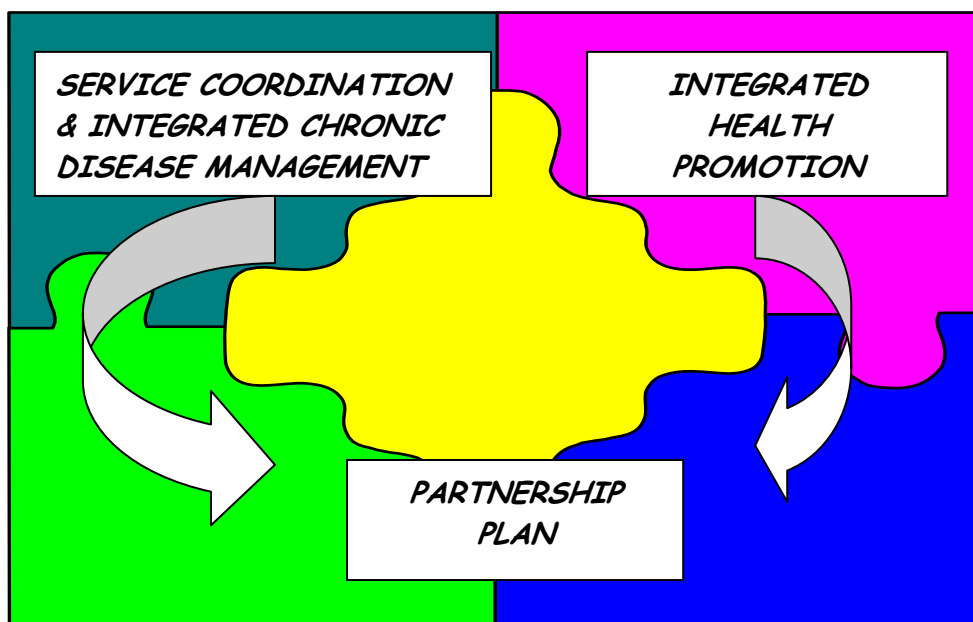


EAST GIPPSLAND PRIMARY CARE PARTNERSHIP



COMMUNITY HEALTH PLAN 2006 - 2009



Forward

The East Gippsland Primary Care Partnership is pleased to present to the Department of Human Services a comprehensive strategic plan to guide our members planning, implementation and evaluation activities across the three PCP strategy components.

We look forward to building on our successes and learning from our 'almost but not quite!' successes from the last 6 years.

The East Gippsland Primary Care Partnership aims to strengthen and broaden our alliance and work effectively together to address our communities' health and wellbeing needs.

Yours sincerely,

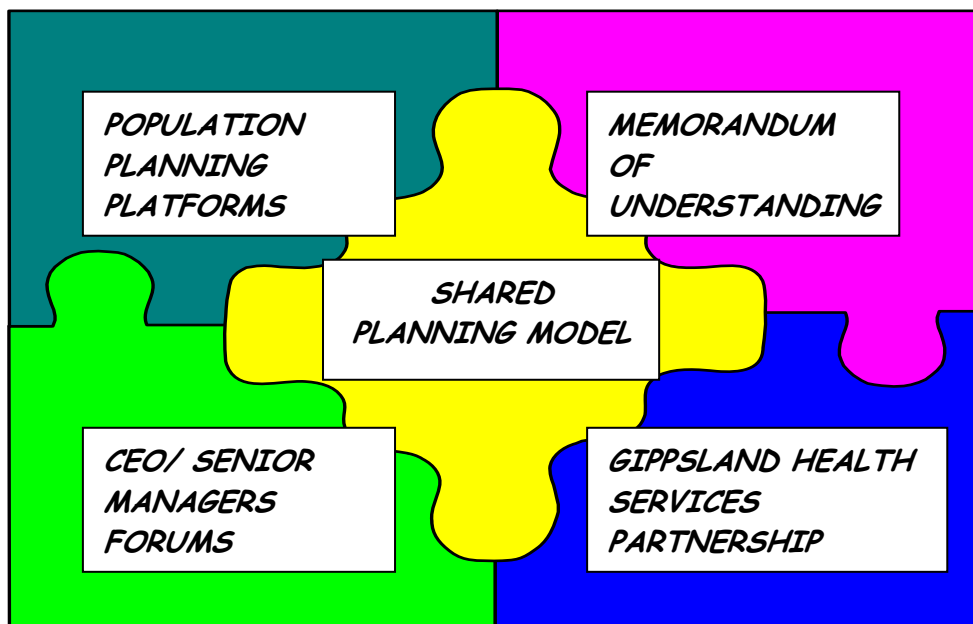
Mr Bruce Hurley
Chair
East Gippsland Primary Care Partnership
November 30 2006

East Gippsland Primary Care Partnership



PARTNERSHIP PLAN

2006 - 2009



INTRODUCTION

The Partnership Strategy outlined in this section for 2006-2009 will focus extensively on the Shared Planning Model endorsed by the Partnership in 2006.

Significant partnership activity and capacity building strategies have also been developed for the Integrated Health Promotion, Service Coordination and Integrated Disease Management components of the Community Health Plan. These strategies are not repeated in this partnership section.

PARTNERSHIP VISION 2006-2009

East Gippsland Health and Community Care agencies strategic plans will reflect jointly agreed common health outcome priorities

RATIONALE:

The EGPCP has recognised the need to move towards a coordinated approach to the way agencies planning cycles and planning processes link with other strategic plans such as the Municipal Public Health Plan and the East Gippsland PCP Community Health Plan.

New funding opportunities such as neighbourhood renewal and other catchment based projects are more dependent on the evidence of collaboration and partnership in planning and delivering programs. More efficient use of planning resources is another benefit for investigating this shared planning model.

WHAT'S INVOLVED?

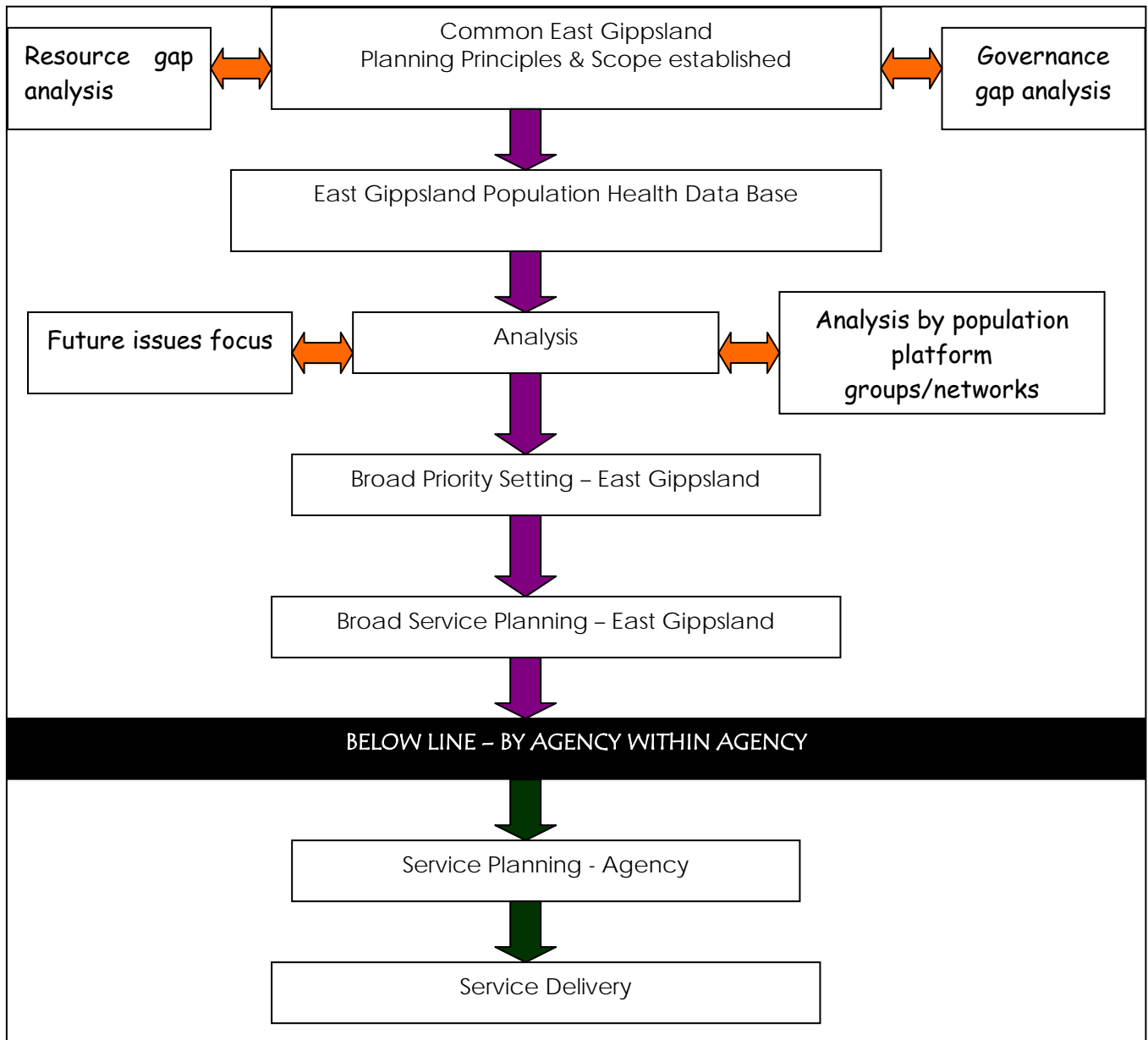
Critical to this is the involvement of the local government and links between the shires planning processes & plans (MPHP, Strategic Community Plan) and agencies strategic and service plans. Alignment of planning cycles & frameworks; commonly agreed population priorities & strategies, and agreed reporting processes are key components.

In addition it will be critical to develop appropriate governance arrangements with local multi-agency alliances such as *Communities for Children/Early Years Committee, GELLEN, Community Transport Options, Yangan Nalu and Healthy for Life / Aboriginal Health Promotion and Chronic Care Partnership* which have been formed over the last 5 years. The newly established *Gippsland Health Services Partnership* is another alliance which will need to be aligned within the East Gippsland Shared Planning model.

The requirement of catchment and multi-agency projects to form steering committees and operational working parties relies on a relatively small pool of agencies and senior staff/CEO's to be continually available to support the governance arrangements of these projects.

The continual drain on agencies in terms of time and resources is becoming evident and in the medium and long term is unsustainable with often the same people sitting around the table for any number of these projects.

PLANNING CONCEPTUAL MODEL:



WHAT MIGHT IT LOOK LIKE?

