated psychosocial disability	See Clinical AMHS and PDRSS Alliances for Rehabilitation and Care Project -Loddon Mallee Region Terms of Reference and Action Plan	<ol style="list-style-type: none"> 1. Implementation by CVHA members Bendigo Health Psychiatric Services and St Lukes Anglicare. 2. CVHA EO member of Clinical Alliance Reference Group 	Bendigo Health Psychiatric Services and St Lukes Anglicare
To develop the capacity of Macedon Ranges and Mount Alexander systems and communities to meet current and future mental health needs.	To develop an evidence based understanding of the MR & Mt A mental health service systems to support decision making	Scope and document the existing service system, continuum of care in shire and system capacity	Macedon Ranges and Mount Alexander Forums (utilizing with specific advice and support from Macedon Ranges Shire Council (social Planner)
	To enable the current MR & Mt	Implement system changes. utilizing	Macedon Ranges and Mount

	A service systems to better meet the needs of their communities within existing capacity	current capacity, collaborative and organizational strategies, developed in response to identified gaps and issues	Alexander Forums
	To work collaboratively towards acquiring additional capacity to meet identified needs	Implement strategies to increase the capacity of the service system in order to meet identified gaps and issues	Macedon Ranges and Mount Alexander Forums
	To develop and implement a step up-step down relationship between Mt Alexander Hospital and Bendigo Health Psychiatric Services	Development of protocols between the two agencies that clearly articulate the following: <ul style="list-style-type: none"> o Admission & discharge process o Client suitability to be managed in non- psychiatric setting o Support available from local mental health team o Agreed level of medical & nursing supervision to be provided by Mt Alexander o Emergency response plan for appropriate risk management 	Mt Alexander Hospital and Bendigo Health Psychiatric Services, local general practitioners & Divisions of General Practice
To develop the capacity of the Central Goldfields service system to meet the health and wellbeing needs of children	See Central Goldfields Shire Best Start Plan		
To develop a Footcare service system in the Central Goldfields Shire			Maryborough District health Service, Mt Alexander Hospital, Bendigo Health

4. List of PCP member agencies/organisations and explanation of membership types

Agency name	Type of membership	Deliverable/s involved in
Bendigo and District Division of General Practice	Full	1,2,3,4
Bendigo Health Care Group	Full	1,2,3,4
Castlemaine District Community Health Centre Inc.	Full	1,2,3,4
Central Goldfields Shire Council	Full	1,2,3
Central Highlands Division of General Practice	Full	1,2,3,4
Cobaw Community Health Service Inc.	Full	1,2,3,4
Kyneton District Health Service	Full	1,2,3,4
Maryborough District Health Service	Full	1,2,3,4
Macedon Ranges Health Service	Full	1,2,3
Macedon Ranges Shire Council	Full	1,2,3
Maldon Hospital	Full	1,2,3,4
Mount Alexander Shire Council	Full	1,2,3
Mt. Alexander Hospital	Full	1,2,3,4
St. Luke's Anglicare	Full	1,2,3,4
Women's Health Loddon Mallee	Full	1,2,3,4
Interchange	Associate	Yet to be determined
LaTrobe University – Bendigo	Associate	Yet to be determined

Local Planning Groups are currently underdevelopment and membership is likely to increase. Local Planning Forum Members currently include:

Central Goldfields

- Central Goldfields Shire Council
- Maryborough Education Centre – School Nurse
- GELC – Goldfields Education and Learning Centre
- Early Childhood Services
- Goldfields LLEN
- Maryborough Education Centre - Welfare
- WestVic Division of General Practice
- Asteria (Disability Services)
- Bendigo Health Care Group – Psychiatric Services
- Kyneton District Health Service: Hospital, Residential Aged Care
- St. Luke’s Anglicare
- Maryborough District Health Service: Hospital, Community Health & RITCH
- St. Luke’s Anglicare
- Bendigo Health – Psychiatric Services
- Victoria Police
- Central Highlands Division of General Practice
- Macedon Ranges Health Service: Community Health, Residential Aged Care, HACC
- Victoria Police

Macedon Ranges

- Bendigo and District Division of General Practice
- Cobaw Community Health Service Inc.: Community Health, Accommodation, Alcohol & Drug, HACC, School Focussed Youth Service
- Macedon Ranges Shire Council
- Windarring (association for adults with Disabilities)
- Bendigo Health Care Group - Psychiatric Services
- Cobaw Community Health Service Inc.: School Focused Youth Service
- Mt. Alexander Hospital
- Castlemaine District Community Health Centre Inc.
- Maldon Hospital
- St. Luke’s Anglicare

Mount Alexander

Central Victorian Health Alliance

The Central Victorian Health Alliance Plan for Health and Wellbeing

Deliverable 2: Integrated Health Promotion

October 2006

Primary Care Partnerships

Community Health Plan

Please complete using the *Integrated health promotion resource kit* and the PCP Planning and Reporting Guidelines 2006–09.

Endorsed by PCP Chair:

Name: Jennifer Gale

Signature:

Date:

1. IHP vision

Our vision of healthy communities is one in which Health Promotion Practices are embedded into everyday life.

The Health and Wellbeing of local communities will be improved through Health Promotion approaches which embrace the principles of:

- Community Consultation and Engagement
- Access to and Equity of Services
- Social Determinants of Health
- Empowerment and Support
- Collaborative Practices which are Flexible and Creative
- Educational Strategies

The following underpin the planning and interventions used to achieve our Priority Goals.

