



COMMUNITY HEALTH PLAN

2006-2009

KINGSTON BAYSIDE PRIMARY CARE
PARTNERSHIP

CONTENTS

MESSAGE FROM THE CHAIR.....	3
ACKNOWLEDGEMENTS	4
BETTER HEALTH – STRONGER COMMUNITIES	6
KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2004-2006 - REVIEW	7
ORGANISATIONAL STRUCTURE	9
SERVICE COORDINATION.....	10
SERVICE COORDINATION WORKPLAN.....	13
CHRONIC DISEASE MANAGEMENT	19
MENTAL HEALTH.....	22
HEALTH PROMOTION.....	27
MENTAL HEALTH & SOCIAL CONNECTEDNESS	30
PHYSICAL ACTIVITY	38
FOOD & NUTRITION.....	43
COMMUNITY PARTICIPATION	50
INTEGRATED HEALTH PROMOTION PLAN.....	55
INITIATIVES DEVELOPED WITH KBPCP AND NOW AGENCY RESPONSIBILITY	67

MESSAGE FROM THE CHAIR

It is with pleasure that I introduce the latest Community Health Plan for the Kingston Bayside Primary Care Partnership.

The Plan incorporates the ongoing work that is being undertaken by our many member agencies and looks to maintain the outstanding level of achievement produced by the Partnership since its inception in 2000.

This document details our successful outcomes from the previous two year period and presents the next 3 year plan which has been the subject of a considerable amount of time and energy by the various KBPCP work committees.

The level of commitment by agency members is evidenced by the sheer volume of work to be attempted – there is no reduction to our efforts or our expectations.

On behalf of the Committee of Management I thank all agencies and their staff and the project team for their ongoing support, commitment and individual contributions to the success of the KBPCP.

Robyn Trebilco
Chair

Challenges:

The Ministers for Health and Aged Care have approved the continuation of the current PCP strategic directions, and that DHS will use PCPs to better integrate community based initiatives and programs to prevent and better manage chronic disease. The message from the Minister and the DHS reinforces the future of PCP – "*Primary Care Partnerships **remain a feature** of the Victorian Health System.*"

There is general agreement that the future of partnerships requires necessary supports and the right incentives for those partnerships that are doing well.

Such programs like the chronic disease management programs provide a timely reminder to key partners that **well progressed partnerships will be rewarded**. KBPCP will be building on efforts to date and the challenge then is to ensure member agencies continue to benefit from their participation in the Partnership.

Kingston Bayside Primary Care Partnership Strategic Directions 2006-09

ACKNOWLEDGEMENTS

The development of this Plan is the product of considerable effort and involvement from many individuals and organizations.

Kingston Bayside Primary Care Partnership Management Committee:

Agency	Representative
Bayside City Council	Leanne Braithwaite (Chair 04 - 05) Joan Andrews
Kingston City Council	Rob Crispin Georgia Hills
Central Bayside Community Health Services	Chris Fox
Reach Out - Southern Mental Health Assoc. Inc.	Ann Burgess
Southern Health	Robyn Trebilco (Chair June 06 -)
Bentleigh-Bayside Community Health Service	John Turner
RDNS (Moorabbin)	Julie Murphy
Central Bayside Division of G.P.	Steve Sant (Chair Jan 06 - June 06)
Froniditha Care Inc.	Penni Michael
Taskforce Inc.	Denis Carroll
Bayside Health	Marguerite Abbott
Department of Human Services	Lyn Wright / Barb Whyte / Deb Hubbard

And equally to the working group participants, our appreciation is extended:

Working Group Members

Service Coordination
Health Promotion
GP Reference Group
Middle South Primary Mental Health Advisory
District Planning Group
Community members who participated in workshops and consultations
Department of Human Services

The Project Team:

Terry Lazzarotto
Meredith Herold
Tony Vivian
Deborah Burke

Consultants:

Ro Saxon
Colleen Johnson
Primary Health Care in Action – Jen Missing & Dr Sue Rosenhain
HOW Projects – Lyn Wright & Karl Hawke

For copies or more information:

If you would like copies of information contained in this Plan, or further information about KB PCP,
contact Terry Lazzarotto, Executive Officer (03) 8587 0317,
tlazzarotto@cbchs.org.au

Kingston Bayside Primary Care Partnerships Member Agencies:

Name of organization	Brief Description (e.g. Core business)	Abbreviated Key
Kingston City Council	Local Government Authority – Community Support	KCC
Bayside City Council	Local Government Authority – Community Support	BCC
Southern Health	Health Service Provider, Acute Aged/Mental & Community Health Services	SH
Central Bayside Community Health Services Inc.	Full range of Community Health Services	CBCHS
Bentleigh-Bayside Community Health Service Inc.	Full range of Community Health Services	BBCHS
Central Bayside General Practice Association	Information and support to General Practitioners to assist improvement in quality of care to patients.	CBDGP
Monash Division of General Practice	Information and support to General Practitioners to assist improvement in quality of care to patients.	MDGP
Royal District Nursing Service (South and East)	Health Service Provider; comprehensive community nursing services.	RDNS
Reach Out Southern Mental Health Bayside Community Options	Rehabilitation Services Linkages and CACPS	Reach Out SMHA BCO
Self Help Addiction and Resource Centre	Service and Support for people with Drug and Alcohol dependency	SHARC
Impact Leisure Service Fronditha Care Inc. Calgary-Bethlehem Health Taskforce	Intellectual Disability Support Services and Support for Greek Elderly Specialist In-Patient and Community Services Service and Support for people with Drug and Alcohol dependency	
Women's Health in the South East Stanhope Home Nursing Service Commonwealth Carer Respite Centre Southern Region	Health services and support for women Community Nursing and Personal Care Support for Carers	WHISE
DoCare Richmond Fellowship MOIRA Pahran Mission Vision Australia Leighmoor ADASS South East Migrant Resource Centre	Youth, Disability Support Mental Health Services and Support Youth, Disability Support Young women and Family Support Service and support for the visually disabled Support for the Aged Service and Support for CALD groups	MOIRA
Bayside Health	Health Service Provider, Acute, Aged, Mental & Community Health Services	BH
Sandybeach Community Centre	Aged, Disability Support	
<u>ASSOCIATED AGENCIES</u>		
Southern Directions	Youth Housing Service	
Young Women's Outreach Program – Salvation Army	Youth Service	
Family Life	Family Support Service	
Hanover Housing	Housing Support	
Gamblers Help Southern	Support for Gamblers	
Victorian Police Force	Youth Resource Officer	
Baptcare	Aged Services	
School Focused Youth Services Westfield Hanover Housing JPET	Youth Service	
Youth for Christ		
Fusion – Youth Housing Centrelink	Youth Housing Service	

BETTER HEALTH – STRONGER COMMUNITIES

The Community Health Plan (CHP) is an operational plan that establishes goals, objectives, service system change strategies, governance, monitoring and accountability and describes how the partners are working together to achieve the aims of the Primary Care Reform.

The Parties to our Memorandum of Understanding has been reviewed and signatories retain a commitment to the co-operative development of an integrated, consumer responsive primary care system that maintains and promotes the health and well being of individuals and the broader community.

The Parties to the Memorandum are committed to the following key principles for the next three years:

- Collaboration and co-operation;
- Sharing of information;
- Implementing identified and agreed strategies;
- Joint planning;
- Recognising the diversity of the service system and the skills and knowledge of participants; and
- An inclusive and culturally sensitive process, which involves communication and consultation with agencies, consumers and the community.

The Primary Care Partnership project is now entering its seventh year and it is worth reminding ourselves of what has been achieved:

- A recognised framework for bringing members together to consider local issues and respond with a united voice on Primary Care Reform matters
- An ongoing commitment to progressing Primary Care Reform
- Improved communication between members
- Improved understanding of member agencies' roles, capabilities and concerns
- Demonstrable progress in service coordination and integrated health promotion.

The Chairs of the thirty one PCPs across Victoria convened the State-wide Chairs and Managers Forum in 2002 and from that time have collectively worked to guide and promote the work of PCPs to the State Government.

The Chairs Forum is now a multi sector voice to the Government on many issues including important policy development.

In promoting the achievements of the Primary Care Partnerships, the Forum has been successful in:

- Maintaining open communication with DHS Primary Health Branch
- Securing funding for Primary Care Partnership specific initiatives
- Conducting a very successful state-wide conference, showcasing Primary Care Partnerships and shaping future partnership work
- Looking to the future, addressing training needs for Chairs and Managers.

With the completion of the 2004-06 CHP, the Partnership will continue to build on its achievements and lead the primary health and community service reform.

KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2004-2006 - REVIEW

The activities described in 04/06 CHP that will continue to be built upon this year are:

PARTNERSHIP

The Partnerships gained new members (25% increase) through its work in Service Coordination, Mental Health, Integrated Health Promotion and its facilitation role in drawing agencies together to investigate and develop proposals for funding opportunities.

KBPCP continues to work with the three other Southern Metropolitan Regions PCPs in investigating regional partnership opportunities as well as collectively advocating on future directions for the program.

MENTAL HEALTH

The KBPCP Mental Health Advisory Committee initiated projects around:

GP and Mental Health Services Communication

Central Bayside, Monash and Dandenong Divisions of General Practice, SouthernHealth Adult Mental health Services and PCP member agencies are stakeholders in this project aimed at improving communication between GPs and Area Mental Health Services using SCTT and establishing Shared Care agreements.

A major project examining improved responses to mental health issues by agencies has commenced.

Work on both projects continues in the new 06 - 09 Plan.

SERVICE COORDINATION

Partnership members continue to embed service coordination into their agency systems. The focus of much of our work over the last two years has been the uptake of Service Coordination Tools Templates and Protocol development, and the implementation of electronic client information recording and referral systems.

All member agencies now have E-referral capability and the challenge is to maintain the momentum gained to this point.

Progressing ERef and GPs use of PCP Referral Systems

Central Bayside, Monash and Peninsula Divisions of General Practice are stakeholders in this Project to increase the capacity of Practices to participate in service coordination with PCP agencies. This project will link with SouthernHealth GP Project promoting the use of ConnectingCare as a referral tool.

SouthernHealth OutPatients has lead the way in e-referrals involving GPs, with nine GPs using the system consistently and a monthly increase with new GPs coming on board. Projects involving Argus and ConnectingCare are continuing to develop.

Regional Strategic & Consultative Group / IM-IT Working Group

KBPCP is participating in the Regional Strategic & Consultative Group (RSCG). This group has encountered some of the first really difficult negotiating between the PCPs in this region, and it has

been proven to have the capacity for all participants (PCPs / SMR Regional Office) to meet and negotiate satisfactory outcomes

These two groups have now merged and will be working on new regional priorities over the next three years.

SERVICE PLANNING

KBPCP service planning has a catchment approach and incorporates priorities and future directions from key stakeholders.

In effect, key stakeholder plans influence what KBPCP does, in particular, in Health Promotion Planning.

GP REFERENCE GROUP

In partnership with Central Bayside, Monash and South City Divisions of General Practice and Inner South East Partnership in Community Health, KBPCP provides funding support for the Regional General Practice PCP Reference Group.

The Reference Group has now become Regional Reference Group incorporating the Southern Metropolitan Region PCPs and continues to focus on improving the quality of communication between GPs and primary care providers, increasing participation in the electronic client information referral project and promoting the use of the Statewide Referral Form.

HEALTH PROMOTION

The Partnership has a very energetic and committed Health Promotion focus to its work as detailed in this outline of the previous two years:

Kingston Bayside Primary Care Partnership has had as its priorities Mental Health and Wellbeing and Physical Activity since 2000. This has been seen as strength for the PCP and the Partnership.