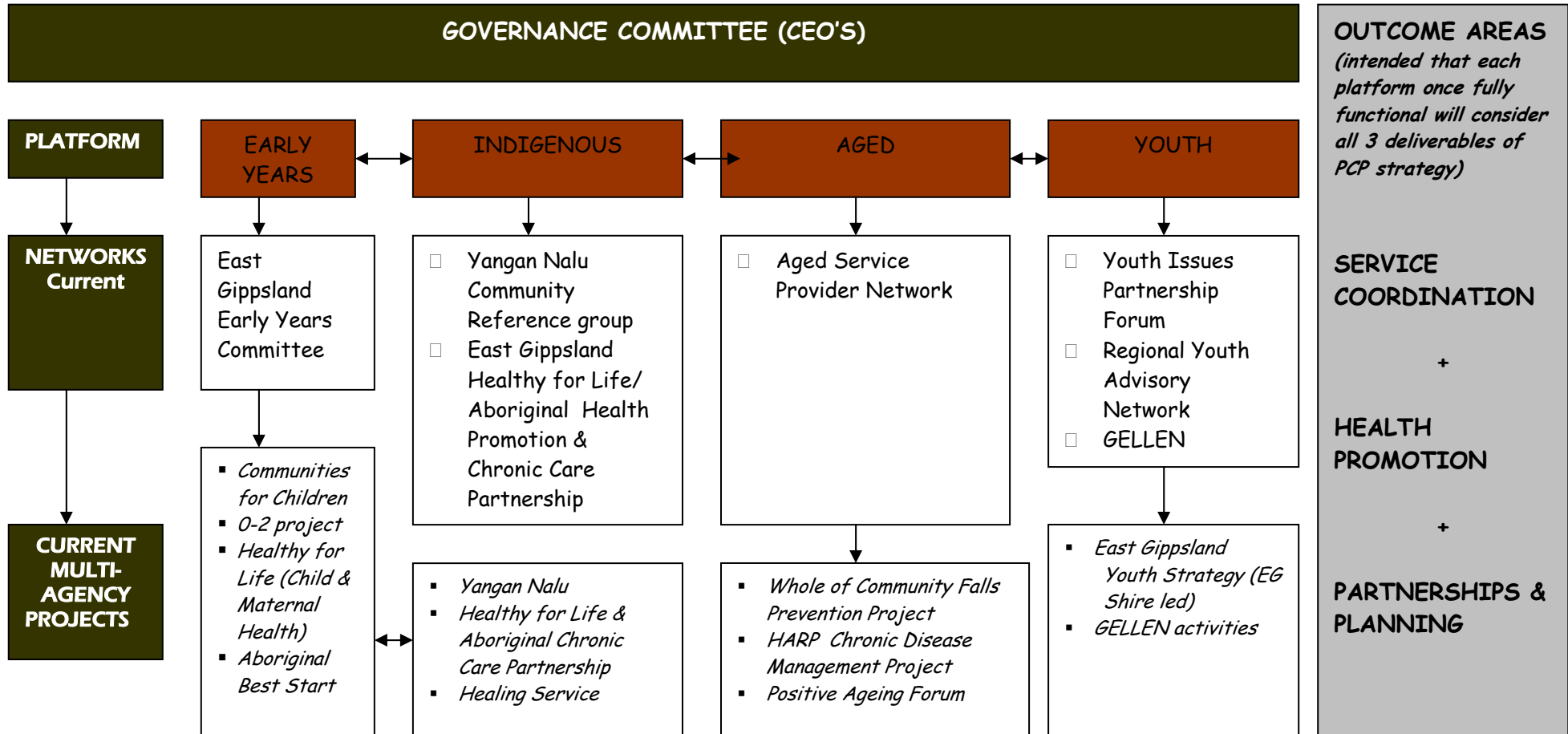
The 'model' would mean a potentially broader governance committee that was strictly CEO membership only with a number of operational working groups sitting underneath.

This governance committee's role would be to determine and sign off on key priority issues and strategies (eg: common planning model) that the operational groups would be delegated to implement and report against. Potentially these operational groups would fit against the population platforms (young children, youth, aged & indigenous) most of which currently have multi agency projects (eg. Yangan Nalu, Communities for Children, Gippsland Health Services Partnership) and operational networks (eg. Early Years Committee, Youth Issues Partnership Forum, Yangan Nalu).

Potentially the governance committee would meet less often but with a broader whole of life focus – i.e.: area health committee

OPERATIONAL MODEL

The operational model is conceptual only and will evolve across the life of the CHP dependent upon resources, opportunities and capacity. The diagram below provides a current snapshot of existing networks and projects and highlights areas to develop. The operational model fits within the EG Shires Municipal Public Health Plan (MPHP) framework.



HOW DO WE INTEND TO DEVELOP THE SHARED PLANNING MODEL?

The EGPCP has in the first instance committed to investigating the development of an aged network within the Positive Ageing Strategy outlined by the EG Shire in its recent MPHP. This will be the major priority for 2007. Other strategies designed to maintain and strengthen partnership activity between agency members will also be implemented over the 3 year period. The shared planning model is seen as one part of a broad process to establish East Gippsland PCP as a leading strategic planning and advocacy forum for East Gippsland on health outcomes.

OVERALL ACTION PLAN 2006-2009

OVERALL GOAL: For East Gippsland Health and Community Care agencies strategic plans to reflect jointly agreed health outcome priorities			
CAPACITY BUILDING AREAS	OBJECTIVE	STRATEGY	PLANNED IMPACT
PARTNERSHIP	To strengthen alliance membership & planning processes	1.1 Develop strategic linkages with existing local population based planning platforms (eg: Early Years) 1.2 Develop strategic linkages with non health sector alliances (eg: GELLEN) 1.3 Develop with EG Shire Positive Ageing Network 1.4 Develop strategic linkages with Gippsland Health Services Partnership 1.5 Review membership of EGPCP 1.6 Conduct Partnership Analysis of the EGPCP using VicHealth Partnership Analysis Tool 1.7 Review EGPCP Memorandum of Understanding	1.1 Agreed process with established planning platforms to input into development of EGPCP CHP (2009-2012) 1.2 Recruitment of GELLEN as associate member of EGPCP 1.3 Positive Ageing Network established and maintained (with Positive Ageing Strategy developed by 2009) 1.4 EGPCP Operational Plans reflect agreed service coordination and chronic disease management priorities of Gippsland Health Services Partnership 1.5 EGPCP membership by 2009 includes active participation of ACCHO's and Area Mental Health Service 1.6 - 1.7 EGPCP MoU reviewed by 2009

OVERALL GOAL: For East Gippsland Health and Community Care agencies strategic plans to reflect jointly agreed health outcome priorities (continued)

CAPACITY BUILDING AREAS	OBJECTIVE	STRATEGY	PLANNED IMPACT
LEADERSHIP	To develop and advocate agreed positions on priority catchment health issues	2.1 Steering Committee meetings re-designed to increase strategic focus on health outcomes 2.2 Where there is agreement shared position statements to be developed on health outcomes/priorities 2.3 Membership of regional and state-wide networks/platforms are used to advocate on behalf of catchment priorities	2.1 Minutes of Steering Committee indicate increased allocation of meeting business spent on strategic issues 2.2 Shared position statements developed on key health priorities 2.3 Shared position statements used by EGPCP members to advocate to funding & regulatory bodies
ORGANISATIONAL DEVELOPMENT	To support and strengthen agencies capacity to integrate shared health outcome priorities	3.1 EGPCP budget reflects focus on building capacity of agencies to implement shared health priority outcomes (Planning, Service Coordination, Integrated Chronic Disease Management, and Integrated Health Promotion) 3.2 Lead/facilitation agency management contracts include partnership decision making requirements	3.1 Service Coordination, Integrated Health Promotion, Chronic Disease Management projects provided with increased PCP budget resources to support agency capacity building activities 3.2 <ul style="list-style-type: none"> •Lead agency project reports indicate partnership decision making processes implemented •Lead agency partnership agreements include facilitation principles and expectations
WORKFORCE DEVELOPMENT	To increase skills, knowledge and commitment of agency CEO's and staff in forming and maintaining effective partnerships for health outcomes	4.1 Re-establish CEO's and Senior Managers forums CEO forums with a focus on key health outcomes and shared planning issues	4.1 Issues based CEO and Senior Managers forums held twice yearly

CURRENT MEMBERSHIP November 2006

Agency	Type	Steering committee membership		Advisory Group membership (active)	Project membership (active)
		Regular participant	Occasional or no participation at governance level		
Bairnsdale Regional Health Service	Integrated health service – acute care, primary care, health promotion, community health	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Buchan Bush Nursing Centre	Primary care, emergency response, health promotion, community health, home and community care		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Cann Valley Bush Nursing Centre	Primary care, emergency response, health promotion, community health, home and community care	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Dargo Bush Nursing Centre	Primary care, emergency response, health promotion, community health, home and community care		<input checked="" type="checkbox"/>		
Department of Veteran Affairs	Information, support, referral service for veterans and their families		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
East Gippsland Division of General Practitioners	Primary care, health promotion, disease management	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
East Gippsland Shire Council	Local government responsibilities for entire catchment area	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ensay Community Health Centre	Primary care, emergency response, health promotion, community health, home and community care		<input checked="" type="checkbox"/>		
Orbost Regional Health	A multi purpose service – acute care, primary care, community health, aged care and home and community care	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gelantipy Bush Nursing Centre	Primary care, emergency response, health promotion, community health, home and community care		<input checked="" type="checkbox"/>		
Gippsland East Gippsland Aboriginal Cooperative	Primary care, GP clinic, aged services		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Gippsland Lakes Community Health	Primary care, emergency response, general practice, health promotion, community health, home and community care, maternal and child health (lead), alcohol and drug counselling, youth services	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gippsland Psychiatric Service (LRH)	Regional service - Acute care, emergency response, primary care		<input checked="" type="checkbox"/>		
Gippsland Womens Health Service	Regional Service – education, training, health promotion, primary care	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GippSport	Sports Assembly			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

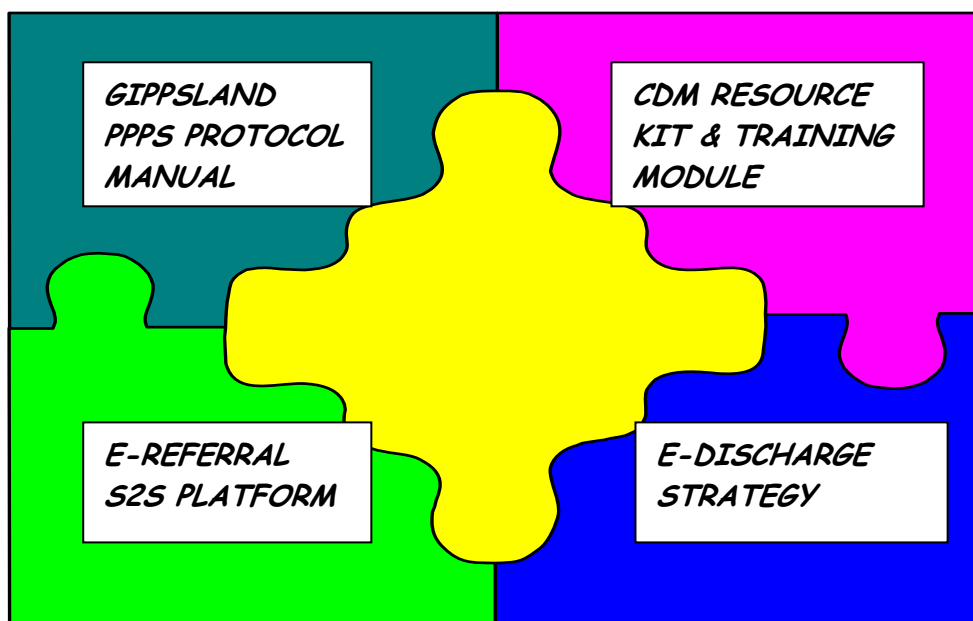
Agency	Type	Steering committee membership		Advisory Group membership (active)	Project membership (active)
		Regular participant	Occasional or no participation at governance level		
Gippsland East Local Learning Education Network	Education and training alliance		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Kilmany Uniting Care	Home and Community respite, volunteer coordination, foster care, family counselling, youth services, children's services	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lake Tyers Aboriginal Trust	Primary care health service		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Latrobe Community Health Service	Regional aged care assessment service; Case management and brokerage services (aged and disability) Commonwealth respite service		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Mallacoota Health and Support Service	Primary care, emergency response, health promotion, community health, home and community care		<input checked="" type="checkbox"/>		
Moogji Aboriginal Council	Primary care, community care		<input checked="" type="checkbox"/>		
Nowa Nowa Community Health Service	Primary care, emergency response, health promotion, community health, home and community care		<input checked="" type="checkbox"/>		
Orbost Regional Health	A multi purpose service - acute care, primary care, community health, aged care and home and community care	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Omeo District Hospital	Integrated rural health service (soon to become a Multi Purpose Health service) - acute care, primary care, emergency response, health promotion, community health, home and community care	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Special Needs Access Program	Psychiatric disability support service, primary care, health promotion		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Swifts Creek Bush Nursing Centre	Primary care, emergency response, health promotion, community health, home and community care		<input checked="" type="checkbox"/>		
Villa Maria Society	Case management and brokerage services (aged and disability)		<input checked="" type="checkbox"/>		
Vision Australia	Primary care, community assistance package provider, health promotion, regional care link provider		<input checked="" type="checkbox"/>		
Department of Human Services	(non voting)	<input checked="" type="checkbox"/>			
Department of Victorian Communities	(non voting)		<input checked="" type="checkbox"/>		

East Gippsland Primary Care Partnership



SERVICE COORDINATION & CHRONIC DISEASE PLAN

2006 - 2009



INTRODUCTION

The East Gippsland PCP has developed the service coordination and integrated chronic disease management plan jointly with the three other Gippsland PCPs.