- Engagement and collaboration with local communities to develop Health Promotion activities
- Advocate for and develop Health Promotion approaches which embody the social model of health
- Member agencies of CVHA continue to work together on Health Promotion Initiatives

2. Priority setting and problem definition

CVHA developed an extensive Community Profile in June 2006. This profile contained up-to-date demographic and health and social indicators for the catchment which drew on the smallest possible catchments. This has enabled us to identify specific place based issues and determine relevant place based responses. The Promoting Physical Activity and Active Communities Priority was selected by the CVHA Board as a catchment wide priority that enables the Alliance to continue building on the outcomes of previous work. Other priorities were determined by local forums and allow for place based responses to significant but specific local issues. Priority areas 1-3 are Statewide Priority Areas.

The Central Goldfields Forum has acknowledged the presence of significant health and well-being issues but has determined that prior to making new commitments in addressing these issues it will build its capacity to do so by identifying existing partnership activity and developing and piloting an integrated framework for that work.

In conjunction with the Community Profile the determination of the Mental Health and Wellbeing Priority with its objectives also utilised the VicHealth Mental Health Promotion Framework, the findings of the CVHA Mental Health Service System Mapping and the Loddon Campaspe Consumer Mental Health Plan Needs Assessment (incorporating a significant CVHA consultation process). Our mental health and wellbeing goals and objectives target two of the Vic Health Mental Health Promotion Framework themes for action being, social inclusion and freedom from discrimination. The discrimination of mental illness has been found to cause poor access to physical health services resulting from the three issues of:

- Mental health service providers giving consumers' physical health inadequate consideration
- Physical health service providers giving inadequate consideration of the impact of physical issues on consumers' mental health
- All providers making presumptions of consumer statements of physical health needs as being manifestation of mental illness

Our objective in Mount Alexander Shire is work collaboratively to reduce the impacts of this discrimination on participation in physical health promoting interventions.

Oral health is not a Statewide Priority issue but a significant local health issue in Mount Alexander Shire identified with the Community Profile. Prioritising oral health also enables the partners to have a secondary impact on both healthy eating and smoking in this shire.

Priority Goal 1: Promoting physical activity and active communities

Priority Goal 2: Promoting accessible and nutritious food

Priority Goal 3: Promoting mental health and wellbeing

Goal a: To reduce the disadvantage of mental illness as it impacts on physical health with particular emphasis on smoking, physical activity and oral health in Mount Alexander

Goal b: To have a socially inclusive community in the Shires of Mount Alexander and Macedon Ranges

Priority Goal 4: To improve the oral health of the community of Mount Alexander Shire

In addition to the capacity building strategies for individual goals the following goal has been developed to address the specific capacity building strategy determined for Central Goldfields Shire and Across Priority Areas Capacity Building

Capacity Building Goal: To build the capacity of members to undertake Integrated Health Promotion Planning and Implementation

3. Solution generation

Mix of interventions

Priority goal 1: Promoting physical activity and active communities

Objective 1 – To increase the participation of targeted communities in walking		
Macedon Ranges Partners		
Cobaw Community Health, Macedon Ranges Shire Council, Kyneton District Health Service,	<ul style="list-style-type: none"> Participation in Walk It Working groups Participation in annual CVHA Walk It review / networking opportunity 	Cobaw and Macedon Ranges Health Services– Health Promotion Plans
Cobaw Community Health	<ul style="list-style-type: none"> Support for two Cobaw Community Health Walking Groups Support for Kyneton/Malmsbury Community Walking group, 'Quicksteps' Development and testing of Workplace Pedometer Challenge kit 	Macedon Shire Council Health and Wellbeing Plan (Currently under development)
Macedon Ranges Shire Council	<ul style="list-style-type: none"> Great Pram Walk – Walktober event (Maternal and Child Health Nurses) Walking School Bus project Participation in Kyneton/Malmsbury Quicksteps Community Walking group. (Kyneton Sporting Complex) Continued development and improvement of footpaths and walking tracks. 	
Macedon Ranges Health Service	<ul style="list-style-type: none"> Pedometer Challenge (to be confirmed) 	
Central Highlands Division of General Practice	Promotion of Lifescritps	CHDGP – Strategic Plan
Mount Alexander Partners		
Castlemaine District Community Health, Mount Alexander Shire Council	<ul style="list-style-type: none"> Participation in Walk It Working groups Participation in annual CVHA Walk It review / networking opportunity 	Castlemaine District Community Health – Health Promotion Plan

Castlemaine District Community Health	<p>Support for two evening walking groups plus Tuesday, Wednesday and Thursday morning walking groups</p> <ul style="list-style-type: none"> • Spring into Spring Community Walk in partnership with the Castlemaine golf club • Heart week walk • Development and testing of Workplace Pedometer Challenge kit 	Mount Alexander Shire Council Health and Wellbeing Plan – currently under development
Mount Alexander Shire Council	<ul style="list-style-type: none"> • Participation on Walks and Trails Committee • Continued development and improvement of footpaths and walking tracks. 	
Maldon Hospital	<ul style="list-style-type: none"> • Pole Walking program & training 	
Mount Alexander Bicycle Users Group & Mount Alexander Sustainability Group with Walking Group	Go For Your Life Ride (& Walk) to Work Day	CVHA - Go For Your Life – Walktober Plan
Bendigo & District and Central Highlands Divisions of General Practice	Promotion of Lifescritps	BDGP and CHDGP - Strategic Plans
Central Goldfields Partners		
Central Goldfields Shire Council, Maryborough District Health Service (Community Health & RITCH), Parks Victoria, YMCA	<ul style="list-style-type: none"> • Participation in Walk It Working groups • Participation in annual CVHA Walk It review / networking opportunity 	Maryborough District Health Service – Health Promotion Plan
Central Goldfields Shire Council, Maryborough District Health Service (Community Health), Parks Victoria, YMCA	<ul style="list-style-type: none"> • Annual Spring Into Summer Stroll • Annual Parks Walk 	Central Goldfields Shire Council MPHP 2004- 2007
Central Goldfields Shire Council, Maryborough District Health Service (Community Health)	<ul style="list-style-type: none"> • WALK IT Primary Schools Pedometer Challenges (Shire – lead) 	
Central Goldfields Shire Council	<ul style="list-style-type: none"> • Walking School Bus project • Ongoing improvement of pavements and walking/cycling tracks. 	
Maryborough District Health Service (Community Health)	<ul style="list-style-type: none"> • Support of an ongoing community health walking group • Development and testing of Workplace Pedometer Challenge kit 	
Maryborough District Health Service (RITCH)	<ul style="list-style-type: none"> • Walking group in Talbot • Support a community Walking Group in Carisbrook 	
Parks Victoria	Development and distribution of local walking trails maps	
WestVic Division of General Practice	Promotion of Lifescritps	