- Funding received for Talking Realities for next 3 years
 - Talking Realities is a peer education program aimed at training young parents in a program that is presented in secondary schools about the realities of parenting at a young age
- Health and Active Living Funding as well as Well for Life Funding (WFL)
 - Assisted in developing the physical activity strategy for 2004-2006
 - Again secured WFL funding
 - The rollout of both Strength Training and Tai Chi into PAG groups has had it challenges and are currently adapting the model for this group
- Many of the program based initiatives are now being lead by the agencies, this shows the growth in both the partnership and the direction of health promotion for the catchment such as:

Initiatives:

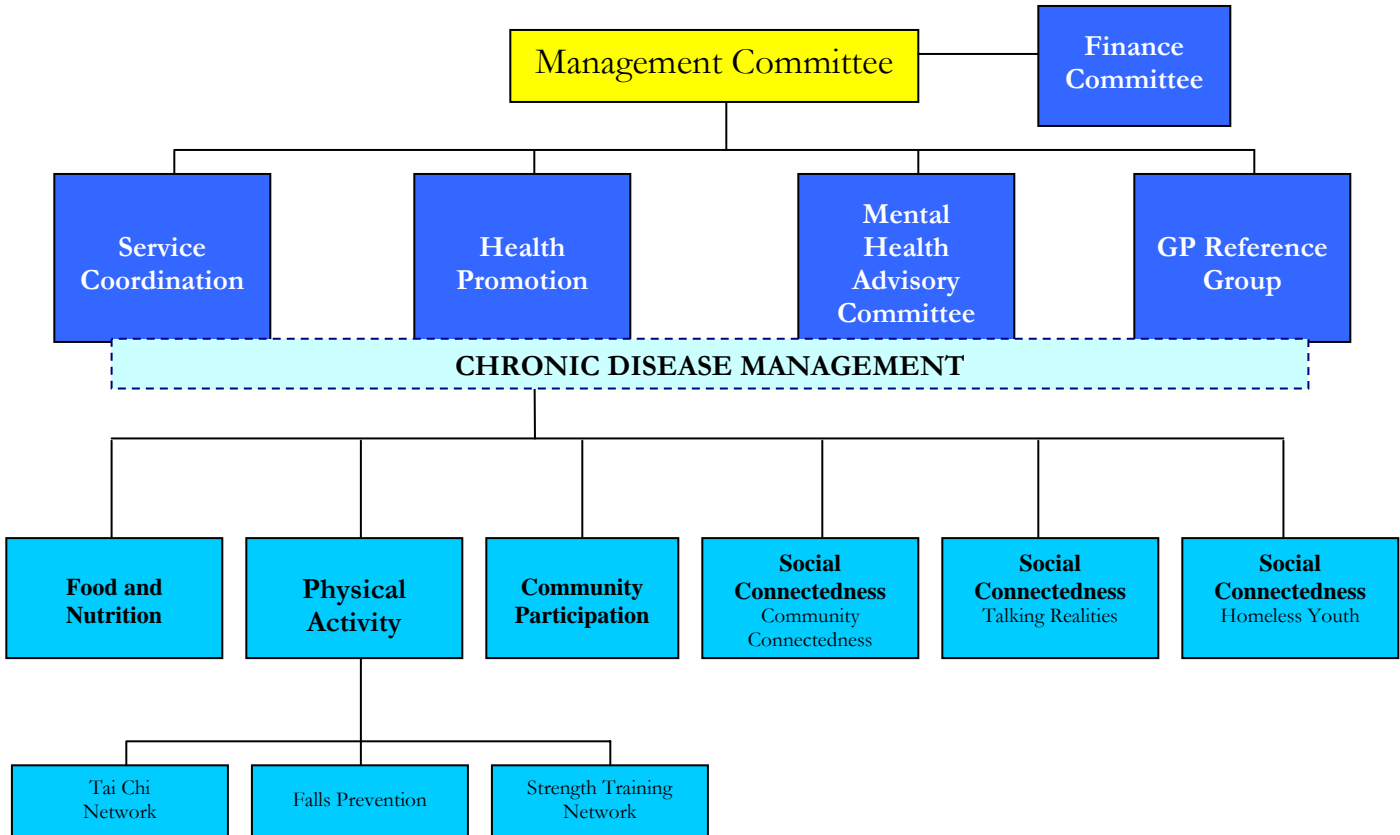
- New Horizons (Graduate Carers Program)
- Carer's Group
- Carer's Conference
- MAPS Training (Mental Health Aptitude in Practice Training)
- Southland Striders (Mall Walking Program)
- Step Right Up-Walking Program
- Strength Training network – Support Group for Prescribers and Supervisors
- Tai Chi Network – Support Group for Tai Chi Leaders
- Men's Interest
- Men's Cooking
- Prostate Cancer Support group
- Housing Forums (forums held to build relationships between Housing and Support staff and Enhanced Maternal Health Nurses)

Resources:

- Depression Awareness, Tai Chi and Strength Training posters
- Contact Numbers for new Mothers (Info sheet place in the front of every child health record book)
- Young Parents Resource (resource card for young parents for the KB area)
- Physical Activity Directory
- Strength Training information pamphlets available in English, Greek, Italian, Turkish and Russian
- Referral proforma

KINGSTON BAYSIDE PRIMARY CARE PARTNERSHIP

ORGANISATIONAL STRUCTURE



KINGSTON BAYSIDE PRIMARY CARE PARTNERSHIP 2006-2009

OPERATIONAL PLAN

SERVICE COORDINATION

SERVICE COORDINATION

Service Coordination Committee commenced its 06/09 planning process in April 2006 and established six goals that were important to the Kingston Bayside member agencies. The outcome of that process underlines KBPCPs commitment to the successful implementation of the Service Coordination framework and its benefits to consumers.

Goals

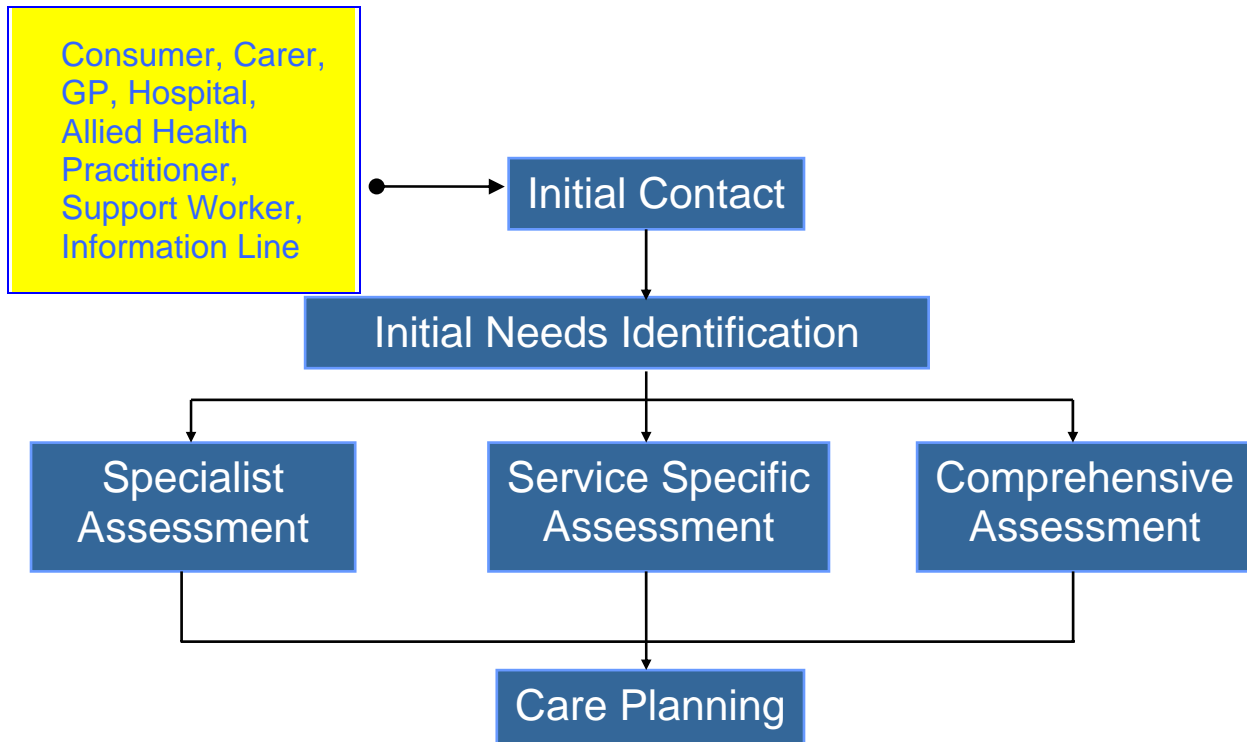
- 1: To support evidence based practice and the effective use of resources.
- 2: To ensure ongoing implementation of service coordination in accordance with DHS PCP requirements. This includes the desire for continual improvement and agency practice reflecting the principles, elements and features of the Service Coordination Framework.
- 3: To continue to work with GPs to implement service coordination, and in particular, electronic referral.
- 4: To continue to support the acute sector to implement service coordination.
- 5: To support the development and/or implementation of statewide service coordination initiatives.
- 6: To ensure that the PCP structure and mechanisms are designed to achieve key strategic priorities

The service coordination goals complement the Department of Human Services Vision, which has remained constant.

- DHS Overall Vision (unchanged)**
- To support priority human services agencies which are new to Service Coordination implement the Better Access to Services (BATS) framework;
 - To work with Divisions of General Practice to support general practices to improve the quality of referral and care planning and in particular, implement the Victorian Statewide Referral Form;
 - To continue to support agencies that have successfully implemented the BATS operational framework for initial contact and INI and to support those agencies to implement BATS operational framework for assessment and care planning.

The workplan maps out the course of service coordination activities to be undertaken over the next 12 months. A midyear review will examine the range of strategies required for 2007/08

ELEMENTS OF SERVICE COORDINATION



KEY EXPECTATIONS

- Service delivery occurs at all points
- Referral can occur at any point
- Exit can occur at any point
- Common Tool Templates and Guidelines support all elements
- Information Management applies to all elements

SERVICE COORDINATION WORKPLAN

GOAL 1: TO SUPPORT EVIDENCE BASED PRACTICE AND THE EFFECTIVE USE OF RESOURCES.

Priority Area 1	Evaluation			
Objective	To achieve an increased focus on quality and continual improvement by ensuring that all deliverables, activities and projects directly undertaken or supported by the Primary Care Partnership, are linked to an evaluation framework.			
Strategies/Actions		Key Performance Indicator	Responsibility	Timing
<ol style="list-style-type: none"> 1. Develop a simple evaluation framework (consider QUIPPS) 2. Test the framework with one or more key activities 3. Refine the evaluation framework accordingly 4. Integrate evaluation with all work plans, project plans or implementation plans 5. Promote the evaluation framework to members 6. Link evaluation to PCP reporting mechanisms so that the various PCP structures receive regular reports in accordance with the evaluation framework 7. Support new organisations and programs implementing service coordination to use the evaluation framework 		Evaluation framework developed and implemented	Each agency to nominate own evaluation / accreditation framework	Ongoing

*DHS –creation of Service Coordination audit tool (agency non identifiable snapshot summary)
 -support for QiPPS / EquiP / QICSA models*

SERVICE COORDINATION WORKPLAN

GOAL 2: TO ENSURE ONGOING IMPLEMENTATION OF SERVICE COORDINATION IN ACCORDANCE WITH DHS PCP REQUIREMENTS. THIS INCLUDES THE DESIRE FOR CONTINUAL IMPROVEMENT AND AGENCY PRACTICE REFLECTING THE PRINCIPLES, ELEMENTS AND FEATURES OF THE SERVICE COORDINATION FRAMEWORK.

Priority Area 2	Service Coordination Standards		
Objective	To ensure 80% of agencies implementing service coordination do so in accordance with an agreed minimum standard		
Strategies/Actions	Key Performance Indicator	Responsibility	Timing
<ol style="list-style-type: none"> 1. Document agreed minimum standards 2. Develop a simple checklist/self-audit tool to reflect the standards 3. Encourage each organisation to self-assess service coordination practice against the minimum standards and take relevant action 4. Support agencies/practitioners to clearly understand the difference between Initial Needs Identification and assessment eg: through information about the standards 5. Collate information and analyse the overall agency performance in comparison to the minimum standards and identify general areas of strengths/ weaknesses 6. Provide an overall report to the PCP service coordination group 7. Determine priority areas for support and seek resources to assist (eg: training, decision making tools) 	<p>Minimum standards documented and understood by member agencies.</p> <p>% of member agencies where PPPS implemented 06/09.</p> <p>% of agencies doing INI, the % of clients receiving INI 06/09</p> <p>% of referrals that adhere to PPPS</p> <p>% of programs within member agencies implementing service coordination 06/09</p> <p>% of clients identified as likely to benefit from a multi-agency care plan who have one.</p>	<p>Member agencies to be signatories to revised KBPCP MOU</p>	<p>Baseline established by Feb 07</p> <p>Annual audit thereafter</p>

SERVICE COORDINATION WORKPLAN

GOAL 3: TO CONTINUE TO WORK WITH GPs TO IMPLEMENT SERVICE COORDINATION, AND IN PARTICULAR, ELECTRONIC REFERRAL.

Priority Area 3	GPs		
Objective	10% of referrals to agencies from GPs are made using SCTT e-ref GP Engagement Projects		
Strategies/Actions	Key Performance Indicator	Responsibility	Timing
1. Develop an educative package for GPs using e-referral	Numbers of referrals sent electronically 06/09.	All agencies that have dealings with GPs.	Baseline established by Feb 07
2. Link service coordination to project initiatives involving GPs	% of agencies involved in electronic referral 06/09.	Divisions of General Practice	Annual audits thereafter
3. Support GPLOs to develop and implement projects/strategies to ensure that service coordination is embedded within hospital to GP information exchange	% of clients that have GP details recorded on the SCTT and % of agencies consistently providing feedback to GPs 06/09		
4. Continue current project to develop generic e-referral models for GP practices, and processes and documentation to support e-referral pathways from the GP Practice using Connecting Care and practice client management systems	defined project outcomes		Dec 06

SERVICE COORDINATION WORKPLAN

GOAL 4: TO CONTINUE TO SUPPORT THE ACUTE SECTOR TO IMPLEMENT SERVICE COORDINATION.