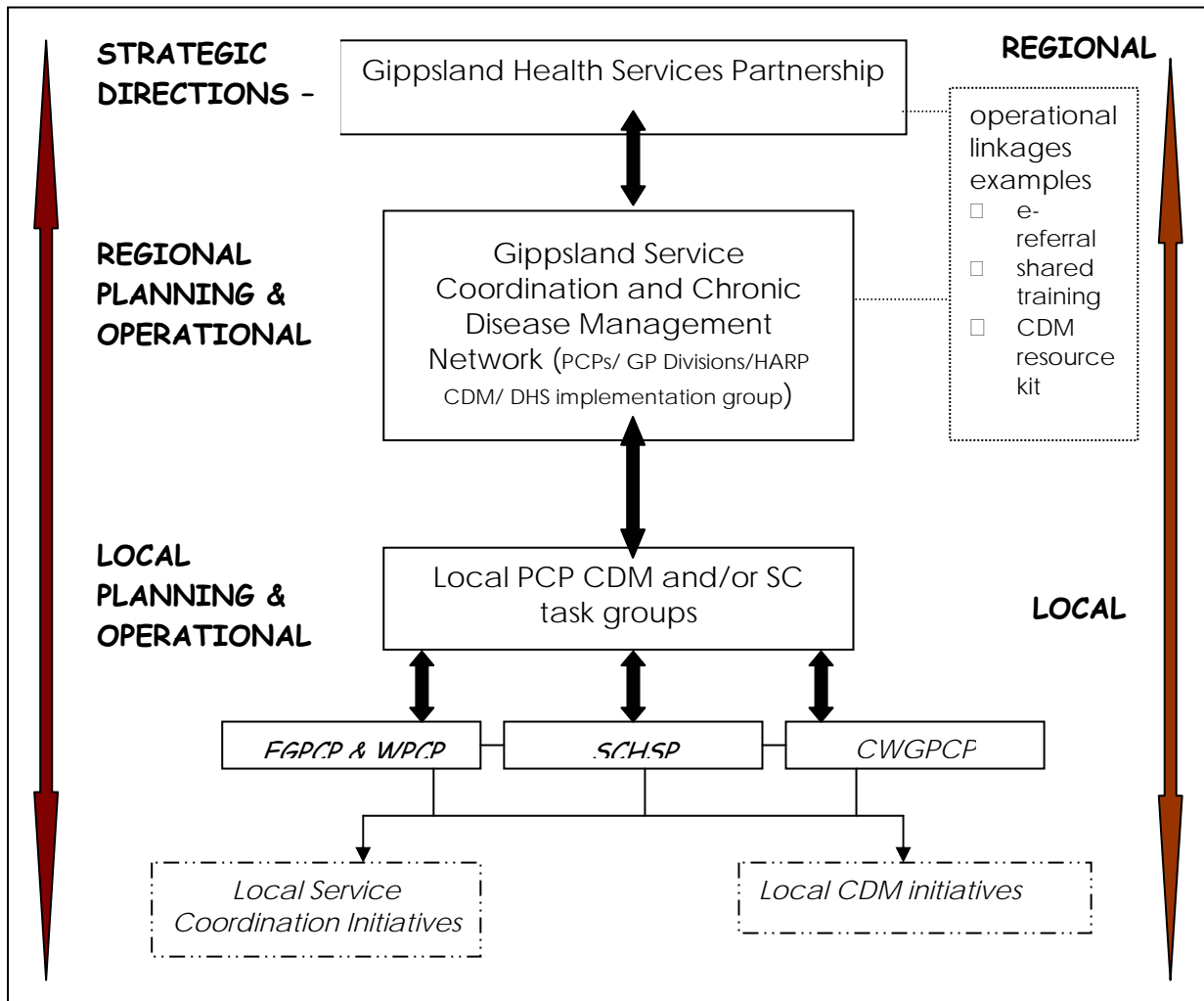
This approach provides capacity to coordinate strategies at a regional level while implementing at a local catchment level.

The plan builds on outcomes from the Better Health Care in Gippsland project and has been developed and signed off through the Gippsland PCP and Divisions of General Practice Network.

Specific to EGPCP the plan includes strategies that link existing service coordination projects such as the BRHS/PCP E-discharge and video conferencing discharge conferencing activities as well as chronic disease activity such as the Healthy for Life and Aboriginal Health Promotion and Chronic Care Partnership.

STRUCTURE

The structure below shows the relationship and roles of the different levels of the regional approach.



GIPPSLAND PCP VISION FOR SERVICE COORDINATION:

To improve the quality of care and quality of life of people living in Gippsland through a coordinated, collaborative region wide approach to service coordination.

To strengthen the capacity of the Gippsland health care providers to further the coordinated regional approach to Service coordination.

Principally the range of agencies that we expect to participate in this strategic plan include: community health services, acute services, community care providers, bush nursing services, primary mental health providers, GP Division, Shire Council

DHS PCP Goal	Objective	Strategy	Planned 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><i>Progress BATS framework across the region</i></p> <p><i>Maintain regional standards and protocols for service coordination</i></p>	<p>Satisfactory completion of the Service Coordination element of the Community Health Plan</p> <p>SC Audit completed including annual reviews of Gippsland PPPS Manual</p> <p><i>Provide ongoing training as required on the regional standards and protocols</i></p> <p><i>Maintain the BHCiG webpage on the GHA website to ensure only current standards are available.</i></p> <p><i>Establish a process for monitoring implementation of service coordination standards.</i></p>	<p><i>Increase in the number of agencies/ programs signatories to Gippsland PPPS Practice Manual</i></p> <p><i>Gippsland PPPS manual updated to reflect changes resulting from annual reviews and SC audit</i></p> <p><i>Gippsland PCP SC training plan developed, implemented and evaluated annually</i></p> <p><i>Gippsland PCP SC Manual updates available on GHA website</i></p> <p><i>Increase in number of agencies/program using e-referral platform as identified in audit</i></p> <p><i>Increase in number of agencies using agreed processes and standards as identified in sc audit</i></p>

DHS PCP Goal	Objective	Strategy	Planned Impact
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>Strengthen links with Divisions of General Practice</p> <p>Increase GP involvement in care planning</p>	<p><i>Establish regional Service Coordination Working Group including representation of GP Divisions</i></p> <p><i>Develop and implement GP SC engagement strategy project including communication strategy, e-referral, PKI, care plans and improved discharge planning processes</i></p> <p><i>Extend roll out of e-discharge project within East Gippsland (Local project – includes edischarge and Video conferencing discareg conferencing activity)</i></p> <p><i>Gippsland PCPs support agencies to update the Human Services Directory and the Infoxchange service seeker directory</i></p>	<p><i>Annual increase in number of MBS items (including Chronic Disease Management Plans)</i></p> <p><i>By Dec 2007 every Gippsland hospital has the capacity to electronically notify GPs and other community based agencies when one of their patients is admitted to hospital.</i></p> <p><i>By June 2009 80% of GP practices have PKI certificates and can receive encrypted email messages about their clients.</i></p> <p><i>Increase in accuracy and currency of agency information listed on the Statewide Human Services Directory and Infoxchange service seeker directory</i></p>
3. Successful implementation of the Victorian Service Coordination Practice Manual and subsequent versions of the Service Coordination Tool Templates.	Progress statewide SC standards and tools across the region	<p><i>Victorian SC Practice Manual Training Plan developed and evaluated</i></p> <p><i>Review Gippsland PPS Manual standards following the completion of the Statewide Service Coordination Manual.</i></p>	<p><i>Increased level of knowledge by health service staff of the Victorian SC Practice manual</i></p> <p><i>Gippsland PPS manual updates reflect Victorian SC Practice Manual (or replaced by)</i></p> <p><i>Active participation in SCTT review and VSRF in 2008</i></p>
4. Change management support for implementation of e-referral.	Roll out e-referral across Gippsland	<p><i>Gippsland PCPs, Divisions of General Practice and member agencies actively participate in Regional Gippsland Infoxchange PAG and PCP PAG's</i></p> <p><i>Gippsland agencies in consultation with GHA and Infoxchange develop and implement agency e-referral implementation plans</i></p> <p><i>Gippsland PCPs in consultation with GHA and Infoxchange develop support strategy for agencies to develop e-referral implementation strategies</i></p>	<p><i>Annual increase in the number of e-referrals sent</i></p> <p><i>By June 2008 all Gippsland health and welfare services who are members of GHA use e-referral to manage their external agency referrals</i></p> <p><i>By June 2009, 20% of General Practices use e-referral to make referrals to state funded health and welfare services.</i></p>

GIPPSLAND PCP VISION FOR INTEGRATED CHRONIC DISEASE MANAGEMENT

To improve the quality of care and quality of life of people living in Gippsland through a coordinated, collaborative region wide approach to integrated chronic disease management.

To strengthen the capacity of the Gippsland health care providers to further the coordinated regional approach to service coordination and extend the roll out of the Chronic Disease Management Model.

DHS PCP GOALS	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.	Identify gaps in relation to self-management interventions / programs	<p><i>Satisfactory completion of the Integrated Chronic Disease element of the Community Health Plan, which complies with DHS frameworks, and addresses identified ICDM foci</i></p> <p><i>Self management mappings completed</i></p> <p><i>Provide self-management training as required</i></p>	<p><i>Gippsland PCP Training and education strategies reflect findings from self management audits conducted in 2007(current service availability and gaps in relation to self management interventions/programs)</i></p> <p><i>Increased level of evidence based self management education knowledge by health service staff followign review of training plan 2007/2008</i></p>
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.	<i>Roll out of chronic disease management strategy/model across Gippsland</i>	<p><i>Establish regional CDM Working Group</i></p> <p><i>Develop BHCiG CDM Training Kit</i></p> <p><i>Roll out and evaluate BHCiG CDM training</i></p> <p><i>Support CDM model in local areas</i></p>	<p><i>Increased level of staff knowledge and confidence in implementing CDM models</i></p> <p><i>Increase in the number of member organisations that are actively involved in implementing integrated chronic disease management models</i></p>

DHS PCP GOALS	Objective	Strategy	Planned Impact
<p>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.</p>	<p>Incorporate BHCiG CDM Model into PPPS Manual and SC systems</p>	<p><i>Inclusion of CDM model in the BHCiG PPPS which identifies the specific roles and responsibilities of organisations such as acute and community health services in the provision of self management interventions, and a process for determining the most suitable self management intervention for clients, including where and by whom the intervention is best delivered.</i></p> <p><i>Inclusion of content relating to integrated chronic disease management in PPPS, including cross disciplinary/multi organisation, (including GP) care planning (annual):</i></p>	<p><i>Gippsland PPPS Manual updated to incorporate CDM model</i></p>
<p>4. Developed and defined local agreements and systems to identify clients with chronic disease who require comprehensive assessment, or cross-disciplinary/multi-agency (including GP) care planning by working with PCP member agencies, particularly GPs.</p>	<p>Adoption of Chronic Care Model by GHSP, PCP's and Divisions of General Practice as the basis for work to improve chronic disease management</p>	<p><i>Establishment of local CDM Working Group Gippsland Divisions of General Practice and Primary Care Partnerships</i></p> <p><i>Develop formal partnerships between PCP's and Divisions of General Practice including the agreement to roles and responsibilities of GP Divisions and PCP staff in relation to each of the Chronic Care Model components</i></p> <p><i>Develop a Regional Chronic Disease Management training calendar for 2006-09 based on key components of the Chronic Care Model and this plan is jointly implemented by July 2009</i></p> <p><i>Implement GP e-referral engagement project</i></p> <p><i>Gippsland Primary Care Partnerships and Divisions of General Practice jointly develop local catchment Chronic Care Model implementation work plans based on BHCiG Chronic Disease Management Resource Kit by December 2007</i></p>	<p><i>By July 2009 20% of all Gippsland GP Practices have active membership in a CDM local cluster/ project</i></p>