Objective 2: To reduce the significant barriers to participation in walking for seniors who are frail or who have disabilities.

Castlemaine District Community Health Service, Cobaw Community Health, Macedon Ranges Shire Council, Kyneton District Health Service, Macedon Ranges Health Service, Maldon Hospital, Mount Alexander Shire Council, Mt Alexander Hospital	Macedon Ranges and Mount Alexander Shires' Wheelers and Walkers project.	CVHA – Active Living for Seniors Project Plan
Central Highlands Division of General Practice, Cobaw Community Health, Kyneton District Health Service, Macedon Ranges Shire Council	Macedon Ranges Community Based Falls Prevention project.	CVHA / Kyneton District Health Service Community Based Falls Prevention Project Plan
Maryborough District Health Service – Acute, Community Health, Allied Health, District Nursing, Day Centre, RITCH, A&E (lead), Central Goldfields Shire Council; Havilah Private Nursing Home, Rural Ambulance Victoria, Victoria Police, YMCA, Avoca Hospital, Dunolly Hospital, Aged Care Maryborough	Central Goldfields Shire Community Based Falls Prevention project.	CVHA/ Maryborough District health Service Community Based Falls Prevention Project Plan

Objective 3: To increase the participation of targeted communities in Progressive Resistance Strength Training

Macedon Ranges Partners		
Cobaw Community Health, Macedon Ranges Shire Council (Kyneton Sporting Complex), Macedon Ranges Health Service	<ul style="list-style-type: none"> Participation in annual Progressive Resistance Strength Training program review / networking opportunity Community dissemination of Strong and Healthy Video 	Cobaw and Macedon Ranges Health Services– Health Promotion Plans
Cobaw Community Health, Macedon Ranges Shire Council (Kyneton Sporting Complex)	4 Strong and Healthy' programs in Kyneton	Macedon Shire Council Health and Wellbeing Plan (Currently under

Cobaw Community Health	Weekly Gentle Exercise (incorporating Strong and Healthy) programs in Woodend & Romsey	development)
Macedon Ranges Health Service	<ul style="list-style-type: none"> Ongoing Strength Training programs Exercise program including strength training, for people with diabetes and other chronic conditions.	
Macedon Ranges Shire Council	<ul style="list-style-type: none"> Ongoing strength training exercise maintenance program. Riddell's Creek: Strength Training program. 	
Mount Alexander Partners		
Castlemaine District Community Health, Mt Alexander Hospital, Everyone Health and Fitness (private)	<ul style="list-style-type: none"> Participation in annual Progressive Resistance Strength Training program review / networking opportunity Community dissemination of Strong and Healthy Video and brochures 	Castlemaine District Community Health – Health Promotion Plan
Castlemaine District Community Health	<ul style="list-style-type: none"> Two new 'Strong and Healthy' programs each year in collaboration with Everyone Health and Fitness centre. Strength Training program for at risk consumers 	
Mt Alexander Hospital	Two new 'Strong and Healthy' programs each year in collaboration with Everyone Health and Fitness centre.	
Everyone Health and Fitness (private)	<ul style="list-style-type: none"> Four new 'Strong and Healthy' programs each year in collaboration with CHIRP and Mt Alexander Hospital. Ongoing after hours Strength Training program at Castlemaine Continuing Education Ongoing maintenance of strength training exercise classes. 	
Central Goldfields Partners		
Central Goldfields Shire Council, Maryborough District Health Service (Community Health & RITCH), YMCA	<ul style="list-style-type: none"> Participation in annual Progressive Resistance Strength Training program review / networking opportunity Community dissemination of Strong and Healthy Video and brochures 	Maryborough District Health Service – Health Promotion Plan
Maryborough District Health Service (Community Health)	Delivery of four new Community Health Strength Training programs each year, in collaboration with Rosita's YMCA Centre	
Rositas YMCA	<ul style="list-style-type: none"> Delivery of four new Community Health Strength Training programs each year, in collaboration with Maryborough District Health Service (Community Health) Ongoing maintenance of strength training exercise classes. 	

Maryborough District Health Service (RITCH)	• Strength Training Groups in Dunolly x 3 weekly, and Talbot x 2 weekly Strength Training Evaluation Project	
WestVic Division of General Practice	Promotion of Lifescrpts	

Priority goal 2: Promoting accessible and nutritious food

Objective: To scope the existing activity in the promotion of healthy eating and identify gaps and opportunities for further development		
Macedon Ranges Partners		
Macedon Ranges Health Service, Cobaw Community Health, Macedon Ranges Shire Council	Undertake Healthy Eating Programs program review / networking opportunity	Capacity Building Template below
Mount Alexander Partners		
Castlemaine District Community Health, Mt Alexander Hospital, Mount Alexander Shire Council	Undertake Healthy Eating Programs program review / networking opportunity	Capacity Building Template below
Central Goldfields Partners		
Central Goldfields Forum	Undertake Healthy Eating Programs program review / networking within the development of the structural framework for collaborative work	