Priority Area 4	Acute sector		
Objective	Given assistance to overcome a number of key obstacles, 50% of designated/programs areas within acute services implement service coordination for community referrals		
Strategies/Actions	Key Performance Indicator	Responsibility	Timing
<ol style="list-style-type: none"> 1. Seek management committee agreement to address the matter of duplicated e-ref systems 2. Host a high-level meeting to mediate outcomes and develop a long term strategy 3. Work in partnership to develop strategies and solutions 4. Submit a proposal to the DHS regional office for resources for specific interventions 5. Consider a cost-benefit analysis to clearly illustrates the implication of current barriers and the benefits of addressing them 	<p>Plan for resolution of e-ref issues within a given timeframe</p> <p>Achievement of a single regional e-ref system</p> <p>An increase in the number of acute programs actively implementing service coordination and e-ref</p>	<p>DHS Project - Eref Architecture Framework</p> <p>Acute Health Services / PCP</p>	<p>July 06</p> <p>Progress report - March 07</p>

SERVICE COORDINATION WORKPLAN

GOAL 5: TO SUPPORT THE DEVELOPMENT AND/OR IMPLEMENTATION OF STATEWIDE SERVICE COORDINATION INITIATIVES

Priority Area 5	Statewide service coordination initiatives			
Objectives	<ol style="list-style-type: none"> At least 30% of member agencies contribute to the development of statewide PPPS in accordance within the given project timeline Implementation of the revised SCTT tools by 80% of member agencies that utilize service coordination, within 6 months of release and/or training Respond to assessment initiatives from DHS program areas 			
Strategies/Actions	Key Performance Indicator	Responsibility	Timing	
<ol style="list-style-type: none"> Participate in the consultation process and reflect on the current PPPS to ensure the new version is increasingly user-friendly Support agencies to develop an implementation process for the new PPPS when finalised. This may include highlighting differences between the current and new statewide PPPS; developing a self-audit tool for agencies; promoting the PPPS to staff and providing information/education sessions 	Participation in consultation process Information/education sessions available for agencies/practitioners in relation to the new PPPS		Ongoing	
<ol style="list-style-type: none"> Ensure agency and practitioner access to training in relation to the revised SCTT tools when released Monitor uptake of revised tools, particularly for referral purposes 	Participation in training Uptake of the new SCTT tools by end 2006		June / July 06* Dec 06	
<ol style="list-style-type: none"> As DHS program areas develop and refine specific assessment tools (eg: HACC), ensure that member agencies are supported to implement these within the overall service coordination framework 	DHS program areas identified		Ongoing	

*** PARTICIPATION IN ONGOING SCTT REVIEW PROCESS 06-09**

SERVICE COORDINATION WORKPLAN

GOAL 6: TO ENSURE THAT THE PCP STRUCTURE IS DESIGNED TO ACHIEVE KEY STRATEGIC PRIORITIES

Priority Area 6	PCP structure		
Objective	To ensure the PCP structure continues to reflect strategic priorities		
Strategies/Actions	Key Performance Indicator	Responsibility	Timing
<ol style="list-style-type: none"> 1. Update the MOU and membership document as required 2. Continue to encourage agency commitment at multiple levels 3. Consider, in future, matching PCP meeting structures with those that will facilitate integrated catchment planning as documented in 'Care in your community' 4. Influence DHS via the management committee 	<p>Update</p> <p>Agency attendance at meetings</p> <p>To be developed</p> <p>Service Coordination Committee recommendations to Management Committee</p>	<p>Management Committee</p>	<p>July / Sept 06</p> <p>Ongoing</p> <p>Monthly</p>

KINGSTON BAYSIDE PRIMARY CARE PARTNERSHIP 2006-2009

OPERATIONAL PLAN

CHRONIC DISEASE MANAGEMENT

PCPs have an important role to play in bringing services together to develop systems that support a coordinated approach to the planning and delivery of service to clients with chronic disease.

CBCHS has recently been funded as part of the Early Intervention into Chronic Disease Management Program (EIICDM) and is currently developing its model and implementation plan.

KBPCP's role will be to work with CBCHS to include relevant member agencies in the delivery of its CDM model.

At this stage, KBPCP Service Coordination Committee and the Project Team will be considering the following activities and measures to be included in the 2006-2009 Community Health Plan. It is anticipated that this work will be completed by December 2006.

FOCUS FOR ACTIVITY IN 2006-2009

All PCPs

- Map the existing service system for self-management. Moderate and facilitate planning processes for self management with member organisations to respond to gaps identified in the mapping process;
- Define roles and responsibilities of service providers, especially acute and CHSs in relation to the provision of self management interventions for people with chronic and complex needs and document this in local PPPS. In addition, describe in local PPPS, the process for determining the most suitable self management intervention for individual clients, including where and by whom the intervention is best delivered;
- Improve integrated chronic disease management for those clients with chronic and complex conditions by reviewing and including specific requirements in local PPPS for the identification of clients requiring this intervention and cross disciplinary / multi organisation, (including GP) Care Planning;
- Improve levels and the quality of care planning for clients that require it including GP involvement;
- Continue to implement the BATS framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by member organisations, particularly as it relates to people with chronic disease and complex needs;
- Strengthen approaches to address disadvantage and health equality in IHP, including barriers to participation such as chronic disease.

PCPs working with one or more CHSs funded under the EIiCD initiative

- improve communication and participation of agencies, particularly GPs, in care planning;
- develop information management systems to support care plan implementation, monitoring and review;
- support the adoption of care pathways to ensure that clients get the right care in the right place, regardless of where they enter the service system;
- support delivery system design that means agencies provide proactive care rather than reactive care,

- develop and implement decision support tools and clinical information systems to support chronic disease management care implementation, monitoring and review,
- support related workforce development, including approaches to self management for CHSs and general practice;
- support communication and marketing strategies (developed in conjunction with the DGP) that promote the benefits and availability of local self management interventions to GPs;
- Dissemination of transferable change management lessons;
- Compliance with AIPC evaluation framework.

MEASURES 2006/07: MEASURING PARTNERSHIP PROGRESS

All PCPs

1. Satisfactory completion of the Integrated Chronic Disease element of the Community Health Plan, which complies with DHS frameworks, and addresses identified ICDM foci (3 yr plan with annual review and updates if required);
2. Summary findings from self management mapping exercise;
3. Inclusion of a statement in local PPPS which identifies the specific roles and responsibilities of organisations such as acute and community health services in the provision of self-management interventions. In addition, include in local PPPS, a process for determining the most suitable self management intervention for clients, including where and by whom the intervention is best delivered;
4. Inclusion of content relating to integrated chronic disease management in PPPS, including cross disciplinary/multi organisation, (including GP) care planning;
5. % of member organisations that have implemented the integrated chronic disease management component of the PPPS including cross organisation/ multidisciplinary (including GP) care planning;
6. % of member organisations with clear criteria for identifying clients requiring care planning and a process to audit compliance with the criteria.

PCPs working with one or more CHSs funded under the ElicD initiative

In addition to the requirements for all PCPs, those PCPs funded at a level, which is above the minimum funding under the Early Intervention in Chronic Disease initiative, should supply the following:

7. % of member organisations that have implemented systems that support care plan implementation, monitoring and review;
8. % member organisations that have implemented systems that support care pathways implementation, monitoring and review;
9. % member organisations that have implemented changed communication systems with General Practice relating to integrated chronic disease management;
10. number of presentations to practice nurses through continuing nurse education sessions and/or to GPs through continuing professional development sessions on available self management interventions.

KINGSTON BAYSIDE PRIMARY CARE PARTNERSHIP 2006-2009

OPERATIONAL PLAN

MENTAL HEALTH

MENTAL HEALTH

As highlighted in the previous Kingston Bayside Community Health Plan, Mental Health remains a priority health issue for the KBPCP, and reiterates the rationale for its priority focus, namely:

- Mental health problems are a significant personal and social problem
- The costs of mental health problems are significant
- Interventions to promote mental health need to be at the community level and not just with the individual
- Mental health promotion is a key concern for Primary Care Agencies.

The Mental Health Advisory Committee [MHAC], which has both PCP members and non-PCP members, is convened under the KBPCP Management Committee and was established with four areas as a focus for its activities:

1. Partnerships and holistic care planning
2. Provider knowledge / literacy
3. Access for people with dual disability
4. Community access and participation.

The MHAC has initiated two major Mental Health Promotion projects entitled:

1. ***Improving the response to mental health issues***, the objectives of which are to ensure a better understanding of the profile of particular population groups with mental health issues and that KBPCP member agencies better coordinate their mental health strategies within the Kingston bayside catchment; and
2. ***Improve the communication between service providers and GPs***

IMPROVE THE RESPONSE TO MENTAL HEALTH ISSUES WITHIN KINGSTON BAYSIDE CATCHMENT

Priority Goal 1:	Improve the response to mental health issues within Kingston Bayside catchment			
Objective 1:	By September 2006 develop an informed MHAC with a diverse membership			
Objective 2:	By July 2006 compile a profile of mental health issues in the Kingston Bayside catchment that identifies needs of particular population groups			
Objective 3:	By September 2006, develop collaborative strategic plan integrated across all service providers			
Objective 4:	By December 2006 improve mental health literacy across KBPCP catchment			
PCP KEY STAKEHOLDERS	Summary of strategies	Key Performance Indicator	Estimated Timelines	Resources
MHAC DHS Southern Health / Bayside Health PCP Member agencies	<p>Ensure that the structure and operation of the MHAC are designed to achieve key strategic priorities by:</p> <ul style="list-style-type: none"> • Review terms of reference / role definition • Identify appropriate membership • Roles of contributors identified <ul style="list-style-type: none"> - DHS input - SH/BH input - Agency input 	<ul style="list-style-type: none"> • Review completed • Recruit members • Contributions from stakeholders 	<p>July 2006</p> <p>Ongoing</p> <p>July 2006</p>	
MHAC	<p><i>To ensure a better understanding of the profile of particular population groups with mental health issues:</i></p> <ul style="list-style-type: none"> • SEEK INPUT FROM AMHS • Seek input from GPs • Seek input from agencies 	<ul style="list-style-type: none"> • Consultation with agencies completed • Data gathering completed • Completion of data gathering and profile development 	<p>June / July 2006</p>	

KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2006-2009

<p>MHAC Project Officer</p>	<p>To ensure that KBPCP member agencies better coordinate their mental health strategies within the Kingston Bayside catchment:</p> <ul style="list-style-type: none"> • Identify issues / patterns from profile data • Identify participating agencies' strategic plans/ directions that are impacted by profile data • Identify agency actions that can be assisted by MHAC • Develop recommendations to implement above 	<ul style="list-style-type: none"> • Appoint Consultant • Profile development completed • Plans examined / actions identified • Final recommendations developed 	<p>July / Dec 2006</p>	
<p>Project Officer PMHT Stakeholders</p>	<ul style="list-style-type: none"> • Identify and map range of mental health resources suitable for mental health literacy education program initiatives. • Identify and engage appropriate community groups/members and service providers • Develop links with KBPCP Older Person's Working Group 	<ul style="list-style-type: none"> • Audit completed • Stakeholders identified and engaged • Communication lines established between committees 	<p>July - Dec 06</p>	
<p>ESTIMATED TOTAL BUDGET PER GOAL:</p>				<p>\$2500</p>

IMPROVE THE RESPONSE TO MENTAL HEALTH ISSUES WITHIN KINGSTON BAYSIDE CATCHMENT

Priority Goal 2:	Improve the communication between service providers and GPs			
Objective 1:	By December 2006 'Best Practice Guidelines' for communication implemented between Mental Health Services and General Practitioners.			
Objective 2:	Encourage 'Shared Care' approach to patient management			
PCP KEY STAKEHOLDERS	Summary of strategies	Key Performance Indicator	Estimated Timelines	Resources
GP Divisions Area Mental Health Services Primary Mental Health Team	<ul style="list-style-type: none"> Engage with Mental Health Services to seek support for introduction of: <ul style="list-style-type: none"> 'Best Practice Guidelines' and 'Shared Care' agreement. Work with AMHS to develop relationships with General Practitioners through Liaison Officer/Divisions of GP including practice visits Assist AMHS to build understanding in clients of 'Shared' and 'Integrated' care approach i.e. both mental and physical health needs will be addressed. Collect base-line data of current contacts with GPs. 	<ul style="list-style-type: none"> Acceptance of 'Best Practice Guidelines' with at least one Mental Health Service provider. Increased contacts between General Practitioners and Mental Health Service. Increased use of service coordination pro forma. Establishment of Shared Care agreement between MH service and GP. Data collected demonstrating improved communication between MH service and GPs In 6 months conduct comparative review of contacts 	Jul - Dec 06	
ESTIMATED TOTAL BUDGET PER GOAL:				\$5000

KINGSTON BAYSIDE PRIMARY CARE PARTNERSHIP 2006-2009

OPERATIONAL PLAN

HEALTH PROMOTION

IMPLEMENTATION PROCESS KBPCP 2006-2009 CHP

The process for developing the 2006-2009 CHP began in October 2005, after evaluating the 2005-2006 CHP and recognizing that some objectives were not measurable.