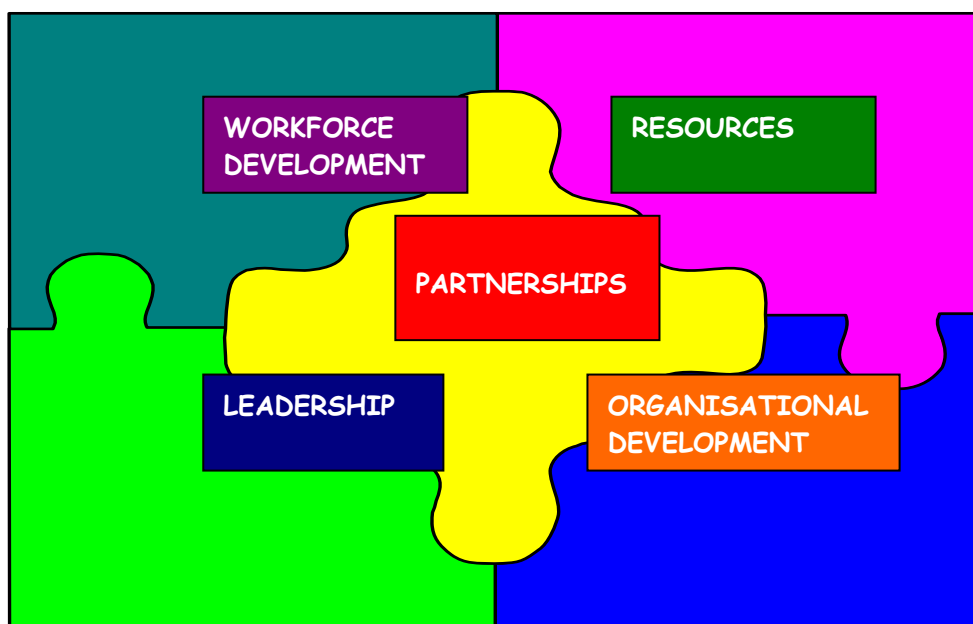
DHS PCP GOALS	Objective	Strategy	Planned Impact
<p>5. Strengthened approaches to address disadvantage and health equality in Integrated Health Promotion initiatives, including barriers to participation such as chronic disease.</p>	<p>Gippsland PCP CDM strategies include focus on addressing health inequality barriers to CDM</p>	<p><i>Gippsland CDM education and training strategy includes modules on health inequality barriers</i></p> <p><i>EGPCP to Establish linkages with local chronic disease management projects such as Healthy for Life/Aboriginal Health Promotion and Chronic Care Partnership</i></p>	<p><i>Increase in staff knowledge of addressing health inequality barriers to CDM</i></p> <p><i>Local CDM projects include strategies addressing health inequality barriers to CDM</i></p>

East Gippsland Primary Care Partnership



Integrated Health Promotion Plan

2006 - 2009



INTEGRATED HEALTH PROMOTION PLAN 2006 – 2009

1 EGPCP VISION: 2006-2009

The EGPCP is committed to strengthening opportunities for physical activity and positive mental health & wellbeing for residents of East Gippsland by addressing the broad determinants of health and wellbeing within a social model of health framework.

OVERVIEW

The East Gippsland Primary Care Partnership's (PCP) approach to integrated health promotion is underpinned by:

- Commitment to and understanding of the principles of the social model of health.
- Well established patterns of collaborative practice
- A solid evidence base from which to determine health promotion priorities

GOAL

The PCP will work with the community of East Gippsland in developing and implementing health promotion strategies that address racial, ethnic and socio-economic health disparities and lead to extending the years and quality of life in the East Gippsland community.

A range of integrated health promotion strategies will:

- Address the broader social determinants of health in East Gippsland, including the issue of rurality
- Be based upon the best available data and evidence
- Act to reduce social inequities and injustice
- Emphasise active consumer and community participation
- Empower individuals
- Consider differences in gender and culture
- Facilitate inter-sectoral cooperation

2 PRIORITY SETTING & PROBLEM DEFINITION:

The East Gippsland PCP has selected two of the State-wide health promotion priority areas for 2006-2009.

- Physical Activity
- Mental Health and Well-being

There is widespread recognition that social connectedness is a major determinant of both physical and mental health¹ and this understanding has been integral to the setting of objectives and strategies developed as part of the EGPCP Integrated Health Promotion Plan by 2006-2009.

¹ Marmot M & Wilkinson R. *Social Determinants of Health* 2nd ed. Oxford University Press, New York 2002

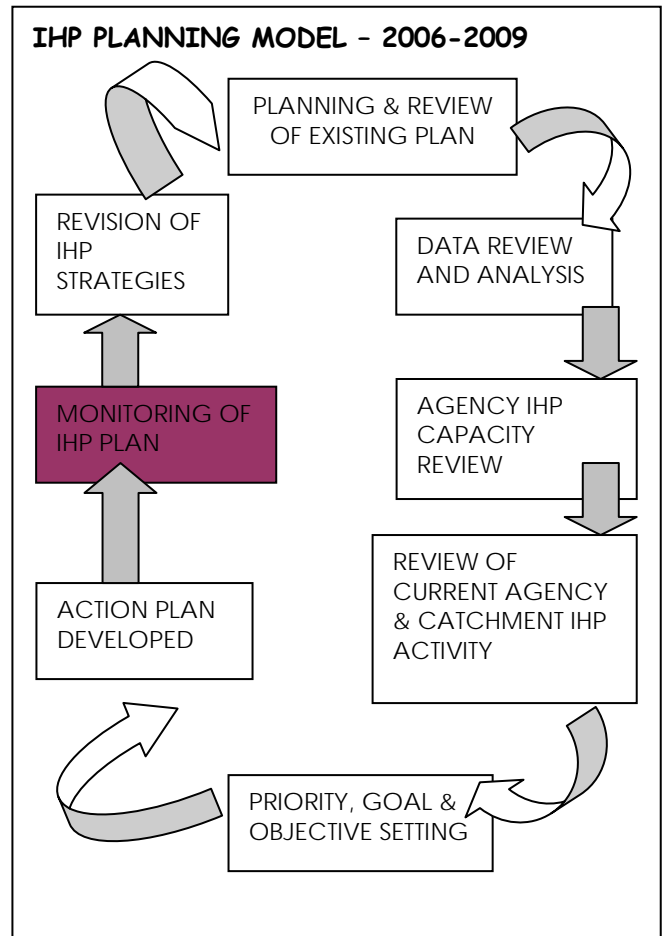
THE PLANNING PROCESS - WHAT APPROACH DID WE TAKE AND WHY?

The EGPCP has recognised that the 2006-2009 Integrated Health Promotion Plan in both planning and implementation stages needed to:

- *strengthen the capacity of agencies to work collaboratively together on shared health promotion priorities*
- *strengthen the capacity of individual agencies themselves to plan, implement and evaluate health promotion activities*
- *broaden linkages with cross sectoral partners external to current PCP membership*

The PCP has also acknowledged that the alliance needed to review its previous project based approach to Integrated Health Promotion planning evident in previous plans.

While previous activity has included significant capacity building it's recognised that the PCP needs to be more pro-active in taking a leadership role in improving integrated health promotion planning, implementation and evaluation of PCP agencies.



THE PLANNING PROCESS - WHAT STRATEGIES DID WE USE?

The developmental planning process is outlined in Figure 2. It consisted of a series of consistent and integrated steps that have taken place over a period of nine months.

ORGANISATIONAL CAPACITY:

Initially the PCP undertook a review of organisational health promotion capacity with agency members. The survey was developed from the *Strengthening Quality Health Promotion Practice in Gippsland* Organisational survey developed as part of the Quality Improvement in Health Promotion evaluation project in Gippsland last year.²

The capacity of EGPCP agencies to undertake integrated health promotion was assessed through the use of detailed surveying of each of the key PCP health promotion partners - *Bairnsdale Regional Health Service, Gippsland Women's Health Service, Gippsland Lakes Community Health, Mallacoota & District Health Support Service, Omeo District Health, Orbost Regional Health, East Gippsland Shire Council, and GippSport.*

² Strengthening Quality Health Promotion Practice in Gippsland. Primary health Care in Action 2005. See EGPCP Results Summary Attachment One

These agencies were selected due to either receiving DHS health promotion recurrent funding or having a significant health promotion focus. The survey was conducted by face to face interviews with key HP staff in the agencies.

The survey assessed and measured capacity according to set criteria, comprising the following elements:

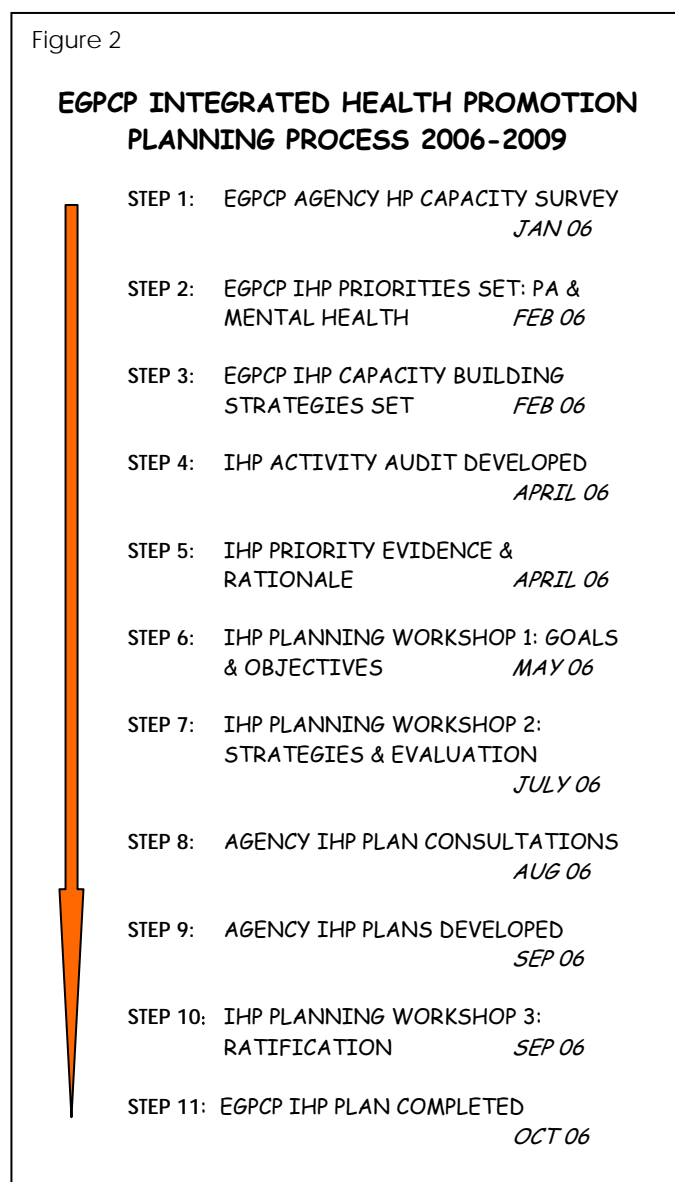
- *Policies and Strategic Plans*
- *Organisational Structures*
- *Management Support & Commitment*
- *Recognition & Reward Systems*
- *Information Systems (QA, Monitoring, Evaluation & Dissemination)*
- *Information Resources*
- *Informal Organisational Structures*
- *Agency Health Promotion Activity & Personnel Audit*
- *Resource needs from PCP*

DETERMINING PRIORITIES:

Several steps then occurred to help the EGPCP identify its two health promotion priority areas for 2006-2009.

- Collation & dissemination of the organisational capacity building survey learnings
- Survey of agencies current & planned physical activity and mental health promotion activity
- Development and dissemination of a literature summary of evidence based strategies and health data related to Physical Activity and Mental Health Promotion - *Rationale for EGPCP Health Promotion Priorities: health data and research findings for Physical Activity and Mental Health and Wellbeing'*
- Review of health and demographic data - *East Gippsland Shire's Community Wellbeing Plan 2004-2007; EGPCP Health Promotion Report 2004 – 2006; Health Promotion Priorities: A Discussion Paper 2005 (DHS)*
- A series of planning workshops facilitated by Deakin University to select the health priorities & objectives

Figure 2



PRIORITY RATIONALE:

The two priority areas of Physical Activity and Mental Health & Well Being were selected on the basis of a number of factors:

- Results of the organisational health promotion capacity building survey which identified current areas of interest and expertise within individual agencies
- Health and demographic data analysis of the defined East Gippsland population; *and*
- Synergies with existing agency Organisational Plans and Health Promotion priorities.