Priority goal 3a Promoting mental health and wellbeing - To have a socially inclusive community in the Shires of Mount Alexander and Macedon Ranges

Objective 1: To build the capacity of targeted communities in Macedon Ranges and Mount Alexander Shires to be inclusive and to care for each other		
Macedon Ranges Partners		
Macedon Ranges Forum (Working Group led by MRSC) – Intend to invite Community Safety Committee, Neighbourhood Houses and Windarring to participate	Development of Community Capacity Building Working group to coordinate and explore opportunities for further development.	Capacity Building Template below
Steering Committee: Cobaw (Lead), Macedon Ranges Shire Council; Kyneton District Health Service, St Lukes; Bendigo Health – Community Mental Health Service; 3 community representatives Working Groups: Will include others eg Neighbourhood Houses, Business Associations as required	Building supportive communities in Lancefield and Kyneton project (\$596,000 Commonwealth funds) <ul style="list-style-type: none"> Identify service and community capacity and gaps based on families’ and broader community perceptions and input, service provider perceptions and research Develop the capacity of the communities of Lancefield and Kyneton to engage families through a supportive environment for families by implementing community development strategies to improve families’ access to and participation in their communities. 	Cobaw - Building Supportive Communities Project Plan
Macedon Ranges Shire Council	<ul style="list-style-type: none"> Lighthouse program (part of MAV program across state) - Developing bottom up community plans that the community owns and implements Walking school bus (Builds connections/volunteerism) Support to numerous community groups to develop group and develop individual skills e.g. playgroups, toy libraries, sports clubs, senior cits clubs, community newspapers etc Owning our Lot -Community art project with a weekend of events/activities in December– shire wide MRSC Community funding scheme/ arts funding scheme etc 	Macedon Shire Council Health and Wellbeing Plan (Currently under development)
Cobaw CH (lead), Macedon Ranges Shire Council & <i>about 20 community groups and services</i>	Kyneton Connection - broadly representative group of the local community working towards building an even stronger community through a variety of projects.	Cobaw – Health Promotion Plan
Cobaw CH (lead),	WayOut project - aims to raise awareness about homophobia and promote strong connections between same sex attracted young people and their community	Cobaw – Health Promotion Plan

Kyneton District Health Service	<ul style="list-style-type: none"> • Baby Friendly accreditation • PND discussions 	KDHS - plan
Mount Alexander Partners		
Mount Alexander Forum -	Network re programs, synergies and opportunities for young people, and coordinate where appropriate	Capacity Building Template below
Objective 2: To coordinate and explore the further development of programs that provide opportunities for at risk community members to participate in community life in Macedon Ranges Shire		
Macedon Ranges Forum (Working Group led by MRSC) – Intend to invite Community Safety Committee, Neighbourhood Houses and Windarring to participate	To network re programs, synergies and opportunities for at risk community members, and coordinate where appropriate	Capacity Building Template below
Macedon Ranges Shire Council	<ul style="list-style-type: none"> • OURS youth project - Working with young people in towns to develop youth spaces • Music in the Stix Drug and alcohol free event organised by young people -develops skills and connections • MRSC Youth advisory committee - YP actively involved in developing plans and advising council on priorities for YP in the shire 	
Cobaw CH	<ul style="list-style-type: none"> • Men's Shed - aims to increase the opportunities for men from low SE backgrounds to participate in meaningful activities and to develop social networks (participation from St Lukes, GPs, Oliver house, VCAL, Ray M Begg –Aged Care) • Community garden- (participation from Sacred Heart College, Windarring, St Lukes) • Community Lunches – with Community Based and 2 schools – VCAL • Engaging Young People in Learning – with VCAL, Kyneton Learning Centre - community based school projects • Ramblers - Walking group that has an important social role for walkers many of whom live alone. 	Cobaw – Health Promotion Plan

Priority goal 3b: Promoting mental health and wellbeing - To reduce the disadvantage of mental illness as it impacts on physical health with particular emphasis on smoking, physical activity and oral health in Mount Alexander Shire

Objective 1: To reduce barriers to participation in physical health promoting interventions for consumers with mental illness		
St Lukes – PDRSS; Bendigo Health-Psychiatric Services, Castlemaine District Community Health Service, Mt Alexander Hospital, Mount Alexander Shire Council, Central Highlands and Bendigo District Divisions of General Practice	Establishment of a working group to explore access issues, develop and implement physical health promoting responses	Capacity Building Template below

Priority Goal 4: To improve the oral health of the community of Mount Alexander Shire

Objective 1: To obtain a shift in community acceptance of the possibility of fluoridation of the water supply		
Mount Alexander Forum and Maryborough District Health Service (provider of public dental for Mount Alexander includes health promotion, caries prevention) with Specialist advice & promotional resources from DHSV, LaTrobe University – Oral Health Course, Coliban Water – Education Officer, Water Policy Section, Environmental Health Unit, Public Health, DHS	Social Marketing Campaign	Capacity Building Template below
Objective 2: To improve the knowledge of oral health promoting habits of targeted groups		
Bendigo and District & Central Highlands Divisions of General Practice	<ul style="list-style-type: none"> ○ Promotion of Lifescrpts ○ Raise GP awareness of TCAs & possible inclusion of dental visits 	
Castlemaine District Community Health and St Lukes PDRSS	Implementation of QUIT in PDRSS Development of links to Healthy Eating HP initiatives	Castlemaine District Community Health – Health Promotion Plan
Mt Alexander Hospital	Support for schools in policy development re water drinking	Mt Alexander Hospital Healthy Eating in Schools Project Plan

4. Capacity building

Priority goal: To build the capacity of members to undertake Integrated Health Promotion Planning and Implementation

This goal spans all health promotion activities.