All member agencies and interested service providers from non-member agencies were invited to participate in an inclusive process to developing the 2006 – 2009 CHP. Efforts were made to expand involvement in the planning process in response to issues identified as part of the KBPCP Health Promotion Committee undertaking the Partnership Analysis Tool.

The process for the development of the 2006-2009 CHP began with a brainstorming exercise where everyone was invited to present their current and future priority areas, which were then collated and enabled KBPCP to develop an overall picture of the future.

The Management Committee supported the recommendation to initiate a facilitation process to further develop the plan. This was embarked on, not just as a process for developing the plan, but also as a process of capacity building in both the partnership and workforce areas.

Representatives nominated and worked in priority areas of their choice, expertise and interest. The priorities chosen were a reflection on past work and an identification of emerging issues. Both Mental Health and Physical Activity remain priorities of KBPCP, whereas Food and Nutrition is an emerging issue. Community Participation is seen as an area that will need initial input and then the practice will be embedded into Health Promotion and all working groups.

The facilitated process continued over three sessions and the smaller working groups met independently to this and developed rationale, goals and objectives supported by the KBPCP Health Promotion Coordinator.

- The Health Promotion Committee then reviewed the draft IHP plan
- Management Committee endorsed the draft IHP plan and process
- the goals and objectives were developed and the evaluation framework and plans were finalized
- Membership of each working group has been established
- Chairs to these working groups have been elected and implementation commenced

As a sign of the growing maturity of the Partnership, 45 individuals were involved in this process, representing a broad cross section of agencies including both primary care and non health related agencies, member and non member agencies. The Partnership is now capturing a range of workers from various agencies in both the planning and delivery of the CHP.

The strong representation from non-member agencies has also enhanced the Partnership. These agencies are seeing that the KB PCP:

- As an effective partnership
- Is a supportive environment
- Is achieving set goals

Summary

The development of the 2006 -2009 CHP has been more inclusive than before and has included a broader cross section of agencies and representatives. It has enabled growth in terms of participating members, the scope of the plan and its flexibility. This process has delivered and improved goals, objectives and strategies that are both achievable and measurable.

HEALTH PROMOTION

VISION STATEMENT

The Kingston Bayside Primary Care Partnership will work collaboratively to empower communities of Kingston and Bayside to optimise their health. Embracing the Social Model of Health, the Partnership will deliver quality Health Promotion Initiatives.

SUMMARY STATEMENT OF PRIMARY CARE PARTNERSHIP

The Kingston Bayside Primary Care Partnership members consider that the alliance is one of cooperation where integrated health promotion is a priority. There is a high level of trust between partners and the capacity to enhance the members for mutual benefit and a common purpose.

PRIORITY TOPICS

Mental Health & Social Connectedness
Physical Activity
Food & Nutrition
Community Participation

PARTNERSHIP INVESTMENTS

The Department of Human Services has allocated \$207,000.00 to the Kingston Bayside Primary Care Partnership to deliver Integrated Health Promotion activities for 2006 - 09. The Partnership members have demonstrated their response through the commitment of their agencies to the objectives outlined in the appendices templates.

It is important to note that this agency commitment can also be translated into a substantial financial indicator. This table represents the investment by KBPCP and its member agencies into Health Promotion over the life of the current work plan timelines and is not indicative of the commitment for the total 2006 – 2009 CHP.

Priority Area	PCP Project Resources	Member Agencies Resources	Additional Funding
<i>Mental Health & Social Connectedness</i>	\$35,600.00	\$59,860.00	Local Answers \$188,247.00
<i>Physical Activity</i>	\$20,000.00	\$13,600.00	WFL \$35,000.00 Walking Grant \$1,000.00
<i>Food & Nutrition</i>	\$16,000.00	\$21,000.00	
<i>Community Participation</i>	\$17,500.00	\$16,600.00	
<i>Sub Total</i>	\$89,100.00	\$111,060.00	\$224,247.00
<i>Total</i>			\$384,407.00

SUPPORTING RATIONALE

Definition: Mental Health is the embodiment of social, emotional and spiritual wellbeing. Mental Health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just. ¹

Global Evidence:

There has been increasing recognition of the growing impact of mental health problems and disorders. It is predicted that by the year 2020 depression alone will be the second highest cause of disease burden worldwide. Addressing this burden has been identified as a pressing priority of the World Health Organization. ²

Psychological risks such as insecurity and lack of control over one's work and home life can increase the chances of poor mental health with those who are most disadvantaged at greatest risk:

- Those living in poverty or unemployed
- Those who are ill, disabled, emotionally vulnerable
- Migrants, ethnic minority groups, refugees and their children
- Those who experience violence
- Children in their early years whose parents experience mental exhaustion and depression
- Those who are socially isolated.³

National Evidence:

Poor mental health is recognised as a growing cause of morbidity in Australia.

Depression is a risk factor for cardiovascular disease, diabetes and cancer, significantly affecting people's quality of life.⁴

Young people – a sense of stability, positive school experiences, opportunities to take part in purposeful activity, social support and friendships, and control over their lives are recognised as important in promoting resilience in young people in care. Outcomes as adults were better for those children that had a lasting and significant relationship with at least one parental figure or with one of the two families they had been dependent on. ⁵

State Evidence:

The VicHealth framework identifies three overarching social and economic determinants of mental health;

1. **Social inclusion** is about making sure that all children and adults are able to participate as valued, respected and contributing members of society.⁶ Mental health is a key outcome of social inclusion.
2. **Addressing violence and discrimination.** Race, ethnicity, sexuality, disability and gender are factors that contribute to social exclusion.

¹ Keheler, H & Armstrong, R (2005), *Evidence-base mental health promotion resource*, Report for the Department of Human Services and VicHealth, Melbourne

² World Health Organisation 2001

³ Wilkinson, R & Marmot, M. (1998), *The Solid Facts*, The World Health Organisation.

⁴ Keheler, H & Armstrong, R (2005), *Evidence-base mental health promotion resource*, Report for the Department of Human Services and VicHealth, Melbourne

⁵ Cashmore & Paxman (2006) *'Felt' security and after care outcomes*, Social Policy Research Centre University of New South Wales, Sydney, Australia

⁶ Laidlaw Foundation (2002), Foreword: *The Laidlaw Foundation's perspective on social inclusion*. Perspectives on Social Inclusion Working Paper Series. Canada

Youth violence, bullying, child abuse and neglect, family violence, abuse of the elderly, sexual abuse and self harm are identified as violence. Partner violence is responsible for 9 percent of the total disease burden for women aged 15 – 45 years.

- 3 ***Increasing access to economic resources.*** People with lower levels of income security have significantly worse health outcomes. Living with persistently low income contributes to heart disease, diabetes, and poor mental health.⁷

Young people reporting poor social connectedness (that is, having no one to talk to, no one to trust, no one to depend on and no one who knows them well) are between 2 and 3 times more likely to experience depressive symptoms compared with peers who reported the availability of more confiding relationships. Evidence of significant and persistent correlation has been found between poor social networks and mortality from almost every cause of death.⁸

Young People experiencing homelessness experience poorer health outcomes and are reluctant to access mainstream health services.

Families - Experiences in childhood lay the foundation for mental health later in life. Investing in programs that not only focus on children's health but support and connect parents through all stages of children's growth and development has resulted in significant benefits to the physical and emotional health of families.

Young parents often experience social, economic and educational disadvantage. Children's access to environments that support healthy development are largely governed by the socio-economic circumstances of their parents. Promoting young parents mental health and social inclusion, in turn fosters their children's opportunities for social participation and skill development.⁹

Older People spans the age group from 65 years and over and/or who have an age related disability. There is strong evidence that higher rates of mental health problems in older people are associated with bereavement and/or isolation or lack of social networks. Socially isolated people die at two or three times the rate of people with a network of social relationships and sources of emotional support.¹⁰

People from Culturally and Linguistically Diverse (CALD) backgrounds are more likely to experience discrimination and racism, which impacts on self esteem, feeling of belonging and personal safety. Equity in opportunities to belong or connect to a community is essential to the promotion of mental health.¹¹

Local Evidence:

Burden of Disease data (2001) reveals that depression is ranked in the top 5 conditions for both males and females in Kingston and Bayside. Dementia is in the top 5 conditions for females in Bayside and Kingston, the top 5 for Bayside males and in the top 10 for Kingston males. Suicide is ranked 11th for Kingston males and 12th for Bayside males. Generalised anxiety disorder is in the top ten for both Kingston and Bayside women.

⁷ Keheler, H & Armstrong, R (2005), *Evidence-base mental health promotion resource*, Report for the Department of Human Services and VicHealth, Melbourne

⁸ *Vic Health (2005)*, Research Summary 2 Social Inclusion as a determinate of mental health and wellbeing.

⁹ Jolley.G & Masters.S (2004), *Talking Realities Evaluation Report (2004)*, South Australia Community Health Research Unit: Flinders Medical Centre, South Australia

¹⁰ VicHealth (1999), *Mental Health Promotion Plan 1999-2002*

¹¹ National Public Health Partnership, Healthy Children (2005), *Strengthening Promotion and Prevention across Australia. A National Public Health Framework for Children 2005-2008*, NPHP, Melbourne

MENTAL HEALTH & SOCIAL CONNECTEDNESS

Ischaemic heart disease is the top ranked condition for both males and females in both Kingston and Bayside (Burden of Disease 2001). According to the National Heart Foundation, depression, social isolation and lack of social support are significant risk factors for coronary heart disease that are independent of risk factors such as smoking, high cholesterol and hypertension and are of a similar magnitude¹².

City of Kingston identified mental health and social connectedness as a priority in the Municipal Public Health Plan 2006 – 2009.¹³ Parents who participated in the development of the City of Kingston Early Years Plan identified social isolation and poor transport as contributing factors to their mental health.¹⁴

A community that is inclusive and provides opportunities for everyone to participate in community life is a goal of the Bayside Municipal Public Health Plan 2004-2008. Adolescents, older adults, low-income households and recent mothers are identified target groups for Bayside.¹⁵

A City of Bayside consultation with community members and service providers identified a need for parent education sessions for parents with preschool children.¹⁶

The Kingston Bayside Primary Care Partnership (KBPCP) Health Promotion Strategy *'Depression and Emotional Wellbeing in Older Persons in the Kingston Bayside Area'* was undertaken by RDNS Institute of Community Health in 02-03. The report found:

- Most elderly people with depression simply wanted to participate in more social activities and to have “someone to talk to”
- The main barriers to elderly people getting support for emotional problems from local services were ill health, disability and a lack of knowledge about where to find help
- Better coordination was needed between community health service providers in relation to the way clients with depression were assessed, managed and referred to other agencies
- Approximately 40 percent of service providers were unable to estimate the percentage of their elderly clients who were depressed
- Only one-third of service providers had been required to train in mental health issues to help them manage depression in elderly people.

KBPCP identified mental health as a priority issue in the 2004/2006 Community Health Plan.

Central Bayside Community Health Services and Bentleigh Bayside Community Health Service have identified mental health as a priority issue in their 2006/2009 Integrated Organisational Health Promotion Plan.

Local agencies working with homeless or at risk (of homelessness) young people have identified this group as having particular barriers to developing positive relationships and being part of supportive networks.

¹² Bunker, S.J., et al. (2003), “Stress” and coronary heart disease: psychosocial risk factors. *National Heart Foundation of Australia position statement update*. Medical Journal of Australia, 2003. 178: 272-276.

¹³ City of Kingston *Municipal Public Health Plan 2006 – 2009*. Melbourne

¹⁴ City of Kingston *Municipal Early Years Plan*, Melbourne

¹⁵ Bayside City Council (2004), *Municipal Public Health Plan 2004-2008 - Bayside City Council*. Melbourne

¹⁶ City of Bayside (2004), *Municipal Early Years Plan (2004-2008)* Melbourne

MENTAL HEALTH & SOCIAL CONNECTEDNESS

PROBLEM DEFINITION

Goal: To strengthen family and community connections in the Kingston Bayside Communities.