A social determinants to health approach was followed, and priorities chosen that will strengthen protective and lessen risk factors for many chronic illnesses evident in the East Gippsland population, and also lead to enhanced well-being, both at an individual and community level.

The EGPCP *Rationale for EGPCP Health Promotion Priorities: Health Data and Research Findings for Physical Activity and Mental Health and Wellbeing*' document provided a sound rationale for the priority selection. This document sourced current and relevant information from the following sources:

- AHPACC Indigenous Profiles
- Gippsland Health Profile 2004
- East Gippsland Shire Community Profile 2004
- DHS *Your Health 2005*
- Victorian Population Health Survey 2003
- Regional Matters- an Atlas of Regional Victoria 2005
- Victorian Burden of Disease Study 2001

The document was widely circulated and had the dual benefit of both providing East Gippsland agencies with a comprehensive and current source of background data and information, and also modelling the need to anchor health promotion planning from a sound evidence base (See Attachment Two for this document).

GOAL SETTING

Following a series of planning workshops the following priorities and goals were developed and signed off by the EGPCP.

GOAL FOR PHYSICAL ACTIVITY

Strengthen opportunities for people living in East Gippsland to be physically active

GOAL FOR MENTAL HEALTH & WELL-BEING

Promote positive Mental Health & Wellbeing of people living in East Gippsland through focusing on the three determinants of mental health – social inclusion, access to economic resources, freedom from discrimination and violence

GOAL FOR IHP CAPACITY

Increase the capacity of agencies to plan, implement and review health promotion activity

The latter priority was developed to more specifically focus on organisational health promotion capacity – a need that was highlighted significantly within the planning processes. Rather than attempt to fully integrate the organisational HP capacity strategies within the two existing health priorities it was considered more helpful to include a specific goal.

THE PLANNING PROCESS - OBJECTIVES AND INTERVENTIONS

A further set of planning workshops and steps were then implemented to define the objectives and strategy development.

The draft Physical Activity, Mental Health & Wellbeing, and IHP Capacity goals and objectives were developed by a small group of PCP agencies and staff at an initial planning session facilitated by Berni Murphy from Deakin University and held in May 2006.

At this planning session the following principles were developed and adopted by the EGPCP for determining objectives:

- Evidence based AND informed by 'lay/local' knowledge
- Locally appropriate and adaptable to local resources
- Strengthen existing partnerships and / or develops new partnerships
- Reinforces role of EGPCP in decision making process for integrated health promotion catchment planning
- Reinforces role and links with East Gippsland Shire Council planning processes
- Clearly identifies key players to ensure success
- Recognises current capacity to ensure success
- Strengthens equity and access
- Builds on current and potential funding opportunities

The draft paper was duly circulated to provide greater opportunity for agencies not present at the planning session to comment prior to the next planning session. At the second planning session held in July, the objectives were reviewed and strategies developed for the two priorities, including the determination of lead agencies. Individual discussion with agencies followed, to enable the subsequent planning steps to be completed. The IHP Plans was circulated as a draft document in mid-October, for ratification and finalisation at a final planning meeting held in late November.

3 SOLUTION GENERATION

RATIONALE FOR OBJECTIVES AND STRATEGIES (INTERVENTIONS) - why these?

The objectives set by the EGPCP for Physical Activity, Mental Health & Wellbeing and IHP Capacity have been guided by local interest and expertise, as well as the evidence base in determining these objectives. It needs to be recognised however that the approach to planning includes an action research component and we would expect following the development of 'models' under a number of the priorities that significant refinements to the 3 year strategic plan may occur, especially for the three key social and economic determinants of mental health and themes for action.

Increased knowledge, skills and workforce development in the planning of effective mental health promotion interventions have been built into the initial 12 month period to support this process.

PRIORITY 1:	Physical Activity:
Objective:	Strengthen opportunities for the identified target population groups to participate in regular physical activity (2006-2009)
Sub-Objective:	EGPCP to facilitate the development and evaluation of evidence based physical activity strategies for one of designated target groups by a minimum 5 PCP agencies by June 2008
Target group:	Indigenous, youth, young children, adults, aged, women, mental health clients, disability clients

RATIONALE:

Why these population groups? The evidence base documented in the *EGPCP Rationale for EGPCP Health Promotion Priorities – 2006/2009* indicates that these population groups are most at risk of lower physical activity levels and subsequent ill health (pp 5-6). In addition evidence suggests that:

- Good processes in developing effective strategies for people with a disability including mental health illness, include recognising diversity, partnerships with community and key groups, ensuring equitable access and good communication
Source: Be Active Australia: A Framework for the Health Sector
- Good evidence for individually adaptive health behaviour change program that are tailored to a persons stage of change readiness an, specific interests or circumstances and focus on behavioural skills -goal setting and monitoring, social support and problem solving *Source: Overweight and obesity project: Summary of Findings National heart Foundation of Australia 2003*
- Treatment and prevention of obesity on adulthood is problematic and has generally shown very limited long term success. Primary consideration should be given to prevention of childhood obesity and signs encouraging use of stairs
- Social networks:
 - ◆ via social influence or supportive functions influence health- promoting or health damaging behaviours such as tobacco and alcohol consumption, physical activity, dietary patterns, sexual practices, and illicit drug use;

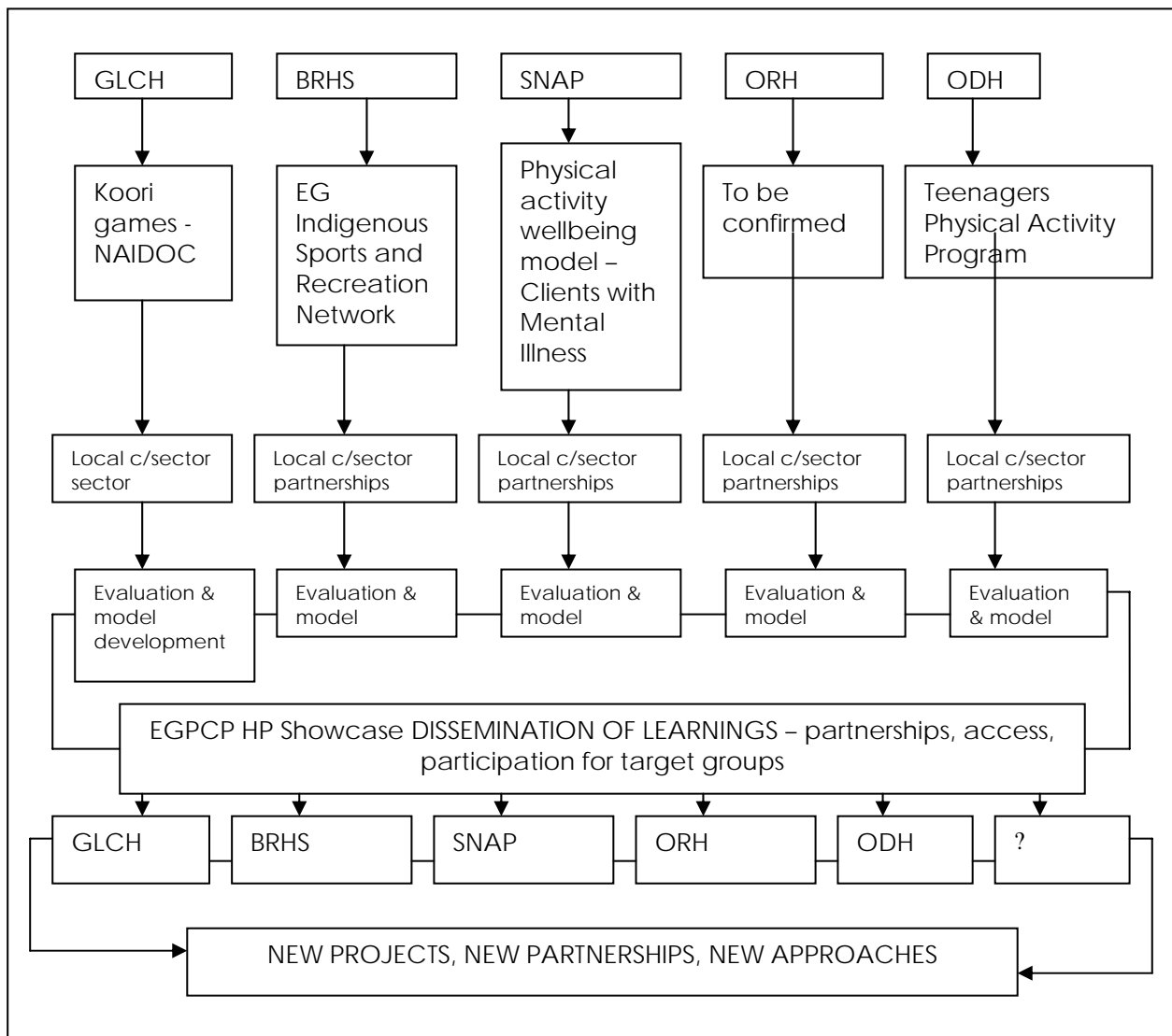
- ◆ via any number of pathways influence cognitive and emotional states such as self esteem, social competence, self efficacy, depression and effect;
- ◆ may have direct effects on health outcomes by influencing a series of physiological pathways largely related to stress responses

Source: Social epidemiology Berkman L and Kawachi I, 2000

- Building of social networks thru buddy systems, walking groups, contracts etc that support behavioural change are effective Source: Be Active Australia: A Framework for the Health Sector
- Enhancing access to community facilities for physical activity can encourage physical activity Source: Be Active Australia: A Framework for the Health Sector

Why this approach?

The 'model' (see diagram) is built on initially strengthening the local knowledge base of working effectively with specific population groups to increase physical activity levels. The model described below starts from current or planned Physical Activity programs run by agencies.



The PCP intervention support will be principally allocated to supporting planning (data analysis, partnership support, evidence based research, workforce development) and evaluation processes including dissemination.

The approach recognises that agencies have existing or will be supported in establishing cross-sectoral partnerships at a local/regional level. The learnings from the five (5) agency Physical Activity Interventions will be documented and presented at an East Gippsland Health Promotion Showcase within 18 months and form the basis of a broader catchment strategy that agencies can adopt to work with a range of population groups. The intervention is also consistent with the East Gippsland Shires Community Wellbeing Plan.