Theme	Objectives	Interventions	What would potentially be changed/different? impacts
Organisational development	<ul style="list-style-type: none"> • To increase the integration of health promotion planning and implementation between the 2 Macedon Ranges Community Health Services • To increase the recognition of good integrated health promotion practices 	<ul style="list-style-type: none"> • Advice to and support for Cobaw & MRHS Health Promotion processes individually and collaboratively • Support for Victorian Public Health Care Awards nominations (will do 3 more in 06-07) 	<ul style="list-style-type: none"> • Integrated health promotion planning and implementation • Increased participation in both awards participation and in skills within organisations for HP planning and evaluations
Partnerships	<ul style="list-style-type: none"> • To develop a shared vision and a structural framework through which collaborative work in Central Goldfields Shire can be progressed. • To provide the partnership with a common suite of up-to-date 	<ul style="list-style-type: none"> • Development and piloting the Central Goldfields Forum of a structure for collaborative work that includes existing collaborative, coordinating and networking activities through: <ul style="list-style-type: none"> o Facilitation of initial planning process o Resourcing of facilitation of planning workshop o Other TB Determined by planning session • Development of community profile and updating process 	<ul style="list-style-type: none"> • Structural framework supports Integrated Health Promotion Planning and Implementation • Planning is supported by common access to quality community

	evidence on which to base its planning decisions		health and wellbeing information
Leadership	<ul style="list-style-type: none"> • To continue to develop the Alliance’s integration of health promotion planning • To support the implementation of quality integrated health promotion interventions 	<ul style="list-style-type: none"> • Development, monitoring and review of Integrated Health Promotion Plan • Production of 4 newsletters pa focusing on: <ul style="list-style-type: none"> o Information related to CVHA health promotion objectives o Promotion of partnership approaches o Information on statewide directions or learnings and other evidence based resources o Celebration • Act as a conduit for the dissemination of information and evidence re best practice • Facilitation of annual Health Promotion Forum 	<ul style="list-style-type: none"> • Planning and implementation remain active and current • Knowledge of quality Health Promotion interventions and the progress of CVHA in achieving its priority goals is regularly and broadly shared amongst the membership
Workforce development	<ul style="list-style-type: none"> • To increase service providers’ knowledge of social marketing 	<ul style="list-style-type: none"> • Implementation of Social Marketing training and planning session 	<ul style="list-style-type: none"> • Service providers will have the skills required and be supported in the development of the social marketing interventions required by the priority goals

Priority goal: Promoting physical activity and active communities

Theme	Objectives	Interventions	What would potentially be changed/different? impacts
Partnerships	<ul style="list-style-type: none"> To increase the capacity of members to develop programs that promote walking To support the capacity of members to undertake collaborative Progressive Resistance Strength Training To support the capacity of members to undertake collaborative implementation of Active Living for Seniors (Wheelers and Walkers) project 	<ul style="list-style-type: none"> Facilitation of Walk It Working groups in each LGA Facilitation of annual CVHA Walk It review / networking opportunity Facilitation of annual Progressive Resistance Strength Training program review / networking opportunity Project management by partnership health promotion manager and support for the development and implementation of service coordination aspects by service coordination project manager 	<ul style="list-style-type: none"> Increased synergy, collaborative planning and sharing of learnings within and across LGAs Increased synergy, collaborative planning and sharing of learnings within and across LGAs Collaborative planning and sharing of learnings within and across LGAs

Priority goal: Promoting accessible and nutritious food

Theme	Objectives	Interventions	What would potentially be changed/different? impacts
Partnerships	<ul style="list-style-type: none"> To identify existing activity in the promotion of healthy eating and identify gaps and opportunities for further development 	<ul style="list-style-type: none"> Macedon Ranges and Mount Alexander: 2 X ½ day sessions of service providers – 1 scoping & identification of gaps & 1 identification of, and planning for, opportunities 	<ul style="list-style-type: none"> Identification of opportunities for coordination/ collaboration and exploration of opportunities for further development

		<ul style="list-style-type: none"> Central Goldfields: inclusion in collaborative structure development 	
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Priority goal: Promoting mental health and wellbeing: To reduce the disadvantage of mental illness as it impacts on physical health with particular emphasis on smoking, physical activity and oral health in Mount Alexander

Theme	Objectives	Interventions	What would potentially be changed/different? impacts
Partnerships	<ul style="list-style-type: none"> To identify barriers for consumers with mental illness to access of to physical health promoting interventions and develop responses 	<ul style="list-style-type: none"> Establishment of a working group to explore access issues, develop and implement physical health promoting responses 	<ul style="list-style-type: none"> Opportunities for increased access are developed and implemented

Priority goal: Promoting mental health and wellbeing: To have a socially inclusive community in the Shires of Mount Alexander and Macedon Ranges

Theme	Objectives	Interventions	What would potentially be changed/different? impacts
Partnerships	<ul style="list-style-type: none"> To build the collaborative capacity of members to implement community capacity building interventions To coordinate and explore the further development of programs that provide opportunities for at risk community members to participate in community life 	<ul style="list-style-type: none"> Development of Community Capacity Building Working group to: <ul style="list-style-type: none"> Coordinate and explore opportunities for further development of community capacity building. Network re programs, synergies and opportunities for at risk community members, and coordinate where appropriate 	Social inclusion planning will be strengthened

Workforce development	<ul style="list-style-type: none"> To build the capacity of members to implement community capacity building interventions 	<ul style="list-style-type: none"> Workforce development session on Community Capacity Building 	<ul style="list-style-type: none"> Knowledge and skill capacity
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Priority goal: To improve the oral health of the community of Mount Alexander Shire