Target Groups:

- People aged 65 years and over and/or who have an age related disability
- Young people: pregnant and parenting young women, secondary school students, homeless or 'at risk'.

Objectives:

1. By June 2009, Kingston Bayside Primary Care Partnership will have increased awareness about the relationship between teenage parenting and social connectedness in young people attending secondary schools in the Kingston Bayside area.
2. By March 2007 Kingston Bayside Primary Care Partnership will have identified two strategies to increase social connectedness of homeless and 'at risk' young people living in Kingston and Bayside.
3. By June 2007 Kingston Bayside Primary Care Partnership will identify two strategies to address social isolation in older people living in the Kingston and Bayside area.

SOLUTION GENERATION

For the 2006-2009 Community Health Plan, the planned health promotion interventions are as follows:

Objective 1:

- To deliver Talking Realities Young Parent program to at least 4 schools in Kingston Bayside in 2006
- To deliver Talking Realities Peer Education and training program in 2007
- To continue to provide ongoing support and training to peer educators as required

Objective 2:

- To identify two strategies to increase social connectedness of homeless and 'at risk' young people by March 2007.

Objective 3:

- To identify two strategies to address social isolation in older people living

EVALUATION AND DISSEMINATION PLANNING

Evaluation Planning Summary Grid – Mental Health & Social Connectedness

Priority goal	To strengthen family and community connections in the Kingston Bayside Communities		
Target population:	Young mothers and secondary school students		
Objective 1	<p>By June 2009, Kingston Bayside Primary Care Partnership will have increased awareness the relationship between teenage parenting and social connectedness in young people attending secondary schools in the Kingston Bayside area.</p> <p>Impact:</p> <ul style="list-style-type: none"> 90% of students participating in the program report an increase in knowledge about relationships and young parenting. 		
Strategies	Key questions (what so we need to know to decide if we have achieved this objective?)	What information do we need to answer these questions?	How will this information be collected, by whom and by when?
To deliver Talking Realities Young Parent program Kingston Bayside to at least 4 schools in Kingston Bayside in 2006	<ul style="list-style-type: none"> How many schools participated in the Talking Realities program? How many students participated in the Talking Realities program? Did the program increase understanding of relationships and social connectedness? 	<ul style="list-style-type: none"> Documented bookings Participation list Feedback from students 	<ul style="list-style-type: none"> Program register Peer educators report Session evaluation forms
To deliver Talking Realities Peer Education program in 2007	<ul style="list-style-type: none"> How many parenting young women completed peer educator training? How satisfied were participants with the training? 	<ul style="list-style-type: none"> Participation list Feedback from peer educators 	<ul style="list-style-type: none"> Training evaluation forms Certificates of completion
To continue/provide ongoing support and training to peer educators as required	<ul style="list-style-type: none"> Do peer educators feel supported in their role? Are issues that arise resolved? 	<ul style="list-style-type: none"> Feedback from peer educators 	<ul style="list-style-type: none"> Notes from debriefing sessions Minutes of steering group meeting Reports from coordinator

KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2006-2009

<p>Objective 2</p>	<p>By March 2007 Kingston Bayside Primary Care Partnership will have identified two strategies to increase social connectedness of homeless and ‘at risk’ young people living in Kingston and Bayside. Impact: Two evidence based strategies identified</p>		
<p>Strategies</p>	<p>Key questions (what so we need to know to decide if we have achieved this objective?)</p>	<p>What information do we need to answer these questions?</p>	<p>How will this information be collected, by whom and by when?</p>
<p>Establish a partnership that has representation across a range of sectors and disciplines.</p>	<ul style="list-style-type: none"> • Has a collaborative partnership developed with a range of sector representation? • How many agencies were engaged in the process? • Were appropriate partners engaged? • Have levels of partnership and collaboration increased during the planning process? • Were members of the partnership satisfied with the process and outcomes • What were the critical success factors and barriers to increasing partnership and collaboration? 	<ul style="list-style-type: none"> • Minutes of working group meetings • Feedback from partnership members. 	<ul style="list-style-type: none"> • Minutes of working group meetings
<p>Identify best practice programs across a range of settings and population groups.</p>	<ul style="list-style-type: none"> • What strategies have been identified? • How do we know strategies are evidenced based? • Do they address social isolation in the identified target group? 	<ul style="list-style-type: none"> • Records of evidence based strategies • Documentation of literature review process • Link between identified strategies and population group documented 	<ul style="list-style-type: none"> • Strategies documented in 2007/2008 annual plan • Minutes of working group meetings • Documented rationale identifies research sources and findings.

KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2006-2009

<p>Objective 3</p>	<p>By June 2007 Kingston Bayside Primary Care Partnership will identify two strategies to address social isolation in older people living in the Kingston and Bayside area.</p> <p>Impact: Two evidence based strategies identified.</p>		
<p>Strategies</p>	<p>Key questions (what so we need to know to decide if we have achieved this objective?)</p>	<p>What information do we need to answer these questions?</p>	<p>How will this information be collected, by whom and by when?</p>
<p>Establish a partnership that has representation across a range of sectors and disciplines.</p>	<ul style="list-style-type: none"> • Has a collaborative partnership developed with a range of sector representation? • How many agencies were engaged in the process? • Were appropriate partners engaged? • Have levels of partnership and collaboration increased during the planning process? • Were members of the partnership satisfied with the process and outcomes • What were the critical success factors and barriers to increasing partnership and collaboration? 	<ul style="list-style-type: none"> • Minutes of working group meetings • Feedback from partnership members. 	<ul style="list-style-type: none"> • Minutes of working group meetings
<p>Identify best practice programs across a range of settings and population groups.</p>	<ul style="list-style-type: none"> • What strategies have been identified? • How do we know strategies are evidenced based? • Do they address social isolation in the identified target group? 	<ul style="list-style-type: none"> • Records of evidence based strategies • Documentation of literature review process • Link between identified strategies and population group documented 	<ul style="list-style-type: none"> • Strategies documented in 2007/2008 annual plan • Minutes of working group meetings • Documented rationale identifies research sources and findings.

MENTAL HEALTH & SOCIAL CONNECTEDNESS

SUPPORT AND RESOURCES

The key stakeholders are:

Objective 1 (Talking Realities Working Group):

**Central Bayside Community Health Services
Bentleigh Bayside Community Health Service
Bayside City Council
Kingston City Council
Women's Health in the South East
School Focused Youth Services
School representative
Southern Health/Alfred CAMS**

Objective 2 (Social Connectedness – homeless and at risk young people):

**Bentleigh Bayside Community Health Service
Bayside City Council
Kingston City Council
Women's Health in the South East
Southern Direction
Taskforce Community Agency JPET
Victoria Police
Centrelink
Young Women's Outreach Program
Family Life
Reach Out Southern Mental Health**

Objective 3 (Social Connectedness – older adults)

**Central Bayside Community Health Services
Bentleigh Bayside Community Health Service
Bayside City Council
Kingston City Council
Southern Health
Royal District Nursing Service
BaptCare**

For details of Integrated Health Plan (IHP) strategies refer to table 1 on page 56

SUPPORTING RATIONALE

Definition:

Physical activity is all movements in everyday life, including work, recreation, exercise, and sporting activities. (World Health Organisation, 1997)

Global Evidence:

Physical inactivity is one of the leading causes of major non-communicable diseases including cardiovascular disease, type 2 diabetes, some cancers and falls in the elderly. An integrated approach to addressing the causes of decreasing levels of physical activity will contribute to reducing the future burden of non-communicable diseases.¹

National Evidence:

Physical inactivity is recognised as the second most important risk factor that contributes to the burden of disease, morbidity and mortality in Australia.² Fifty four percent of the adult population are not sufficiently active to achieve health benefits (7.27million).³

State Evidence:

Physical activity is responsible for 4.1 percent of the total burden of disease and 68 percent of this burden is due to the increased risk of cardiovascular disease in inactive people.⁴

Population groups at most risk:

- Women with dependant children
- People aged 40-50 years
- Those with lower levels of education
- Those with poorer health
- People who do not speak English
- People with low socio-economic status⁵⁶

Local Evidence:

Significant numbers of Bayside residents are not achieving sufficient physical activity levels to achieve health benefits⁷. In Bayside, the most frequent cause of injuries to older adults is a fall.⁸

Kingston Bayside Primary Care Partnership (KBPCP) identified physical activity as a priority issue in the 2004/2006 Community Health Plan.

Central Bayside Community Health Services (CBCHS) and Bentleigh Bayside Community Health Service have identified physical activity as a priority issue in their 2006/2009 Integrated Organisational Health Promotion Plan.

CBCHS Active Mums/Active Kids project identified of those surveyed only 24 percent of mothers with young reached the national guidelines for physical activity.⁹

¹ Global Strategy on Diet, Physical Activity and Health, WHO, 2004

² Bauman A, Bellew B, Vita P, Brown W, Owen N, 'Getting Australia Active: towards better practice for the promotion of physical activity'. National Public Health Partnership Melbourne, Australia, March 2002

³ Heart Foundation, Fact Sheet, 2001

⁴ Victorian Burden of Disease Study – Mortality and morbidity in 2001, Department of Human Services, 2005

⁵ Garrad, J, Lewis, B, Keleher, H, Tunny, N, Burke, L, Harper, S & Round R 2004, 'Planning for healthy communities: reducing the risk of cardiovascular disease and type 2 diabetes through healthier environments and lifestyles, Victorian Government Department of Human Services, Melbourne, 2004.

⁶ Victorian Population Health Survey 2004

⁷ Bayside City Council, 2004, 'Community Wellbeing Survey' Melbourne, Australia.

⁸ Bayside Council, 2004, 'Bayside Community safety Framework 2004-2008', Melbourne Australia

PHYSICAL ACTIVITY

PROBLEM DEFINITION

Goal: To improve participation in physical activity in the Kingston and Bayside communities.

Target Group:

- Planned Activity Group (PAG) clients/participants
- People with low participation rates in physical activity within Kingston and Bayside communities.

Objectives:

1. By June 2007 people attending PAGs participating in the 'Well for Life' project in Kingston Bayside area, will have increased their participation in physical activity.
2. By June 2007, the KBPCP will have identified at least one group that has limited access to physical activity opportunities in the Kingston Bayside area.

SOLUTION GENERATION

For the 2006-2009 Community Health Plan, the planned health promotion interventions are as follows:

Objective 1:

- To train staff and/or volunteers to provide strength training and tai chi
- To establish 4 new strength training groups in the Kingston Bayside area
- To establish 2 new tai chi groups in the Kingston Bayside area
- To increase the capacity of PAG workforce to assist in the promotion of physical activity

Objective 2:

- Collect information from KBPCP member agencies on identified needs.

⁹ Central Bayside Community Health Services, 2005, 'Active Mums/Active Kids Physical Activity Report, Melbourne Australia.

EVALUATION AND DISSEMINATION PLANNING

Evaluation Planning Summary Grid - Physical Activity

<i>Priority goal</i>	To improve participation in physical activity in the Kingston and Bayside communities.		
Target population:	Planned Activity Group (PAG) clients/participants		
Objective 1	By June 2007 people attending PAGs participating in the 'Well for Life' project in Kingston Bayside area, will have increased their participation in physical activity. Impact: <ul style="list-style-type: none"> 70% of PAG clients increase their participation in physical activity 		
Strategies	Key questions (what so we need to know to decide if we have achieved this objective?)	What information do we need to answer these questions?	How will this information be collected, by whom and by when?
To train staff and/or volunteers to provide strength training and tai chi	<ul style="list-style-type: none"> How many staff/volunteers took part in the training? Did the training provided meet the needs and expectations of the people attending? 	<ul style="list-style-type: none"> Training records Training evaluation feedback 	<ul style="list-style-type: none"> Certificates of completion Training evaluation forms Minutes of meetings
To establish 4 new strength training groups in the Kingston Bayside area	<ul style="list-style-type: none"> How many new strength training groups were established? How many people are participating in the groups? Are participants satisfied with the groups? Have participants experienced benefits of participating in physical activity? 	<ul style="list-style-type: none"> Records of where and when new groups are operating Participant feedback 	<ul style="list-style-type: none"> Minutes of meetings Email records Attendance register Strength training evaluation forms Survey and objective measures of benefits of participating in strength training
To establish 2 new tai chi groups in the Kingston Bayside area	As above	As above	As above
To increase the capacity of PAG workforce to assist in the promotion of physical activity	<ul style="list-style-type: none"> How many staff/volunteers took part in the workshop? Did the training meet the needs and expectations of the people attending? Did understanding and knowledge of benefits of physical activity increase? Did the PAG workforce use the knowledge and skills gained through training in the promotion of physical activity? Did opportunities for physical activity increase in PAGs? 	<ul style="list-style-type: none"> Establish pre intervention and post intervention levels of knowledge concerning promotion of physical activity amongst PAG workforce participants in training workshop Establish levels of satisfaction with the PAG workforce training workshops Records of activities that incorporate physical activity in PAGs. 	<ul style="list-style-type: none"> Workshop evaluation forms Minutes of meetings Program records Survey/focus groups

KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2006-2009

<i>Priority goal</i>	To improve participation in physical activity in the Kingston and Bayside communities		
Target population:	People with limited access to physical activity opportunities in the Kingston Bayside		
Objective 2	By 06/07, the KBPCP will have identified at least one group that has limited access to physical activity opportunities in the Kingston Bayside area. Impact: <ul style="list-style-type: none"> • At least one group identified for priority action 		
Strategies	Key questions (what so we need to know to decide if we have achieved this objective?)	What information do we need to answer these questions?	How will this information be collected, by whom and by when?
Consult with service providers and community members	<ul style="list-style-type: none"> • Were the appropriate stakeholders engaged in the identification of the target group(s)? • How many local agencies/groups participated? • How was the priority group(s) identified? 	<ul style="list-style-type: none"> • Records of meetings • Rationale for identification of target group documented 	<ul style="list-style-type: none"> • Minutes of partnership meetings (chair of working groups/minute taker) • Target group(s) documented in CHIPIA.