PHYSICAL ACTIVITY <i>Priority Goal:</i>	Strengthen opportunities for people living in East Gippsland to be physically active		
Objective :	Strengthen opportunities for the identified target population groups to participate in regular physical activity (2006-2009)		
Sub-Objective	EGPCP to facilitate the development and evaluation of evidence based integrated health promotion physical activity strategies for one of designated target groups by a minimum 5 PCP agencies by June 2008		
Target group	Indigenous, youth, young children, adults, aged, women, ,mental health clients, disability clients		
Est. Impacts (Qual/ Quant)	<ul style="list-style-type: none"> □ By June 2009 five (5) PCP agencies will have implemented evidence based IHP physical activity strategies for a minimum of two (2) designated target groups (<i>Evaluation tools: IHP framework or Canadian HP Evaluation Framework</i>) □ By June 2009 key IHP staff in a minimum of 5 agencies will report increases skills and knowledge in planning, designing and evaluating evidence based IHP physical activity strategies for designated target groups (<i>Evaluation tool: Qualitative survey & interview process to be developed based on Gippsland Evaluation resource guide</i>) 		
Capacity Building Component	Summary of mix of Interventions	Process Indicators – how will we know it has been done	Key implementation partners
Partnership	1. Develop and sign off Physical Activity Project partnership agreements (roles, responsibilities, funding, reporting requirements) between PCP and participating agencies	1. Partnership Agreements signed with each lead agency by January 2007	EGPCP Lead agencies – BRHS, GLCH, SNAP, ODH & ORH
	2. Investigate with EG Shire the establishment of East Gippsland Physical Activity Forum (as proposed in EG Shires Community Wellbeing Plan)	2. Decision documented in EGPCP IHP group minutes by March 2006	EGSC EGPCP EGPCP IHP Group
	3. Establish with East Gippsland Shire the East Gippsland Physical Activity Forum or alternative network (eg: linkages with EGPCP Integrated Health promotion Group)	3. Forum or alternative established by December 2007	EGSC EGPCP EGPCP IHP Group
	4. Support lead agencies in the establishment of partnerships with local sports & recreational organisations to support increased PA options for target group/s	4. Discussions held and documented with relevant recreation and sports programs in East Gippsland – <i>ongoing</i>	EGPCP Lead agencies

Capacity Building Component	Summary of mix of Interventions	Process Indicators – how will we know it has been done	Key implementation partners
Leadership	5. Identify with existing regional physical activity programs opportunities for extension and support example: Walking School Bus, EG Indigenous sports network	5. Discussions held and documented with relevant PA programs in East Gippsland – <i>ongoing</i>	EGPCP Lead agencies EGPCP IHP group
	6. Investigate with agencies service gaps that impact on physical activity opportunities for selected target groups	6. Service Gap Report developed and tabled at EGPCP IHP group meeting by June 2007	EGPCP Lead agencies EGPCP IHP group
	7. Develop & disseminate with agencies strategies to address these service gaps	7. Service Gap Strategy Plan developed and tabled at EGPCP IHP group meeting by December 2007	EGPCP Lead agencies EGPCP IHP group
	8. Identify & disseminate to participating agencies current Gov't policy & funding programs that support PA	8. Report developed and tabled at EGPCP IHP group by March 2007	EGPCP DHS DVC
	9. EGPCP In partnership with participating agencies develop strategies for roll out of local PA models in other townships in East Gippsland	9. Roll out plan developed and tabled at EGPCP IHP group meeting by December 2008	EGPCP Lead agencies EGPCP IHP group

Capacity Building Component	Summary of mix of Interventions	Process Indicators – how will we know it has been done	Key implementation partners
Organisational Development	10. Support lead agencies in PA project to identify need, target group and likely partners – * this may include extending current work with target group	10. See process indicator 1 Target groups: <ul style="list-style-type: none"> <input type="checkbox"/> BRHS: Indigenous sports and recreation network <input type="checkbox"/> GLCH: Indigenous games – NAIDOC <input type="checkbox"/> SNAP: Physical well being – Mental Health clients <input type="checkbox"/> ODH – teenagers 	EGPCP Lead agencies
	11. Support the development of project advisory group (including target group representation) by lead agencies to oversee the local projects	11.1. Partnership agreements include working/ advisory group requirement 11.2 Lead agency updates/ report to EGPCP IHP group identify establishment of project advisory groups	EGPCP Lead agencies
	12. Support lead agencies in the development of strategies that address access issues for target group, (with a focus on workforce development, organisational development, resources, community participation and community action , settings& environment)	12. Lead agency project plans, updates and reports to EGPCP IHP group identify development and implementation of strategies addressing access issues	EGPCP Lead agencies EGPCP IHP Group

Capacity Building Component	Summary of mix of Interventions	Process Indicators – how will we know it has been done	Key implementation partners
Planning for evaluation and dissemination	13. Support lead agencies in the development of evaluation plan using process and impact indicators by each lead agency	13. Lead agency project plans presented to EGPCP IHP Group include an evaluation plan with process and impact indicators	EGPCP Lead agencies
	14. Implement action plan and evaluation plan	14. EGPCP catchment interim and final evaluation report/s (incorporating evaluation plans from lead agency evaluation reports) presented to EGPCP Steering Committee by August 2007, August 2008 and June 2009	EGPCP EGPCP IHP Group
	15. Participate in and present to East Gippsland Physical Activity Health Promotion showcase in May 2008	15.1 Showcase held May 2008 15.2 Showcase report disseminated to all agencies by June 2008	EGPCP EGPCP IHP Group
	16. Present interim evaluation report by August 2007, August 2008 & June 2009	16. Reports tabled at EGPCP IHP group meetings by Jan 2008	EGPCP Lead agencies
Workforce Development	17. Identify with agencies PA training needs for implementing PA strategies with selected population group/s	17. PA Training needs report tabled at EGPCP IHP group meeting by September 2007	EGPCP Lead agencies
	18. Develop and implement 'planning' training package to support agencies developing evidence based PA strategies	18. PA training plan developed and implemented – <i>ongoing</i>	EGPCP
	19. Registration of all agencies as members of AusFit	19. All agencies receive Aus Fit updates	EGPCP

PRIORITY 2: Mental Health and Wellbeing

Objective 1: Access to Economic Resources: The EGPCP, in partnership with relevant stakeholders to improve existing transition pathways for young people from school to post-school education, training and/or employment.

Target group: Indigenous young people initially then all young people*

RATIONALE:

Why this population group? There is strong evidence that shows

- people with low education levels (and subsequent low status occupation and low incomes) having relatively poorer mental health outcomes; and that:
- Unemployed people experience higher levels of depression, anxiety and distress as well as lower self esteem and confidence
- Indigenous Australians have higher rates unemployment, poorer educational outcomes and lower rates of home ownership (AIHW 2004)
- Indigenous secondary school retention rates are half of non-indigenous young people (35% to 70%) and indigenous young people are more than twice as likely to experience unemployment

Source: VicHealth Access to economic resources research summary 4

In addition demographic and health data show that unemployment in Victoria and nationally is considerably higher for young people, indigenous Australians, young and older workers and people with disabilities. *Source: VicHealth Access to economic resources research summary 4*

Why this approach?

The learnings from the East Gippsland *Yangan Nalu* project have heavily influenced the approach of the EGPCP to this mental health intervention. The intervention work will provide opportunities to strengthen employment and post secondary school education opportunities for young indigenous people and well as strengthening the local knowledge base on effective mental health promotion interventions particularly for young indigenous people. It specifically aims to enhance the organisational capacity of participating agencies to address barriers to effective transitions.

In addition:

- The Indigenous Training and Employment Network (ITEN) established under the existing project has identified the critical need for a coordinated transition pathway to be developed
- The ITEN has established a broad cross sectoral membership base that forms an effective partnership to enable the achievement of the objective
- Gippsland East Local Learning Education and Employment Network, has agreed to act as a lead agency for the ITEN and the transition pathway intervention into the future
- Other participating agencies are able to commit resources to support the project.
- Consistent with East Gippsland Shires Community Wellbeing Plan priorities

EGPCP intervention support will be principally allocated to supporting planning (data and mapping analysis, partnership support, community consultation, evidence based research, workforce development) and evaluation processes including dissemination.

MENTAL HEALTH <i>Priority Goal:</i>	Promote positive Mental Health & Wellbeing of people living in East Gippsland through focusing on the three determinants of mental health - <u>access to economic resources</u> , freedom from discrimination and violence and social inclusion		
Objective	By June 2009 the EGPCP with relevant stakeholders will trial and evaluate a transition pathway model that improves existing transition pathways for young people from school to post-school education, training and/or employment.		
Target Group	Indigenous young people initial focus (2006/08) then for all young people (2008/2009)		
Est. Impacts¹ (Qual/ Quant)	<ul style="list-style-type: none"> □ By December 2007, 70% of participating agencies on the Indigenous Training and Employment Network report that their capacity to provide effective school to work transition services has increased (KNOWLEDGE & SKILL impact- workforce development) (<i>Evaluation tool: Qualitative survey & interview process to be developed</i>) □ By December 2007, 70% of participating agencies on the Indigenous Training and Employment Network have developed additional partnerships (with formal shared agreements/MOU's) with other members that support improved school to work transition pathways (PARTNERSHIP IMPACT – settings and supportive environments) (<i>Evaluation process: mapping of partnerships</i>) □ By June 2008, 70% of participating agencies on the Indigenous Training and Employment Network have implemented agreed transition practices as defined by the Indigenous Training and Employment Networks Good Practice Transition policy (PRACTICE impact- organisational development) (<i>evaluation process: mapping of transition practices</i>) <p><i>*Impact measurements for the 'whole of young people' will be developed once initial focus on indigenous pathway is completed</i></p>		
Capacity Building Component	Strategies – what are we doing	Process indicators – how will we know its been done	Key implementation partners³
Partnership Development	1. Establish project working group with the East Gippsland Indigenous Training and Employment Network	1. Project working group established by November 2006	GELLEN (lead agency) Yangan Nalu East Gippsland Indigenous Training & and Employment Network
	2. Recruit other relevant stakeholders to the working group	2. Membership of working group includes representation from education, employment, and health sectors	GELLEN
	3. Develop and sign off partnership agreement b/w PCP & network	3. Agreement signed by December 2006	GELLEN
	4. Develop & sign off action plan to address identified gaps in the co-ordination of range of transition services, capacity of individual organisations to offer effective transition services/pathways	4. Action plan presented and signed off by December 2006	GELLEN ITIN

Capacity Building Component	Strategies – what are we doing	Process indicators – how will we know its been done	Key implementation partners
Leadership	5. Identify lead agency to coordinate project	5. Lead agency identified by November 2006	ITIN
	6. Identify current policy, practice and service gaps that impact on successful transition pathways for young Indigenous people	6. Transition pathway gap analysis report completed and presented to ITIN by July 2007	ITIN
	7. Review current government policies in light of recent changes to program such CDEP	7. Policy analysis completed and presented to ITIN by July 2007	ITIN
	8. Develop and implement community participation and community action strategy that supports improved transition pathways	8. Community participation and community action strategy developed and implemented by June 2008	ITIN
Organisational development	9. Develop and implement organisation development plans that support improved transition pathways	9. Organisational development plans developed with all participating agencies by December 2007	ITIN
Planning for evaluation & Dissemination	10. Develop and implement evaluation plan with action plan	10. Evaluation plan developed and signed off by ITIN by July 2007	
	11. Document and disseminate progress reports against agreed process and impact indicators at 6 month intervals	11. Progress reports presented to ITIN and EGPCP at six monthly intervals	ITIN
	12. Develop action plan (Stage 2)to extend model to non indigenous young people 2008/ 2009	12. Action plan developed and signed off by July 2008	ITIN
Workforce development	13. Develop and implement workforce training & education plan that supports improved transition pathways Interventions (including participation in regional mental health promotion workshop delivered by Deakin Uni)	13.1 Workforce development strategy developed and approved by ITIN by July 2007 13.2 Workforce training calendar implemented by July 2008	ITIN

PRIORITY 2: Mental Health and Wellbeing

Objective 2: *Freedom from discrimination and violence:* By June 2009, EGPCP will implement and evaluate a prevention based strategy to address Family Violence in East Gippsland

Target setting: Secondary schools

RATIONALE:

Why this setting? Health and demographic data show the impact on family and intimate partner violence on individuals and communities mental health and wellbeing:

- Contribute to 9% of total burden of disease for women aged 15-44 with 61% of this burden attributed to mental ill-health. Leading contributor to death, disability and illness for this age group and more responsible for more of the business of the disease burden than risk factors such as smoking, obesity and high blood pressure.
- An estimated 1 in 4 children and young people have witnessed intimate partner violence *Source: VicHealth Discrimination and violence research summary 3*
- The Young People and Domestic Violence report (NCP and DETYA 2001) found that:
 - ◆ One-third of all 12-20 year old girls and boys who have been in a dating relationship have experienced violence in the relationship
 - ◆ Of females aged 12-20 years, 14% have experienced rape or sexual assault
 - ◆ Almost a quarter of teenagers surveyed had witnessed an incident of physical domestic violence against their mother or step-mother
- An audit of Gippsland secondary schools in 2005 by Gippsland Womens Health Service showed that:
 - ◆ 100% of teachers, welfare staff and school nurses had not received any family violence professional development
 - ◆ 75% were not aware that the Commonwealth Governments ' Violence against Women' resource was available as a teaching resource for Year 11 students
 - ◆ 81% of teachers felt that not enough time was allocated to addressing issues around family violence
 - ◆ 88% of schools felt that resourcing in the area of violence was inadequate

Why this approach?