Theme	Objectives	Interventions	What would potentially be changed/different? impacts
Leadership	<ul style="list-style-type: none"> To develop the capacity of members to undertake a collaborative social marketing campaign 	<ul style="list-style-type: none"> Development of a social marketing campaign working group to facilitate its planning and implementation including bringing to the partnership the resources of specialists 	<ul style="list-style-type: none"> The intervention will be facilitated and utilise the expertise and leadership of members
Workforce development	<ul style="list-style-type: none"> To develop the capacity of members to undertake a collaborative social marketing campaign 	<ul style="list-style-type: none"> Social Marketing training see above 	<ul style="list-style-type: none"> The intervention will be planned utilising the knowledge and learnings of specialists

4.5 Resources – PCP IHP Catchment Resource Summary

Estimated Integrated Health Promotion (IHP) PCP resource allocation

Capacity building components	DHS funded PCP IHP	Member contributions
Partnership development	31,354	
Leadership	35,800	
Organisational development	4,500	
Planning for evaluation and dissemination	8,970	
Workforce development	8,960	
Estimated Total PCP resource/budget allocation	\$89,584	

Provide information of other resources that will be used to support the IHP catchment work.

In addition to the use of CVHA Secretariat utilising IHP resources the partnership and leadership components will utilise the resources of the local planning forums of members and other participants. All interventions will utilise significant contributions of member organisations in collaborative planning and implementation.

Additional Integrated Health Promotion Resources

Funding source/project	Links to catchment priority	Funding
HALS funding	Promoting physical activity and active communities	\$40,000 for 2005 - 2007
Community Based Falls Prevention (2 x projects)	Promoting physical activity and active communities	2 projects @ \$65,257 pa and \$75,000 pa Part funding is for HP
Go for your life	Promoting physical activity and active communities	\$1,000 for 2006-2007
Strengthening Local Communities (C'wealth)	Mental Health and Wellbeing – Social Inclusion	\$69,390
Totals		\$210,667 for 2006-2007

5.1 Planning for quality health promotion practice (*Evaluation of mix of interventions*)

How will the PCP facilitate and support evaluation processes conducted by the agencies around the priority?

PCP secretariat will support agency evaluation processes through the newsletter, both in refining content and in dissemination of learnings. Support for Health Care Award nominations will commence early and will include consideration of evaluation in the planning. Evaluation processes will also be supported through the collaborative planning processes

What processes will the PCP use to obtain an evaluation of the work around this priority across the whole PCP catchment?

The local forum structures will be used to monitor and evaluate the work around all priorities. This information will then be taken to the full CVHA Board for further consideration.

CVHA is keen to move to evaluation of the added value of working on priority goals as a partnership, the '*synergy*'. We have commenced conversation with DHS (Central) about this and our Executive Officer is involved in the Statewide Partnership Training Development Group that will engage with DHS in further exploration of the possibilities for this.

5.2 Evaluation and dissemination (*Evaluation of capacity building strategies*)

What are the processes the PCP will employ to measure progress towards achieving the capacity building objectives detailed in the previous section?

Individual workforce development capacity building interventions will be measured for increases in knowledge and the development of collaborative interventions that have the capacity to achieve objectives.

Partnership components will be reviewed utilising the partnership analysis tool. They will also be an ongoing agenda item at local forums where their progress towards achievement of objectives will be monitored.

How will the PCP know when the capacity building objective(s) have been achieved?

Although responses to this question are variable in general the capacity building objectives will have been achieved when Integrated Health Promotion interventions are working to achieve their collaborative objectives. Most collaborative activity will however require ongoing support to bring partners together and to act as a conduit for information.

How will the PCP facilitate the dissemination of learning, including unexpected results?

Dissemination of learning will occur at local forums, through the CVHA newsletter and at the CVHA Health Promotion Forum. We will also participate in the Statewide PCP Integrated Health Promotion Forums and support members to share their learnings at conferences etc.

6. Applying an Integrated Disease Management 'lens' to IHP planning

The CVHA community profile has identified diabetes, chronic pulmonary disease and mental health related issues as chronic illnesses having significant impacts on our community. The CVHA priority health promotion priority setting considered this data and the priority goals with the exception of oral health, target the risk factors for these chronic diseases. This is also the case with the mental health and wellbeing goals. These goals target the mental illness risk factors of social isolation and the known impacts of mental illness on chronic disease, both through medication and lifestyle.

Barriers to participation, particularly barriers created by frailty and mental illness have been specifically targeted in this plan.

CVHA in the implementation of its Integrated Chronic Disease Management plan intends to consider and determine a common IDM model. This model will include consideration of upstream approaches.

Central Victorian Health Alliance

The Central Victorian Health Alliance Plan for Health and Wellbeing

Deliverable 3: Service Coordination

October 2006

Primary Care Partnerships
Community Health Plan

Endorsed by PCP Chair:

Name: Jennifer Gale

Signature:

Date:

Note: Unless otherwise specified activities in this template will be implemented by the following organisations:

Bendigo Health, Castlemaine District Community Health, Central Goldfields Shire Council, Cobaw Community Health Service, Kyneton District Health Service, Maryborough District Health Service, Macedon Ranges Health Service, Macedon Ranges Shire Council, Maldon Hospital, Mount Alexander Shire Council, Mt. Alexander Hospital, St. Luke’s Anglicare (Mental Health Services)