PHYSICAL ACTIVITY

SUPPORT AND RESOURCES

The key stakeholders are:

**Bentleigh Bayside Community Health Service
Central Bayside Community Health Services
Bayside City Council
Kingston City Council
Southern Health
Sandybeach Centre
Leighmoor**

For details of IHP strategies refer to table 2 on page 59

SUPPORTING RATIONALE

Definition:

“**Healthy eating** is more than just eating nutritious foods. It also encompasses the inherent cultural, economic and social factors of buying and preparing food, and sharing it with others.”¹

Food security is regarded as the state in which all persons obtain nutritionally adequate, culturally acceptable, safe foods regularly through non-emergency resources. Food security broadens the traditional concept of hunger, embracing a systematic view of the causes of hunger and poor nutrition within a community while identifying the changes necessary to prevent their occurrence.²

Global Evidence:

Adults – Unhealthy diets and physical inactivity are among the leading causes of major non-communicable diseases including cardiovascular disease, type 2 diabetes and some cancers. An integrated approach to the causes of unhealthy diet and decreasing levels of physical activity will contribute to reducing the future burden of non-communicable diseases.³

Babies – Maternal health and nutrition before and during pregnancy are important contributing factors in the prevention of non-communicable diseases, as is early infant nutrition.

National Evidence:

Nutrition is fundamental to health and to the prevention of disease and disability. Proper and adequate nutrition is closely related to optimal growth, good education outcomes and health throughout life, and contributes to the economic and social wellbeing of society. The prevention of nutrition-related diseases includes strategies to manage both over-nutrition and under-nutrition.

Under-nutrition is related to the nutritional density of the diet and remains a significant issue.

Vulnerable groups:

- Older adults,
- People with chronic disability and/or illness,
- Some Aboriginal and Torres Strait Islander communities,
- Socio-economically disadvantaged groups, including homeless people
- Those who suffer from substance abuse and/or alcoholism.

State Evidence:

Adults – Almost 20 percent of burden of disease attributable to cardiovascular disease and such health problems as diabetes are linked to poor eating. The disease burden associated with a high body mass is 8.0 percent of the overall burden. Ischaemic Heart Disease (IHD) is by far the largest cause of years of life lost in both men and women.⁴

The majority of Victorians eat too few fruits and vegetables. Eating enough fruits and vegetables prevents mostly cancer and, to a lesser extent, IHD and stroke. Inadequate fruit and vegetable consumption accounts for 3.3 percent of the total disease burden.⁵

¹ VicHealth2006, cited <http://www.vichealth.vic.gov.au>

² Adapted from the Community Food Security Coalition 1995, ‘Co-unity Food Security Empowerment Act’, Venice, California

³ World Health Organisation, 2004, *Global Strategy on Diet, Physical Activity and Health*

⁴ Department of Human Services, 2001, Burden of Disease Data

⁵ Department of Human Services (2005), *Victorian Burden of Disease Study - mortality and morbidity in 2001*. Melbourne Victoria.

FOOD & NUTRITION

Parents and children – 15 percent of 4-5 year olds are overweight and 6 percent are obese. Most parents of overweight children said they were not worried about their children’s weight. 16 percent of children consume no fresh fruit or vegetables and 28 percent have high fat foods at least 3 times a day.⁶

Food security – In the adult population (people 16 years and over) food insecurity was higher in those persons on low income, with the highest percentage recorded in the 16-24 year age group on low incomes.⁷

Vichealth provides the following information to support the development of the KBPCP food and nutrition priority issue:

Individuals and groups vulnerable to food insecurity include:

- Low income families (and single parents with young dependent children)
- People who are unemployed or have limited formal education
- People with a disability, including mental illnesses
- People from non-English speaking backgrounds (refugee and asylum seekers)
- Frail elderly people (particularly those who are socially isolated and have low incomes)
- People affected by alcohol and/or substance abuse
- Homeless people
- People from Aboriginal and Torres Strait Islander backgrounds

What influences peoples’ access to food?

- Economic – having adequate income or resources to buy food or having affordable food outlets in the neighbourhood
- Physical ability – ability to walk, drive and carry purchases home
- Physical infrastructure – availability of public transport or safe walkable routes, and geographical isolation
- Living conditions – stable address, adequate food storage and cooking facilities
- Cultural and social – whether there are shops with socially and culturally appropriate food⁸

Local Evidence:

A school lunch box survey in a Bayside primary school found high fat and high sugar snacks amongst the highest recorded items in school lunches.⁹

Parents and children – There is a predicted increase in the burden of disease associated with diabetes for both the Bayside and Kingston communities (2011 and 2016).¹⁰

In two separate consultations with school communities¹¹ and men 40 years and older¹², nutrition and healthy eating were identified as important issues for the Kingston community.

⁶ Department of Family and Community Services, ‘Growing up in Australia’, the Longitudinal Study of Australian Children 2004 Annual Report, Australian Institute of Family Studies

⁷ Wood,B, Wattanapenpaiboon,N, Ross,K, 2000, ‘1995 National Nutrition Survey – Data for persons 16years and over grouped by social-economic disadvantaged area’, Executive Summary Report

⁸ cited www.vichealth.vic.gov.au/Content.aspx?topicID=151#cs_275

⁹ City of Bayside, 2004, Child Nutrition in the City of Bayside – Beaumaris North Primary School Nutrition Needs Assessment, 2004

¹⁰ Department of Human Services, 1996, Burden of Disease Data, Australia

¹¹ City of Kingston CBCHS, 2004, Kinston School Nutrition Project, Australia

¹² Kingston Bayside Primary Care Partnership, 2003, Men’s Health Consultation Report 2003/2004, Men’s Interest Group, Australia

FOOD & NUTRITION

The Kingston School Nutrition project needs analysis identified two concerning issues:

1. Large percentage of children do not have breakfast, and
2. Snacks and lunches are often unhealthy with little or no nutritional value.

Kingston Council has identified the percentage of mothers breastfeeding dropping as more mothers are discharged earlier from hospital. Current rates show 40 percent of mothers are breastfeeding for 6 months. The National Health and Medical Research Council Dietary guidelines suggest 80 percent is achievable.

Both Central Bayside and Bentleigh Bayside Community Health Services have identified food and nutrition as priority areas in the 2004/2006 Organisational Integrated Health Promotion Plan.

PROBLEM DEFINITION

Goal: To improve healthy eating in the Kingston and Bayside communities.

Target Group: Kingston and Bayside communities (specific population groups to be identified in the planning process once partnership developed)

Objectives:

1. By June 2007, Kingston/Bayside PCP will have agreed to work on a number of contributing factors that impact on food choices for people living in Kingston and Bayside.
2. By December 2007, Kingston/Bayside PCP will have identified evidenced based strategies to promote healthy food choices for specific population groups.
3. By December 2008, Kingston/Bayside PCP will have implemented at least 3 strategies identified in 2007.
4. By December 2008, Kingston/Bayside PCP will have reviewed the food and nutrition plan and identified the objectives and strategies for 2009.

SOLUTION GENERATION

For the 2006-2009 Community Health Plan, the planned health promotion interventions are as follows:

Objective 1:

- Establish collaborative partnerships between local agencies, government, non government and private sector organisations.
- Identify contributing factors that influence food choices in specific population groups within the Kingston/Bayside community.

Objective 2:

- Identify best practice programs across a range of settings and population groups.
- Develop a coordinated approach to promoting healthy food choices to specific population groups.
- Develop a plan to involve community members in the planning, implementation and evaluation of the food and nutrition strategy.

Objective 3:

- Implement 3 best practice interventions to address food security

Objective 4:

- Evaluate current interventions
- Produce review document including evaluation and recommendations of the 2006/2008 food and nutrition initiative.
- Develop further interventions for 2008/2009 in consultation with community members

EVALUATION AND DISSEMINATION PLANNING

Evaluation Planning Summary Grid – Food and Nutrition

Priority goal: To improve healthy eating in the Kingston and Bayside communities			
Population group: Kingston and Bayside communities. (Specific population groups to be identified in the planning process once partnership developed)			
Objective 1 By June 2007, Kingston/Bayside PCP will have agreed to work on a number of contributing factors that impact on food choices for people living in Kingston and Bayside.			
Impacts:			
<ul style="list-style-type: none"> • Two contributing factors identified. • Collaborative partnership developed with range of local, government, non government and private sector representation 			
Strategies:	Key questions (what do we need to know to decide if we have achieved this objective?)	What information do we need to answer these questions?	How will this information be collected, by whom and by when?
<ul style="list-style-type: none"> • Establish collaborative partnerships between local agencies, government, non-government and private sector organisations. • Identify contributing factors that influence food choices in specific population groups within the Kingston/Bayside community. 	<p>Process evaluation</p> <ul style="list-style-type: none"> • How were contributing factors identified? • How many local organisations participated? • Were government, non government and private sector organisations members of the food and nutrition partnership? • How often did the partnership meet? <p>Impact evaluation</p> <ul style="list-style-type: none"> • Did 100% of agencies review their programs? 	<ul style="list-style-type: none"> • Process for identifying Contributing factors documented • Attendance recorded at each partnership meeting • Partners organisations recorded • Record of what healthy eating programs and strategies each agency provides. 	<ul style="list-style-type: none"> • Contributing factors documented in Annual plan for 2007/2008 • Minutes of partnership meetings collected by chair and minute secretary • Survey of all member agencies collected by Dec 2006

Objective 2:

By December 2007, Kingston Bayside PCP will have identified evidenced based strategies to promote healthy food choices for specific population groups.

Impacts:

100% of participating agencies review their food and nutrition programs and strategies to identify gaps and needs in relation to healthy eating.

Strategies:	Key questions (what do we need to know to decide if we have achieved this objective?)	What information do we need to answer these questions?	How will this information be collected, by whom and by when?
<ul style="list-style-type: none"> Identify best practice programs across a range of settings and population groups. Develop a coordinated approach to promoting healthy food choices to specific population groups. Develop a plan to involve community members in the planning, implementation and evaluation of the food and nutrition strategy. 	<p>Process evaluation</p> <ul style="list-style-type: none"> What strategies have been identified? How do we know strategies are evidenced based? Do they relate to specific population groups? <p>Impact evaluation</p> <ul style="list-style-type: none"> Will these strategies improve healthy eating for the identified population group? 	<ul style="list-style-type: none"> Record of strategies promoting healthy food choices Documentation of literature review process Link between identified strategies and population group documented Research to identify strategies relevant to specific population groups 	<ul style="list-style-type: none"> 2007/2008 annual plan documents strategies Literature review document at food and nutrition partnership meeting Documented rationale identifies research source and findings.

Objective 3:

By December 2008, Kingston/Bayside PCP will have implemented at least 3 strategies identified in 2007.