A number of factors have influence the development of this intervention:

- the issue and intervention is a current area of interest and commitment of relevant agencies
- Gippsland Womens Health Service as a lead agency have recently received funding for a regional community education and local school based capacity building & education program
- An East Gippsland Family Violence Network is currently being established and would act as a steering group for the family violence primary health promotion intervention
- EGPCP resources would enable the roll out of the school based intervention to outlying areas such as Mallacoota and Cann River

As with other planned interventions the EGPCP intervention support will be principally allocated to supporting planning (data and mapping analysis, partnership support, community consultation, evidence based research, workforce development) and evaluation processes including dissemination.

MENTAL HEALTH <i>Priority Goal:</i>	Promote positive Mental Health & Wellbeing of people living in East Gippsland through focusing on the three determinants of mental health – <u>freedom from discrimination and violence</u> , access to economic resources, and social inclusion		
Objective 2	By June 2009, EGPCP will implement and evaluate a prevention based strategy in a school based setting to address Family Violence in East Gippsland		
Sub Objectives	<ol style="list-style-type: none"> 1. Increase the awareness of secondary school staff in East Gippsland of family violence issues and the resources and referral services available in Gippsland 2. Build the capacity of secondary school staff within East Gippsland to respond effectively to the issue of family violence 3. To assist schools to develop a safe and respectful school environment 		
Target group	Secondary College students and staff		
Est. Impacts¹ (Qual/ Quant) sub objectives	<ul style="list-style-type: none"> <input type="checkbox"/> 100% secondary schools in East Gippsland participate in introductory session. <input type="checkbox"/> 100% of participants report increased knowledge of family violence issues 75% of school welfare staff participates in committee meeting session. <input type="checkbox"/> 75% of identified key staff participates in professional development session. <input type="checkbox"/> 75% of Year 9 students participate in healthy relationships session. <input type="checkbox"/> 100% participants in professional development session report increased confidence in responding to family violence issues <input type="checkbox"/> 75% of secondary schools in East Gippsland participate in policy and procedure review. <input type="checkbox"/> 50% of secondary schools in East Gippsland implement healthy relationships policies and procedures. <input type="checkbox"/> 75% of secondary schools in East Gippsland include healthy relationship information in school curriculum <p><i>(evaluation tool; quantitative and qualitative surveys and interview processes to be developed)</i></p>		
Capacity Building Component	Summary of mix of Interventions²	Process Indicators – how will we know it has been done	Key implementation partners
Partnerships	1. Establish project working group and reporting structure with the East Gippsland Family Violence Network	1. Project working group established by November 2006	EGFVN GWHS
	2. Review and assess capacity for school based education model to be integrated with Gippsland wide Community Education strategy	2. Decision approved by EGFVN by November 2006	GWHS EGFVN
	3. Develop and sign off partnership agreement b/w PCP & network/ lead agency	3. Partnership agreement signed by November 2006	EGPCP GWHS

Capacity Building Component	Summary of mix of Interventions	Process Indicators – how will we know it has been done	Key implementation partners
Leadership	4. Research evidence based interventions for primary prevention of family violence to assess capacity for local implementation within identified settings	4. Evidence based document developed and disseminated via EGFVN by April 2007	GWHS
Organisational Development	5. Map all current family violence community education and prevention strategies in East Gippsland (eg Shire, Schools-Welfare/Health Staff, Neighbourhood Houses, Division of GPs etc)	5. Mapping report completed and presented to EGFVN by April 2007	GWHS
	6. Survey family violence service providers and wider service network to identify priority areas for community education in East Gippsland	6. Survey analysis report presented to EGFVN by April 2007	GWHS EGFVN
	7. Review local settings to assess appropriateness of East Gippsland 'whole -of-school' family violence prevention/education program, with view to implementation 2007 - 2009	7. Proposal presented and signed off by EGFVN by January 2007	GWHS EGFVN EG Secondary schools
	8. Develop a community education and prevention action plan , including identification of capacity building requirements, for East Gippsland that is in line with the Statewide Integrated Family Violence Strategy	8. Community education and prevention action plan developed and presented to EGFVN and EGPCP by June 2007	GWHS EGFVN
	9. Increase the capacity of school staff and students to develop a whole school approach to healthy relationship education through professional development opportunities and information sessions. <i>(School based intervention)</i>	9. FV Education and training workshops included in professional development of relevant staff in participating schools	GWHS EGFVN EG Secondary schools
	10. Assist schools to develop referral protocols with relevant family violence service providers Assist schools to review policies and procedures that support students/staff affected by family violence. <i>(School based intervention)</i>	10. FV referral protocols developed with each participating school	GWHS EGFVN EG Secondary schools

	11. Establish guidelines to ensure family violence information is delivered appropriately within the school community. <i>(School based intervention)</i>	11. FV school education guidelines developed and adopted by participating schools	GWHS EGFVN EG Secondary schools
Planning for evaluation & Dissemination	12 Develop and implement evaluation plan with action plan	12. Evaluation plan developed and presented with action plan to EGFVN and EGPCP by June 2007	GWHS EGFVN
	13. Document and disseminate progress reports against agreed process and impact indicators at 6 month intervals	13. Progress reports presented at 6 monthly intervals to EGFVN	GWHS EGFVN
Workforce development	14. Develop and implement FV professional development strategy for secondary school staff.	14. FV training strategy developed and presented to EGFVN by June 2007 15. FV training strategy implemented from July 2007 to June 2009	GWHS EGFVN

PRIORITY 2: Mental Health and Wellbeing

Objective 3: *Social inclusion:* To facilitate the development, trial and evaluation of local township newcomer strategies that supports the social inclusion of new residents by June 2008

Target group: Townships with high rates of new residents

RATIONALE:

Why this group and setting? The East Gippsland catchment is expected to continue to grow over the next 20 years with particular townships receiving the greatest percentage of this increase in new residents. While much of this growth is likely to be in older retired or semi-retired residents the growth rate is also likely to include young families attracted to the lifestyle and cheaper housing options.

The rationale for exploring strategies to assist new residents to engage with others in their new environment is based upon the evidence that social exclusion is a major determinant of health. Research shows that:

- Socially isolated elderly people have greater risk of developing Alzheimer's disease
- Stronger correlation between participation in social and community life and mental health than physical activity

Source: VicHealth Social inclusion research summary 2

Social inclusion is about supportive relationships, involvement in group activities and civic engagement³. It is now recognized that rural communities are not always as open, friendly and inclusive as the stereotype suggests, and 'outsiders' who have arrived seeking lifestyle changes or cheaper housing can feel very marginalized.

Recent research suggests that rural residents who had lived in the area for less than ten years were four times more likely to receive a diagnosis of mental illness⁴. One of the strategies to be explored is a 'new resident welcome and information kit', with key contacts, health, education and recreational options included.

Why this approach? A number of factors have influenced the development of this intervention:

- the issue and intervention is a current area of interest and commitment of several agencies including the lead agency, East Gippsland Shire Council
- the intervention can be integrated within community building initiative being coordinated by the lead agency in far east Gippsland
- the intervention can be developed using a community participation approach that utilises community based services such as Neighbourhood Houses to undertake local research and analysis of newcomer needs and gaps within their communities.
- The review of newcomer information packages can be addressed within a broader community inclusion model

As with other planned interventions the EGPCP intervention support will be principally allocated to supporting planning (data and mapping analysis, community consultation, evidence based research, workforce development) and evaluation processes including dissemination.

³ Keleher, H & Murphy, B eds. 2004 Understanding Health – A Determinants Approach. Oxford University Press. Australia

⁴ A Campbell, T Manoff & J Caffery. 2006 Rurality and Mental Health: An Australian Primary Care Study. Rural and Remote Health 6:595 (Online)

MENTAL HEALTH	Promote positive Mental Health & Wellbeing of people living in East Gippsland through focusing on the three determinants of mental health –access to economic resources, freedom from discrimination and violence and social inclusion		
Priority Goal:			
Objective 3 :	To facilitate the development, trial and evaluation of local township newcomer strategies that supports the social inclusion of new residents by June 2009		
Target group	Townships with high rate of new residents		
Est. Impacts	<input type="checkbox"/> By June 2009 newcomer strategy plans implemented in a minimum of three (3) townships in East Gippsland <input type="checkbox"/> By June 2009 evaluation framework developed for newcomers community information packages		
Capacity Building Component	Summary of Interventions	Process Indicators – how will we know it has been done	Key Implementation Partners
Partnership	Develop partnership agreement with EG Shire to coordinate project	1.1 Action Plan developed and signed off by August 2007	EG Shire EGPCP
	Identify townships with highest rates of new or expected new residents	1.2 Target townships identified by East Gippsland Shire by October 2007	EG Shire
	Establish local township working groups	1.3 Working group established with membership from health agencies, community organisation July 2007	EG Shire
	Facilitate community consultations – targeting new residents	1.4 Number of Community consultations undertaken in 3 townships	EG Shire EGPCP Township working groups
Leadership	Investigate use of existing community facilitators through East Gippsland Shire and Communities for Children to establish and resource (or utilise existing) project working groups in selected towns	2.1 Number of project groups established/engaged in participating townships	EG Shire EGPCP Township working groups
	Identify sustainable funding and management options for producing and reviewing community information packages	2.2 Funding and management options presented to EGPCP by June 2009	EG Shire

Capacity Building Component	Summary of Interventions	Process Indicators – how will we know it has been done	Key Implementation Partners
Organisational Development	Identify and collate current newcomer community information packages and new resident strategies in region and elsewhere	3. 1 Report on current local strategies and resources presented to EGPCP by July 2007	EGPCP
	Develop & trial newcomer community participation strategy that includes resources, community participation and workforce development, and social marketing. Ensure resource includes physical activity focus- maps of local walking tracks etc	3.2 Newcomers social inclusion strategies trailed in 3 townships include development of resources, community participation, workforce development and marketing components	EG Shire EGPCP Township working groups
	Develop agreed newcomers information package framework	3.3 Newcomers information package framework developed and presented to EGPCP by June 2009	EG Shire
Workforce Development	Research newcomer community engagement strategies (including the use of newcomer information packages)	4.1 Research paper presented to EGPCP by July 2007	EG Shire EGPCP
	Facilitate Train the Trainer focus group education	4.2 Focus group training completed by March 2008	EG Shire
Planning for evaluation & Dissemination	Develop project evaluation strategy and present evaluation report	5. Evaluation report completed and presented by July 2009	EG Shire

PRIORITY 3: IHP Capacity:

Objective:

- Organisational development: For the EGPCP to assist agencies in formally linking their health promotion activities into key catchment and agency strategic plans and policies (2006-2009)
- Workforce development: For the EGPCP to assist agencies to develop & implement workforce plans relevant to their health promotion priorities
- Resource development: For the EGPCP to develop, coordinate and promote resources that support organisational and workforce health promotion

Target group:

DHS funded community health and/or women's health services and agencies that self identified as having a significant health promotion strategic focus

RATIONALE:

The rationale for this additional priority has been set out previously in this document but is expanded further in this section.

The capacity building interventions specifically focus on agencies capacity to plan, implement and evaluate their health promotion activity as individual agencies as well as building their capacity to develop partnerships with other agencies for shared health priorities. Many of the interventions do not have a specific mental health promotion or physical activity focus and while they will build the agencies capacity to deliver programs under these two priorities the intent of the capacity building priority is much broader. A benefit of this approach is that it will engage additional agencies in the process.

The approach the EGPCP has taken draws from Kelleher and Marshall's *A Framework for Strengthening Health Promotion in Community Health* (Deakin University 2002) which argues that primary health care organisations have a leadership role in developing integrated cross sectoral approaches to health promotion due to their greater capacity and strength in "fostering partnerships, collaboration and community engagement".

The EGPCP seeks to strengthen this capacity by providing resourcing and support to agencies as individual organisations and as partnerships across the five framework areas identified by Kelleher and Marshall: *Infrastructure and Policy; Strategic Planning for Health Promotion; Health Promotion Program Planning; Evaluation and Workforce Development*.