Goal	Objective	Strategies/Interventions	Estimated Impact
<p>1. Implement the Better Access to Services (BATS) framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by member organisations.</p>	<p>To develop & maintain referral and care coordination support tools</p>	<p>Production of CVHA Entry Points maps and CVHA Referral Resource Maps</p>	<ul style="list-style-type: none"> • Service providers will be able to make more appropriate referrals. • Referrals will contain better quality health information
	<p>To facilitate and implement systems and processes which enable coordination of services for people in Macedon Ranges and Mount Alexander with chronic or complex mental health issues.</p>	<ul style="list-style-type: none"> • Facilitation and implementation of systems and processes which enable coordination of services by: • Multi-agency working group develops implementation plan • Multi-agency workforce development session • Intra agency implementation and workforce development as required <p>(Macedon Ranges and Mount Alexander Forum members – Psychiatric Services to include Continuing Care Team and Aged Persons Team)</p>	<ul style="list-style-type: none"> • Service providers have a better understanding of the service system and each others roles and skills • Service providers undertake more coordination of care for consumers with chronic or complex mental health issues
	<p>To facilitate and implement systems and processes which enable coordination of</p>	<ul style="list-style-type: none"> • Facilitation and implementation of systems and processes which enable coordination of services 	<ul style="list-style-type: none"> • Service providers have a better understanding of the service system and each

<p>services for people in Central Goldfields with chronic health issues (diabetes).</p>	<p>by:</p> <ul style="list-style-type: none"> • Multi-agency working group develops implementation plan • Multi-agency workforce development session • Intra agency implementation and workforce development as required 	<p>others roles and skills</p> <ul style="list-style-type: none"> • Service providers undertake more coordination of care for consumers with diabetes
<p>To scope the existing family support service system and its capacity and to implement strategies developed in response to identified gaps and issues</p>	<p>Strengthening Families in Lancefield and Kyneton Project (see project plan)</p>	
<p>To build the capacity of hospital emergency department staff to work with suicidal and self harming clients</p>	<ul style="list-style-type: none"> • Development of Loddon Mallee Regional Mental Health Workforce Development Training strategy • Development and dissemination of practice support resources • Implementation of workforce development (see project plan) 	
<p>Wheelers and Walkers Project</p>	<p>See IHP template</p>	
<p><u>Falls Prevention: Macedon Ranges</u></p> <ul style="list-style-type: none"> • To have a comprehensive and integrated community and service system response to the reduction in risk, and to reducing the severity of, falls • To increase the awareness of falls risk factors in the community • To Minimise structural risks in the Shire of 	<p>Macedon Ranges and Central Goldfields Community Based Falls Prevention projects (see project plans)</p>	

<p>Macedon Ranges</p> <ul style="list-style-type: none"> • To have a comprehensive and integrated Early Intervention (screening, individual risk assessment & management) response to the reduction in risk and the prevention of, and to reducing the severity of, falls <p><u>Falls Prevention: Central Goldfields</u></p> <ul style="list-style-type: none"> • To determine the complete picture of Falls Prevention Services and Interventions available in the Central Goldfields Shire and Maryborough District Health Service and the system links between those services and interventions. • Development of an integrated seamless and comprehensive service system. • To increase the number of population health messages about falls risks. • To have service providers in the central Goldfields Shire utilize common best practice risk assessment tools that are appropriate to their situation and the consumer group. • There is an increase in the 		
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	<p>number of falls prevention intervention options for elderly people.</p> <ul style="list-style-type: none"> To develop and implement a comprehensive and integrated Discharge system that ensures patients are linked to all relevant multi-disciplinary service providers. 		
	<p>Improved prevention and management of chronic conditions through coordination of Community Health Service based Allied Health Services and General Practice utilizing initiatives under MBS Chronic Disease item numbers for GPMP and TCAs and the statewide referral form.</p>	<p>See Chronic Disease template</p>	
<p>2. Improve communication about clients (especially those with chronic disease and complex needs) with general practice, leading to more active GP participation with other service providers involved in the client’s care.</p>	<p>To build the capacity of General Practice to install Vic. Statewide Referral Form and encourage electronic use of the form</p>	<p>Pilot e-communication into Community Health Services by approaching one targeted General Practice per Macedon Ranges & Mount Alexander CHS to take part a trial by providing a GP, Practice manager or Practice nurse to initiate and drive this process from within the practice (CHDGP/CVHA Project)</p>	<ul style="list-style-type: none"> General practitioners, practice staff and community health service providers are supported in undertaking electronic communication. There is an increase in the amount of electronic communication
	<p>To enhance the capacity of General Practice to make quality referrals</p>	<p>CVHA Referral Resource Maps (being developed at request of general practice in Macedon Ranges)</p>	<ul style="list-style-type: none"> General practitioners, practice staff and service providers have the knowledge required to enable them to make quality referrals

<p>3. Successful implementation of the Victorian Service Coordination Practice Manual and subsequent versions of the Service Coordination Tool Templates.</p>	<p>The systemic implementation of Statewide PPPS and subsequent versions of SCTT</p>	<ul style="list-style-type: none"> • Organizations embed use of Service Coordination protocols and SCTT in organizations' quality processes • Organizations implement workforce development in use of Service Coordination protocols and SCTT for existing staff • Organizations embed workforce development in use of Service Coordination protocols and SCTT in orientation procedures • Agencies complete service coordination survey • Participation in development of Tool Template Review and Guidelines development • CVHA secretariat supports organizations in the embedding of service coordination protocols and SCTT in organizations' quality processes as required • Facilitation of agency workforce development strategy as required • CVHA service coordination project manager participates in statewide reference group • CVHA service coordination project manager participates in statewide PPPS reference group 	<ul style="list-style-type: none"> • See above • Use of the protocols and SCTT are embedded in all relevant parts of member organisations • There is more consistent use of the protocols
	<p>See Clinical Area Mental Health Service and Psychiatric Disability Rehabilitation and Support Services Alliances for Rehabilitation and Care</p>	<p>Implementation of SCTT & PPPS through project (see project action plan)</p>	<p>Clinical Area Mental Health Service and Psychiatric Disability Rehabilitation and Support Services commence use of SCTT & PPPS</p>