Impacts:

3 food and nutrition strategies implemented

Strategies:	Key questions (what do we need to know to decide if we have achieved this objective?)	What information do we need to answer these questions?	How will this information be collected, by whom and by when?
<ul style="list-style-type: none"> Implement 3 evidenced based interventions to address food security 	<p>Did we implement 3 strategies by 2008</p>	<p>Food and nutrition work plan</p>	<p>Minutes of food and nutrition meeting</p>

<p>Objective 4: By December 2008, Kingston/Bayside PCP will have reviewed the food and nutrition plan and identified the objectives and strategies for 2009.</p>			
<p>Impacts:</p> <ul style="list-style-type: none"> • Review document completed • Strategies for 2009 developed 			
<p>Strategies:</p>	<p>Key questions (what do we need to know to decide if we have achieved this objective?)</p>	<p>What information do we need to answer these questions?</p>	<p>How will this information be collected, by whom and by when?</p>
<ul style="list-style-type: none"> • evaluate current interventions 	<p>Did we evaluate current interventions How did we review current interventions</p>	<p>Process for reviewing interventions What did the evaluation tell us</p>	<p>Food and nutrition committee Ongoing through 2006 – 2008 Workplan, minutes, valuation forms</p>
<ul style="list-style-type: none"> • produce review document including evaluation and recommendations of the 2006/2008 food and nutrition initiative. 	<p>Did we produce a document Did it include evaluation and recommendations</p>	<p>Document tabled at food and nutrition meeting and health promotion steering committee</p>	<p>Food and nutrition committee Completed June 2008.</p>
<ul style="list-style-type: none"> • develop further interventions for 2008/2009 in consultation with community members 	<p>Are there further interventions developed Are the interventions in response to the recommendations outlined in the review document How were community members involved</p>	<p>Are the newly developed interventions documented in the annual plan Process for involving community members clearly articulated.</p>	<p>Food and nutrition committee Minutes of food and nutrition meetings</p>

FOOD & NUTRITION

SUPPORT AND RESOURCES

The key stakeholders are:

Bentleigh Bayside Community Health Service
Central Bayside Community Health Services
Bayside City Council
Kingston City Council

For details of IHP strategies refer to table 3 on page 61

SUPPORTING RATIONALE

Definition:

Participation occurs when consumers, carer's and community members are meaningfully involved in decision making about health policy and planning, care and treatment and the well-being of themselves and the community. It is about having your say, thinking about why you believe in your views and listening to the views and ideas of others. In working together, decisions may include a range of perspectives.

Department of Human Services, (2005) *Doing it with us not for us*, Melbourne

Global Evidence:

Community involvement in health (CIH), or participation, has been promoted by World Health Organisation (WHO) for many decades. The 1976 Alma Ata declaration made participation a central feature of primary health care. The Harare declaration of 1987 outlined CIH as a process of direct public involvement in health systems, not only strengthening people's organization and skills, but also reorienting political and health systems to support such participation.¹

State Evidence:

Community members have shown improved health outcomes when they are involved in the decision making process and are provided with quality information on which to make decisions.

Community participation can lead to more accessible and effective health services and can facilitate increased participation by those community groups who are traditionally marginalised by mainstream health services.²

“Partnerships between community members and health care workers provide opportunities for all to identify and address local health and wellbeing issues. This can result in empowering communities and reinforcing a sense of ownership and improved social connectedness”.³

Local Evidence:

Kingston Bayside Primary Care Partnership acknowledges the importance of community participation in the draft document, ‘Consumer, Carer and Community Participation Strategy’ and in the development of the ‘Consumers and Carer charter which state, “That success in delivering the objectives of the Primary Care Partnership and in improving the health of our community relies to a great degree on the involvement of our consumers, carers and community.”

Bayside City Council states, “Community engagement enhances local democratic processes by encouraging communities to be informed and participate in the decision-making processes that guide the development of the services they receive.”⁴

Central Bayside Community Health Services has identified increasing community participation as a key strategy in the 2004/2006 integrated health promotion plan.

¹ Cited, www.tarsc.org/who/2001

² Consumer Focus Collaboration 2001. “The evidence supporting consumer participation in health” National Body. DHS Victoria

³ Department of Human Services, 2002, ‘Consumer, Carer and Community Participation 2002.’ A supplementary report on Primary Care Partnerships, Victoria, Australia

⁴ Bayside City Council 2005, Community Engagement Strategy

COMMUNITY PARTICIPATION

PROBLEM DEFINITION

Goal: Community members are meaningfully involved in decision making in the planning and delivery of health promotion activities.

Target Group: KBPCP member agencies

Objectives:

1. By October 2007 Kingston Bayside Primary Care Partnership will have a clear framework to support embedding community participation in health promotion activities.
2. By March 2008 Kingston Bayside Primary Care Partnership will have reflected on the implementation and revised the Community Participation framework.

SOLUTION GENERATION

For the 2006-2009 Community Health Plan, the planned health promotion interventions are as follows:

Objective 1:

- Identify and collate information and data relating to best practice in Community Participation
- Communicate finding of research to stakeholders
- Provide education and training to stakeholders
- Develop policies and procedures for embedding Community Participation in integrated health promotion for the Kingston Bayside Primary Care Partnership

Objective 2:

- Develop an evaluation plan to measure the impact of the Community Participation framework
- Revise Community Participation framework based on the findings of the evaluation.

EVALUATION AND DISSEMINATION PLANNING

Evaluation Planning Summary Grid – Community Participation

<i>Priority goal</i>	Community members are meaningfully involved in decision making in the planning and delivery of health promotion activities.		
Target population:	KBPCP member agencies		
Objective 1	By October 2007 Kingston Bayside Primary Care Partnership will have a clear framework to support embedding community participation in health promotion activities. Impact: <ul style="list-style-type: none"> • Framework developed 		
Strategies	Key questions (what so we need to know to decide if we have achieved this objective?)	What information do we need to answer these questions?	How will this information be collected, by whom and by when?
Identify and collate information and data relating to best practice in Community Participation	<ul style="list-style-type: none"> • Did we identify best practice examples • Did we identify a model that could be applied by KBPCP IHP 	<ul style="list-style-type: none"> • Documented examples • Feedback from committee 	<ul style="list-style-type: none"> • Report of findings • Interview records • Minutes of meetings
Communicate finding of research to stakeholders	<ul style="list-style-type: none"> • How many stakeholders attended the forum • Did the forum meet the needs and expectations of the people attending • Did the forum increase understanding of community participation 	<ul style="list-style-type: none"> • Attendance at forum to communicate findings • Forum participant feedback 	<ul style="list-style-type: none"> • Forum evaluation forms • Minutes of meetings • Email records
Provide education and training to stakeholders	<ul style="list-style-type: none"> • How many stakeholders attended training session • Did the session meet the needs and expectations of the people attending • Did the session increase understanding of community participation 	<ul style="list-style-type: none"> • Attendance at training session • Training evaluation feedback 	<ul style="list-style-type: none"> • Attendance register • Training evaluation forms
Develop policies and procedures for embedding Community Participation in integrated health promotion for the Kingston Bayside Primary Care Partnership	<ul style="list-style-type: none"> • Is there a documented framework to implement? • How many stakeholders were involved in developing the framework 	<ul style="list-style-type: none"> • Records of attendance at meetings and working groups • Documented policies and procedures 	<ul style="list-style-type: none"> • Minutes of meetings

KINGSTON BAYSIDE COMMUNITY HEALTH PLAN 2006-2009

<p><i>Objective 2</i></p>	<p>By June 2009 Kingston Bayside Primary Care Partnership will have implemented the Community Participation framework. Impact:</p> <ul style="list-style-type: none"> • 100% of health promotion working groups have implemented the framework 		
<p>Strategies</p>	<p>Key questions (what so we need to know to decide if we have achieved this objective?)</p>	<p>What information do we need to answer these questions?</p>	<p>How will this information be collected, by whom and by when?</p>
<p>Develop an evaluation plan to measure the impact of the Community Participation framework</p>	<ul style="list-style-type: none"> • Was the evaluation plan developed and implemented? • Awareness and knowledge of framework? • Who has used the framework? • Was the framework implemented? • How was the community involved? • Extent that the framework is embedded in priority areas. • How satisfied are stakeholders with the framework? 	<ul style="list-style-type: none"> • Documented evaluation plan • Feedback from stakeholders • Evidence of community involvement 	<ul style="list-style-type: none"> • Interview records • Minutes of meetings • Planning documents for priority areas
<p>Evaluate the implementation of the Community Participation framework within the health promotion working groups</p>	<ul style="list-style-type: none"> • How is the framework embedded in each work plan? 	<ul style="list-style-type: none"> • Work plans from each working group 	<ul style="list-style-type: none"> • Chairs to report health promotion committee
<p>Revise Community Participation framework based on the findings of the evaluation</p>	<ul style="list-style-type: none"> • Are there any recommendations for revision? • Was the framework revised? 	<ul style="list-style-type: none"> • Feedback from stakeholders • Revised document 	<p>Minutes of meetings</p>

COMMUNITY PARTICIPATION

SUPPORT AND RESOURCES

The key stakeholders are:

Members of the Health Promotion Committee
Health Promotion Working Group Members

For details of IHP strategies refer to table 4 on page 66

TABLES

INTEGRATED HEALTH PROMOTION PLAN

**TABLE 1: INTEGRATED HEALTH PROMOTION PLAN
MENTAL HEALTH & SOCIAL CONNECTEDNESS**

Priority Goal:	To strengthen family and community connections in the Kingston Bayside Communities				
Objective 1:	By June 2009, Kingston Bayside Primary Care Partnership will have increased awareness the relationship between teenage parenting and social connectedness in young people attending secondary schools in the Kingston Bayside area.				
Est. Impacts (Qual/Quant)	90% of students report an increase in knowledge about relationships and young parenting				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Central Bayside Community Health Services Bentleigh Bayside Community Health Service Bayside City Council Kingston City Council	To deliver Talking Realities Young Parent program Kingston Bayside to at least 4 schools in Kinston Bayside in 2006	Secondary students from years 9-12	Dec 2006	4 Secondary Schools in Kingston and Bayside 300 students	Local Answers \$77,400 PCP \$13,600 S \$19,860 SFYS \$6,000
Women's Health in the South East School Focused Youth Services	To deliver Talking Realities Peer Education program in 2007	Young mothers aged up to 22 years	July 2007	6 young mothers	S \$10,000
School representative Southern Health/Alfred CAMS	To continue/provide ongoing support and training to peer educators as required	Peer Educators	Ongoing	12 peer educators	S \$15,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE:					\$141,860.00

MENTAL HEALTH & SOCIAL CONNECTEDNESS

Priority Goal:	To strengthen family and community connections in the Kingston Bayside Communities				
Objective 2:	By March 2007 Kingston Bayside Primary Care Partnership will have identified two strategies to increase social connectedness of homeless and 'at risk' young people living in Kingston and Bayside.				
Est. Impacts (Qual/Quant)	Two evidence based strategies identified				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Bentleigh Bayside Community Health Service Bayside City Council Kingston City Council Women's Health in the South East Southern Direction Taskforce Community Agency JPET Victoria Police Centrelink Young Women's Outreach Program Family Life Reach Out Southern Mental Health	Establish a partnership that has representation across a range of sectors and disciplines.	Service providers	March 2007		S \$5,300 PCP \$7,000
	Identify best practice programs across a range of settings and population groups.		March 2007		S \$4,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE					\$16,300.00

MENTAL HEALTH & SOCIAL CONNECTEDNESS

Priority Goal:	To strengthen strong family and community connections in the Kingston Bayside Communities.				
Objective 3:	By June 2007 Kingston Bayside Primary Care Partnership will identify two strategies to address social isolation in older people living in the Kingston and Bayside area.				
Est. Impacts (Qual/Quant)	Two evidence based strategies identified				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Central Bayside Community Health Services Bentleigh Bayside Community Health Service Bayside City Council Kingston City Council Southern Health Royal District Nursing Service BaptCare	Establish a partnership that has representation across a range of sectors and disciplines.	Service Providers	March 2007		S \$2,700
	Identify best practice programs across a range of settings and population groups.				PCP \$5,000 S \$3,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE					\$7,700.00
ESTIMATED TOTAL BUDGET PER GOAL:					\$178,860.00
PCP PROJECT SUPPORT PER GOAL:					\$35,600.00

TABLE 2: INTEGRATED HEALTH PROMOTION PLAN

PHYSICAL ACTIVITY

Priority Goal:	To improve participation in physical activity in the Kingston and Bayside communities.				
Objective 1:	By June 2007 people attending PAGs participating in the 'Well for Life' project in Kingston Bayside area, will have increased their participation in physical activity				
Est. Impacts (Qual/Quant)	70% of PAG clients increase their participation in physical activity				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Bentleigh Bayside Community Health Service Central Bayside Community Health Services Bayside City Council Kingston City Council Southern Health Sandybeach Centre Leighmoor	To train staff and/or volunteers to provide strength training and tai chi	Staff and or volunteers from participating PAGs	June 2007	2 people trained to deliver strength training/tai chi	WFL \$5,000 S \$2,000
	To establish 4 new strength training groups in the Kingston Bayside area	Clients/ participants of PAGs participating in the Well For Life project	June 2007	4 new groups established	WFL \$10,000 S \$4,000
	To establish 2 new tai chi groups in the Kingston Bayside area		June 2007	2 new groups established	WFL \$3,000 S \$2,000
	To increase the capacity of PAG workforce to assist in the promotion of physical activity	Staff and or volunteers from participating PAGs	June 2007	90% of participants in training workshops report increased knowledge and skill in the promotion of physical activity 70% of participants report using knowledge and skills gained	WFL \$8,000 S \$3,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE					\$37,000.00