The organisational health promotion capacity survey developed from the recent Gippsland Health Promotion Evaluation project (and based on similar thinking to Kelleher and Marshall) was used to identify gaps and determine priority actions. It will be used as baseline data when the survey tool is implemented again over the next 3 years to monitor progress of the strategy.

Note: Where possible interventions under this priority have cross referenced to the two other health promotion priorities.

CAPACITY BUILDING <i>Priority Goal:</i>	GOAL: Increase the capacity of agencies to plan, implement and review health promotion activity		
Objective	<p>ORGANISATIONAL DEVELOPMENT: For the EGPCP to assist agencies in formally linking their health promotion activities into key catchment and agency strategic plans and policies (2006-2009)</p> <p>WORKFORCE DEVELOPMENT: For the EGPCP to assist agencies to develop & implement workforce plans relevant to their health promotion priorities</p> <p>RESOURCES: For the EGPCP to develop, coordinate and promote resources that support organisational and workforce health promotion</p>		
Est. Impacts (Qual/ Quant)	<ol style="list-style-type: none"> By June 2009 all key EGPCP agencies (BRHS, GLCH, ODH, ORH, EGShire, MDH&SS) IHP Plans will demonstrate formal linkages with EG Shire MPHP and EG Division of General Practice strategic plans By June 2009 all key EGPCP agencies will report an increased organisational capacity to plan, implement and evaluate IHP activity as compared to their baseline organisation capacity evaluation from February 2006 By June 2009 all key EGPCP agencies will report an increased utilization of EGPCP IHP resources for planning, implementation and evaluation processes <p><i>(Evaluation tool: Gippsland Organisational HP Capacity survey tool will be used along with interview process)</i></p>		
Capacity Building Component	Summary of mix of Interventions	Process Indicators – how will we know it has been done	Key implementation partners
Partnerships	<ol style="list-style-type: none"> Establish linkages between agency and catchment HP activities and East Gippsland Shire planning processes and projects – Youth strategy, DisAbility Access, Community Transport and Community Building Initiatives, Physical Activity Forum Strategy link: <i>EGPCP/ EGSC Shared Planning Strategy</i> 	<ol style="list-style-type: none"> PCP member agencies represented and actively involved in development of EG Shire IHP projects and strategies (ongoing) 	EG Shire EGPCP staff
	<ol style="list-style-type: none"> Strengthen linkages with East Gippsland Division of General Practice – healthy active scripts, Better Outcomes in Mental Health Strategy link: <i>Healthy for Life and AHPACC</i> 	<ol style="list-style-type: none"> Action plan developed by January 2008 with EG Division of General Practice to inform agency use and awareness of EPC and MBS items within their IHP activities 	EGDGP EGPCP staff EGPCP lead agencies
	<ol style="list-style-type: none"> Extend partnership with Latrobe University and other tertiary institutions to increase health promotion planning, research and evaluation skills & resources of agencies Strategy link: <i>Physical Activity and Mental health & Wellbeing strategies</i> 	<ol style="list-style-type: none"> Formal partnerships signed with Latrobe University and other tertiary institutions/peak bodies that support increased IHP capacity of agencies 	EGPCP staff DHS LU

Capacity Building Component	Summary of mix of Interventions	Process Indicators – how will we know it has been done	Key implementation partners
Leadership	4. Representation on regional and state-wide Integrated Health Promotion Networks	4. EGPCP and EGPCP agencies represented on Gippsland Health Promotion Group and Victorian PCP Health Promotion Officers Group	EGPCP staff EGPCP agencies
	5. Take a lead role with the East Gippsland Shire in facilitating the development of the Positive Ageing Strategy and Forum <i>Strategy Link: EGPCP/ EGSC Shared Planning Strategy</i>	5. EGPCP and EGPCP agencies represented and actively involved in Positive Ageing Forum and Strategy working group	EGPCP staff EGPCP agencies EG Shire
	6. Develop and implement marketing and dissemination strategy for EGPCP Integrated Health Promotion programs and activities <i>Strategy link: Physical Activity and Mental health & Wellbeing and Falls Prevention strategies</i>	6. Marketing strategy developed and implemented from July 2007	EGPCP staff
	7. Establish annual East Gippsland Health Promotion showcase	7. IHP showcases held in 2007,2008, 2009	EGPCP staff
Workforce Development	8. Document and distribute case studies of agency Integrated Health Promotion organisational plans and structures	8. IHP agency planning session held by December 2007	EGPCP staff DHS LU
	9. Develop annual Health Promotion training calendar & health promotion events calendar	9. Annual HP training calendar of events and IHP training developed with EGShire	EGPCP staff EGShire
	10. Enhance consumer participation in agency health promotion planning	10. By June 2009 all Agency IHP plans demonstrate consumer participation strategies	EGPCP staff HIC
	11. Develop with other Gippsland PCP's Integrated Health Promotion orientation train the trainer program for delivering HP orientation modules for agency board members, senior managers and new staff	11. Development and implementation of HP orientation training strategy	EGPCP Swinburne University Gippsland PCPs

Capacity Building Component	Summary of mix of Interventions	Process Indicators – how will we know it has been done	Key implementation partners
Planning for evaluation and dissemination	12. Develop community consultation processes for 'hard to reach' communities and population group	12. Research paper completed and distributed by December 2007	EGPCP staff DHS
	13. Establish Integrated Health Promotion resource library	13. Resource library established and launched by July 2007	EGPCP staff
	14. Extend the use of QIPS to more agencies	14.1 QIPS Orientation sessions developed and implemented for IHP advisory group 14.2 Regional QIPS licence investigated and reported to small EGPCP agencies by Aug 2007	EGPCP staff QIPS
	15. Develop, update and disseminate data base of current data base of current East Gippsland Integrated Health Promotion activity – Physical Activity and Mental Health & Wellbeing	15. IHP priorities data base updated and disseminated annually to all EGPCP agencies	EGPCP staff
	16. Undertake health promotion research tasks on behalf of EGPCP agencies	16. Process for research requests developed and established by March 2007	EGPCP staff
	17. Develop and disseminate summaries of evidence based health promotion interventions Strategy link: <i>Physical activity strategy</i> <i>Mental Health & Wellbeing</i>	17. EGPCP newsletter published quarterly	EGPCP staff
	18. Develop and disseminate with Latrobe Uni six population group profiles	18. Profiles published and disseminated by June 2007	EGPCP staff Latrobe Uni
Organisational Development	19. Facilitate writing of agency Integrated Health Promotion Plans by October 2006	19. Agency IHP plans (BRHS, GLCH, GWHS) demonstrate linkages with EGPCP IHP plan	EGPCP staff EGPCP key agencies
	20. Support the annual review of agency Integrated Health Promotion Plans	20. EGPCP staff actively involved in the annual review of IHP agency plans (through research, review tasks etc)	EGPCP staff EGPCP agencies
	21. Extend linkages with state-wide and national Health Promotion workforce strategies	21. IHP training calendar demonstrates links with state-wide& national training (ongoing)	EGPCP staff DHS
	22. Ensure Aboriginal Health Workers are linked into health promotion training	22. Training information/ flyers distributed to all agencies employing AHW's	EGPCP staff
	23. Investigate Fitness Leadership training courses to build pool of trained fitness leaders in East Gippsland Strategy link: <i>Physical Activity strategy & Falls Prevention</i>	23. Fitness Leadership Training proposal developed and presented to EGPCP steering committee by June 2008	YMCA VicFit EGPCP staff

RESOURCES

Estimated IHP PCP resource allocation

Capacity building components	PCP IHP Funding/Resources 2006/2007 ONLY				
	Capacity Building (EO and IHP worker hours)	Mental Health <i>Transition Pathway</i>	Mental Health <i>Family violence</i>	Mental Health <i>Social Inclusion</i>	Physical Activity
Partnership Development	\$8,560 ¹				
Leadership	\$23,050 ²				
Organisational development	\$10,964 ³				
Planning for Evaluation & Dissemination	\$23,987 ⁴				
Workforce development	\$23,430 ⁵				
<i>*All estimates have been based on hourly rate of \$51.3534 (hourly rate plus salary oncost plus business support) unless otherwise stated</i>	\$89,991	\$5,000 ⁶	\$5,000 ⁷	No funding till 2007/2008	\$14,144 ⁸
Total PCP Resource/Budget Allocation	\$ 114,135 ⁹				

Notes:

1. Includes allocation of PCP EO and IHP worker across all strategies
2. Includes Positive Ageing Forum contribution of \$5,000
3. Includes Fitness Leadership training contribution of \$5,000
4. Includes contribution of \$5,000 to roll out of QIPS and \$500 to IHP Library Resources plus allocation of EO and IHP worker hours across all other strategies
5. Includes contribution of \$10,000 to Train the Trainer IHP course
6. Capacity building contribution to lead agency - GELLEN
7. Capacity building component to lead agency - Gippsland Womens Health Service
8. Includes contribution of \$5,000 to SNAP for specific Physical Activity project
9. The total budget consists of HP funding for 2006/07 plus unexpended allocated funds from 05/06 (from unfilled vacancy of IHP coordinator position)

OTHER FUNDING RESOURCES AVAILABLE IN 2006/2007

Funding source/project	Links to Catchment Priority	Funding
Whole of Community Falls Prevention Project	Physical Activity & Capacity Building	\$60,000
Family Violence – Victorian Womens Trust (Gippsland Womens Health)	Family Violence	\$7,000
Community Family Violence Education- DHS		\$10,000
Drought Project funding	Social inclusion	\$ 5,000
TOTALS		\$82,000

4. PLANNING FOR QUALITY – EVALUATION & DISSEMINATION

The EGPCP IHP Plan includes both impact and process indicators and dissemination strategies for each health promotion priority. These are described in previous sections. It's not intended to repeat these in this section. However the following table provides an outline of key activity

EVALUATION PRACTICE	EGPCP STRATEGIES
EGPCP will facilitate and support good practice evaluation processes conducted by agencies around priorities by:	<ul style="list-style-type: none"> <input type="checkbox"/> Allocating EGPCP staffing resources to agencies to support the development of good practice evaluation processes <input type="checkbox"/> Providing good practice evaluation resources to agencies <input type="checkbox"/> Including evaluation requirements in lead agency agreements (development of process and impact indicators and evaluation data collation processes)
EGPCP will obtain an evaluation of work around each of the health priority activities across the catchment by:	<ul style="list-style-type: none"> <input type="checkbox"/> Requiring lead agencies to provide written and verbal evaluation reports to EGPCP IHP group and Steering Committee
EGPCP will recognise the achievement of capacity building outcomes by:	<ul style="list-style-type: none"> <input type="checkbox"/> Reporting regularly against capacity building impact indicators (see Capacity Building strategy)
The EGPCP will facilitate the dissemination of learning in relation to IHP and our catchment priorities in the following ways by:	<ul style="list-style-type: none"> <input type="checkbox"/> Presenting evaluation findings for each IHP project at EGPCP IHP showcases <input type="checkbox"/> Showcasing projects in EGPCP newsletters, forums, seminars

5. APPLYING AN INTEGRATED DISEASE MANAGEMENT 'LENS' TO IHP PLANNING

The IHP Plan has identified the strengthening of opportunities for physical activity and positive mental health & wellbeing as catchment priorities. The interventions that have been chosen in the East Gippsland IHP catchment are based on a sound understanding of the need to address the broad 'upstream' determinants of health, utilising a social model of health approach that incorporates social, environmental and economic factors. The EGPCP Rationale for Health Promotion Priorities for 2006 – 2009 and also Local Population Profiles provide evidence that we are addressing a range of chronic illnesses (such as mental illness, diabetes, cardio-vascular disease) that are major health issues in our community through these interventions.

The EGPCP is committed to engaging with a range of key community stakeholders, in addition to those within the health sector, with the conscious awareness of the need to enable, mediate and advocate on behalf of all citizens, to ensure that opportunities exist for all to take and keep control over their health. In practice, this means that health promoting opportunities must be appropriate to the target group, affordable and accessible.

APPENDICES

Attachment One

Agency IHP Capacity Survey Summary Feb 2006

Attachment Two

Rationale for Health Promotion Priorities for 2006 - 2009