	Project -Loddon Mallee – see service development template		
4. Change management support for implementation of e-referral.	To build the capacity of members to undertake electronic communication	<ul style="list-style-type: none"> Organizations implement processes whereby their service information is kept accurate and up-to-date and embed in quality processes Organisations complete development and implementation of electronic service information processes (including PKI installation) 	<ul style="list-style-type: none"> Organisations have the capacity to undertake electronic communication More organisations commence electronic communication
5. Improved amount and accuracy of information to support referral through the Human Services Directory.	To build the capacity of members to utilise electronic service directories (Human Services Directory and Connecting Care)	<ul style="list-style-type: none"> Organizations implement training in use of Connectingcare and the Human Services Directory (HSD) for existing staff Organizations embed training in Connectingcare and HSD in orientation procedures and quality processes CVHA Secretariat supports organizations in the embedding of training in Connectingcare and HSD in orientation procedures 	<ul style="list-style-type: none"> Quality, up to date information on Human Services Directory and Connecting Care Increase in the number of organisations updating their own information Increased use of directories by service providers
	To facilitate and implement systems and processes which enable access to dental health services in Mount Alexander	CVHA Secretariat supports dentists in training in Connectingcare and HSD and in placing their information on the directories	Dentist information will be available on directories.

Central Victorian Health Alliance

The Central Victorian Health Alliance Plan for Health and Wellbeing

Deliverable 4: Integrated Chronic Disease Management

October 2006

Primary Care Partnerships

Community Health Plan

Endorsed by PCP Chair:

Name: Jennifer Gale

Signature:

Date:

Note: Unless otherwise specified activities in this template will be implemented by the following organisations:

Bendigo Health (ACAS and Community Care Options), Castlemaine District Community Health, Cobaw Community Health Service, Kyneton District Health Service, Maryborough District Health Service, Macedon Ranges Health Service, Maldon Hospital, Mt. Alexander Hospital, St. Luke's Anglicare (Mental Health Services) and other stakeholders as required to meet local needs.

Goal	Objective	Strategy	Planned Impact
1. Completion of a mapping of self-management interventions (provided by agencies within the catchment). Facilitate planning processes to develop self-management interventions within member agencies that respond to gaps identified in the mapping process.	To scope existing self management programs within the CVHA system and undertake planning processes to respond to identified gaps	<ul style="list-style-type: none"> • Agencies to complete DHS self management survey • LGA Forums to determine planning process and implementation for identified gaps 	
2. Facilitation of a process for agencies to define their roles and responsibilities, especially acute and community health services, in relation to providing self-management interventions for people with chronic disease.	See 5 – 7 below		
3. Successful implementation of the Better Access to Services (BATS) framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by member agencies, particularly as it relates to people with chronic disease.	To improve communication about clients between general practice and other services by providing Practice Managers/Practice Nurses and Allied health Providers at a local level with the information and skills required for them to implement effective referral and feedback processes and build on existing relationships	<ul style="list-style-type: none"> • Conduct a series of Information Sessions / education and training sessions for Practice Managers/Practice Nurses and Allied health Providers per Macedon Ranges & Mount Alexander CHS to implementation of CDM item numbers GPMPs and TCAs and referral and feedback systems • Undertake review sessions (CHDGP/CVHA Project) 	

Goal	Objective	Strategy	Planned Impact
<p>4. Developed and defined local agreements and systems to identify clients with chronic disease who require comprehensive assessment, by working with PCP member agencies, particularly GPs.</p>	<ul style="list-style-type: none"> To have an agreed integrated disease management model and self management model Implementation of agreed integrated disease management model and self management model 	<ul style="list-style-type: none"> Investigate integrated disease management and self management and obtain agreement on implementation issues and process in CVHA catchment Determination of common self management model 	<ul style="list-style-type: none"> We will have an agreed common framework within which we can identify roles, develop agreements and systems at a local level. Common self-management workforce development strategies
<p>5. Developed and defined local agreements and systems to identify clients with chronic disease who require cross-disciplinary/multi-agency (including GP) care planning, by working with PCP member agencies, particularly GPs.</p>		<ul style="list-style-type: none"> Identification of community based programs and their linkages to integrated disease management system Identification of gaps in community based programs and determination of solutions 	
<p>6. Developed and defined local agreements and systems around initiating and coordinating care planning for people with chronic disease by working with PCP member agencies, particularly GPs.</p>		<ul style="list-style-type: none"> Identification of available decision support, of gaps and determination of solutions Identification of available clinical information systems and issues in organizational implementation Review of delivery systems Workforce development session on selected self management models 	
	<ul style="list-style-type: none"> To develop, implement and evaluate a community based model for managing chronic illness to maximise independence and prevent unplanned acute hospital admissions To engage key 	<p>Maryborough District Health Service - Managing Chronic Illness to Prevent Acute Hospital Interventions – Rural Patient Initiative</p>	<p>Reduction in the number of presentations to the Maryborough Accident and Emergency Department, unplanned hospital admissions and length of stay for patients relating to their chronic illness.</p>

Goal	Objective	Strategy	Planned Impact
	<p>stakeholders including community agencies, clients and their carers in the project to ensure better health outcomes for adults with chronic illness</p> <ul style="list-style-type: none"> • To undertake education and training for stakeholders to ensure effective integration into the local service system. • To determine the impact of this model on acute hospital admission rates and length of stay. 		
<p>7. Strengthened approaches to address disadvantage and health equality in Integrated Health Promotion initiatives, including barriers to participation such as chronic disease.</p>	<p>The following IHP goals include approaches that address barriers to participation including chronic disease:</p> <ul style="list-style-type: none"> • Promoting physical activity and active communities • Promoting accessible and nutritious food • Promoting mental health and wellbeing - Reducing the disadvantage of mental illness as it impacts on physical health with particular emphasis on smoking, physical activity and oral health in Mount Alexander Shire 	<p>See IHP Template</p>	<p>See IHP Template</p>