PHYSICAL ACTIVITY

Priority Goal:	To improve participation in physical activity in the Kingston and Bayside communities.				
Objective 2:	By June 2007, the KBPCP will have identified at least one group that has limited access to physical activity opportunities in the Kingston Bayside area.				
Est. Impacts (Qual/Quant)	At least one group identified for priority action				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Bentleigh Bayside Community Health Service Central Bayside Community Health Services Bayside City Council Kingston City Council Southern Health Sandybeach Centre Leighmoor	Consult with service providers and community members	Member agencies and community groups	June 2007	70% of member agencies participate in consultation Include at least 4 community groups in the consultation	WFL \$4,000 S \$2,600
ESTIMATED TOTAL BUDGET PER OBJECTIVE					\$6,600.00
PCP PROJECT SUPPORT PER GOAL:					\$20,000
ESTIMATED TOTAL BUDGET PER GOAL:					\$63,600.00

TABLE 3: INTEGRATED HEALTH PROMOTION PLAN**FOOD & NUTRITION**

Priority Goal:	To improve healthy eating in the Kingston and Bayside communities.				
Objective 1:	By June 2007, Kingston/Bayside PCP will have agreed to work on a number of contributing factors that impact on food choices for people living in Kingston and Bayside.				
Est. Impacts (Qual/Quant)	<ul style="list-style-type: none"> • Two contributing factors identified. • Collaborative partnership developed with range of local, government, non government and private sector representation 				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Bentleigh Bayside Community Health Service Central Bayside Community Health Services	Establish collaborative partnerships between local agencies, government, non-government and private sector organisations.	Member agencies	June 2007	At least 5 agencies represented on the working group from a range of sectors	\$ 2,000
Bayside City Council Kingston City Council	Identify contributing factors that influence food choices in specific population groups within the Kingston/Bayside community.		June 2007	90% of agencies represented on working group participate in the identification of contributing factors	\$ 3,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE					\$5,000.00

FOOD & NUTRITION

Priority Goal:	To improve healthy eating in the Kingston and Bayside communities.				
Objective 2:	By December 2007, Kingston Bayside PCP will have identified evidenced based strategies to promote healthy food choices for specific population groups.				
Est. Impacts (Qual/Quant)	100% of participating agencies review their food and nutrition programs and strategies to identify gaps and needs in relation to healthy eating.				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Bentleigh Bayside Community Health Service	Identify best practice programs across a range of settings and population groups.		December 2007	Identify and document 4 best practice examples	\$ 2,000
Central Bayside Community Health Services Bayside City Council	Develop a coordinated approach to promoting healthy food choices to specific population groups.				\$ 3,000
Kingston City Council	Develop a plan to involve community members in the planning, implementation and evaluation of the food and nutrition strategy.			Plan developed	\$ 3,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE					\$8,000.00

FOOD & NUTRITION

Priority Goal:	To improve healthy eating in the Kingston and Bayside communities.				
Objective 3:	By December 2008, Kingston/Bayside PCP will have implemented at least 3 strategies identified in 2007.				
Est. Impacts (Qual/Quant)	3 food and nutrition strategies implemented				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Bentleigh Bayside Community Health Service Central Bayside Community Health Services Bayside City Council Kingston City Council	Implement 3 evidenced based interventions to address food security		December 2008	Reach will be determined once strategies identified	\$ 8,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE					\$8,000.00

FOOD & NUTRITION

Priority Goal:	To improve healthy eating in the Kingston and Bayside communities.				
Objective 4:	By December 2008, Kingston/Bayside PCP will have reviewed the food and nutrition plan and identified the objectives and strategies for 2009.				
Est. Impacts (Qual/Quant)	<ul style="list-style-type: none"> • Review document completed • Strategies for 2009 developed 				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Bentleigh Bayside Community Health Service Central Bayside Community Health Services Bayside City Council Kingston City Council	<ul style="list-style-type: none"> • Evaluate current interventions • Produce review document including evaluation and recommendations of the 2006/2008 food and nutrition initiative. • Develop further interventions for 2008/2009 in consultation with community members 		Ongoing process completed June 2008 Completed December 2008	Reach will be determined once strategies identified	\$ \$6,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE					\$6,000.00
PCP PROJECT SUPPORT PER GOAL:					\$16,000.00
ESTIMATED TOTAL BUDGET PER GOAL:					\$49,000.00

TABLE 4: INTEGRATED HEALTH PROMOTION PLAN**COMMUNITY PARTICIPATION**

Priority Goal:	Community members are meaningfully involved in decision making in the planning and delivery of health promotion activities.				
Objective 1:	By October 2007 Kingston Bayside Primary Care Partnership will have a clear framework to support embedding community participation in health promotion activities.				
Est. Impacts (Qual/Quant)	<ul style="list-style-type: none"> Framework developed 				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Health Promotion Committee members	Identify and collate information and data relating to best practice in Community Participation	Member agencies	May 2007	Identify and document 4 best practice examples	S \$2,600
	Communicate finding of research to stakeholders	Member agencies	June 2007	90% of agencies represented on working group attend forum	S \$2,000
	Provide education and training to stakeholders	Member agencies	March 2007	80% of agencies participate in training	P \$3,000
	Develop policies and procedures for embedding Community Participation in integrated health promotion for the Kingston Bayside Primary Care Partnership	Member agencies	October 2007		S \$2,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE					\$9,600.00

COMMUNITY PARTICIPATION

Priority Goal:	Community members are meaningfully involved in decision making in the planning and delivery of health promotion activities.				
Objective 2:	By June 2009 Kingston Bayside Primary Care Partnership will have implemented the Community Participation framework.				
Est. Impacts (Qual/Quant)	100% of health promotion working groups have implemented the framework				
PCP KEY STAKEHOLDERS	Summary of mix of Interventions & CB strategies	Population Target Group/s:	Estimated timelines	Estimated Reach	Resources per key stakeholder
Health Promotion Committee members	Develop an evaluation plan to measure the impact of the Community Participation framework		October 2007	Evaluation plan developed	\$ 4,000
	Evaluate the implementation of the community participation framework within the health promotion working groups		June 2009	100% of health promotion working groups participate in the evaluation	\$ 3,000
	Revise Community Participation framework based on the findings of the evaluation		June 2009	Revised document	\$ 3,000
ESTIMATED TOTAL BUDGET PER OBJECTIVE					\$10,000.00
PCP PROJECT SUPPORT PER GOAL:					\$17,500.00
ESTIMATED TOTAL BUDGET PER GOAL:					\$33,600.00

INITIATIVES DEVELOPED WITH KBPCP AND NOW AGENCY RESPONSIBILITY

Initiative	Description	Contact
Introductory to KBPCP Kit	A kit developed to introduce new members to the concept of Primary Care Partnerships and provide information regarding the CHP and various working groups	Meredith Herold Ph: (03) 8587 0242 mherold@cbchs.org.au
Physical Activity Service Directory	A service directory developed to assist service providers to provide relevant information to clients on a large range of physical activity in the Kingston Bayside Area. Also available to GP's through Medical Director	Sue Moulton Ph: (03) 9781 9333 smoulton@cbchs.org.au
Southland Striders	A Mall Walking Group held at Southland Shopping Mall 2 Mornings per week. Providing a safe supported friendly environment for individuals to participate in physical activity. This initiative is supported by Southland Westfield Tuesday and Thursdays 7.45am-8.45am. Free	Waves Leisure Centre Ph: (03) 9559 7116
Step Right Up	Supporting community walking through: <ul style="list-style-type: none"> • Establishing walking groups led by trained volunteer walk leaders, and • A pedometer loan scheme in local libraries. 	Allison Ridge aridge@bayside.vic.gov.au Ph: (03) 9599 4444
Strength Training Poster	Information poster and contact details for more information	Meredith Herold Ph: (03) 8587 0242 mherold@cbchs.org.au
Strength Training A4	Contact details for more information. The A4 poster can also identify individual venues currently providing this service	Meredith Herold Ph: (03) 8587 0242 mherold@cbchs.org.au

INITIATIVES DEVELOPED WITH KBPCP AND NOW AGENCY RESPONSIBILITY

Initiative	Description	Contact
<p>Strength Training Pamphlet</p> <ul style="list-style-type: none"> • English • Russian • Turkish • Italian • Greek 	Information pamphlets available in languages quoted. Suitable for the older adult	<p>Meredith Herold Ph: (03) 8587 0242 mherold@cbchs.org.au</p>
Strength Training Network	A network developed to support professional providing strength training to both the community and PAG groups	<p>Martin Allen Ph: (03) 9575 5333 m.allen@bbchs.org.au</p>
Tai Chi Posters	Information poster and contact details for more information	<p>Meredith Herold Ph: (03) 8587 0242 mherold@cbchs.org.au</p>
Tai Chi A4	Contact details for more information. The A4 poster can also identify individual venues currently providing this service	<p>Meredith Herold Ph: (03) 8587 0242 mherold@cbchs.org.au</p>
Tai Chi Info Sheet	This is the Go For Your Life Information sheet that has been adapted for use in Kingston Bayside by adding agency contact details	<p>Meredith Herold Ph: (03) 8587 0242 mherold@cbchs.org.au</p>
Tai Chi Network	A network developed to support professionals providing Tai Chi to both the community and PAG groups	<p>Cheryl Turner Ph: (03) 95755333 c.turner@bbchs.org.au</p>
Mental Aptitude in Practice Training	Training program for mental health issues Introductory course aimed at Personal Care Attendants, Administration staff, Volunteers Advanced course aimed a Nursing staff	<p>Heather Geerts Ph: (03) 9585 5677 hgeerts@smha.org.au</p>

INITIATIVES DEVELOPED WITH KBPCP AND NOW AGENCY RESPONSIBILITY

Initiative	Description	Contact
New Horizons	A graduate carers program residing in the Southern region for carers no longer actively caring for someone at home. Looks at providing support regarding loss and grief and connecting them to relevant social support with a focus on socialization and companionship Evaluation available	Kellie Hammerstein Ph: (03) 8792 2354 kellie.hammerstein@southernhealth.org
Carer's Group	A support group held monthly for carers of people with a mental health issue	Heather Geerts Ph: (03) 9585 5677 hgeerts@smha.org.au
Carer's Conference	Conference held annually to recognize and support carers and their families	Janet Fisher Ph: (03) 9581 4896 janet.fisher@kingston.vic.gov.au
Men's Interest	To address the concern of men's issue particularly related to men's health. Identifying health issue of concern to men and developing initiatives to support men in this pursuit Men's Issues Survey results available	Colin Duggan coldug@patash.com.au
Men's Cooking Group	Cooking groups aimed at older men isolated, living alone or main carer. Classes cover a variety of topics including shopping supermarket tours cooking demonstrations	CBCHS Dietician Ph: (03) 8587 0200 BBCHS Dietician Ph: (03) 9575 5333
Prostate Cancer Support	A group meets monthly to support people with a diagnosis of prostate cancer - educative and fun	Bob Wilson Ph: (03) 9589 42 82

INITIATIVES DEVELOPED WITH KBPCP AND NOW AGENCY RESPONSIBILITY

Initiative	Description	Contact
Young Parent Resource Card	A resource card developed for young parents. The card contains useful contact details on a variety of topics in the Kingston Bayside Area	Meredith Herold Ph: (03) 8587 0242 mherold@cbchs.org.au
Depression Poster	An A4 poster developed to assist young parents in identifying depression and anxiety issues and details of contact details for assistance	Meredith Herold Ph: (03) 8587 0242 mherold@cbchs.org.au
Useful Contact Numbers Sheet for Child Health Record	List of useful contact numbers for new parents. This information is put in to every Child Health Record in Kingston Bayside Area	Helen Watson Ph: (03) 9581 4865 helen.watson@kingston.vic.gov.au
Enhanced Maternal Health Nurse Referral Proforma	A proforma developed to assist Housing and Support workers clients access Enhanced Maternal and Child Health Nurses Services	Helen Watson Ph: (03) 9581 4865 helen.watson@kingston.vic.gov.au
Housing Forums	Information sharing opportunity for housing and support workers to gain information from local agencies.	Susan Fallaw Ph: (03) 9791 6111 southrsn@infoxchange.net.au
Housing Information kits	A kit developed for the housing and support workers to provide information of services within Kingston Bayside Area and how to access them	Helen Watson Ph: (03) 9581 4865 helen.watson@kingston.vic.gov.au Anne Crook Ph: (03) 9599 4444 acrook@bayside.vic.gov.au