

Southern Grampians & Glenelg Primary Care Partnership

COMMUNITY HEALTH PLAN

2006 -2009



Southern Grampians & Glenelg
Primary Care Partnership

For the period 1 July 2006 – 30 June 2009

Submitted: 30 November 2006

Introduction

The Southern Grampians and Glenelg Primary Care Partnership has developed this Community Health Plan ('the Plan') as its Strategic Plan for 2006-2009. It identifies the strategic goals, key activities that will be implemented and how the partnership will evaluate its performance.

The Plan will be submitted to the Department of Human Services on 30 November 2006 and will be reported against each year in July with a final report submitted in July 2009.

Acknowledgements

The PCP team extend their thanks to the following organisations for their support of the PCP and input into strategic planning. We look forward to working together to achieve the goals identified.

PCP Members:

ASPIRE, a Pathway to Mental Health Inc
Balmoral Bush Nursing Centre Inc
Brophy Family & Youth Services Inc
Casterton Memorial Hospital
Coleraine District Health Service
Community Connections (Vic) Ltd
Dartmoor and District Bush Nursing Centre Inc
Glenelg Shire Council
Hamilton Community House Inc
Heywood Rural Health
Kyeema Centre Inc
Mulleraterong Centre Inc
Old Courthouse Community Centre Inc
Otway Division of General Practice Inc
Portland District Health
Portland Neighbourhood House Inc
Southern Grampians Shire Council
Western District Health Service

Stakeholders:

Winda Mara Aboriginal Corporation
Southern Grampians Glenelg Women's Health Resource Worker
South West Sports Assembly
Department of Veterans Affairs
Primary Mental Health Team
Gunditjmara Aboriginal Corporation
Dhaurwurd Wurrung Portland & District Elderly Citizen's Association
RMIT, Hamilton
Local Learning and Employment Network
Department of Human Services

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Part 1 PARTNERSHIP

1.1 Introduction

Vision To facilitate partnerships, increase capacity and integration to achieve better health and wellbeing of our communities.

Guiding Principles

- Inclusive and consultative
- Collaborative
- Foster innovation and use of evidenced based practice
- Social model of health

Key Activities

Partnerships - supporting existing & new partnerships, particularly with other sectors such as education, arts, sports and local business.

Capacity building - assisting innovation and supporting the network of primary care health professionals with training and development opportunities.

Facilitation and leadership - providing a neutral mechanism for change, including assistance with strategic planning, partnership development etc.

1.2 Background to the Plan

Achieving the vision

A member and stakeholder survey was conducted in June 2006 to inform the development of the PCP's Strategic Plan. The survey revealed some common themes regarding the PCP's capacity to achieve and the challenges ahead. A strategic planning forum held in August 2006 with staff and Executive Committee, has identified priority areas for the next 3 years. This Plan demonstrates how the ***strong capacity of the partnership*** will be used to meet current and future challenges.

PCP capacity:

- i) the SGG PCP is a strong partnership. There is a general sense of collaboration with little conflict or competition reducing partnership initiatives. This is a rare quality and an excellent foundation for partnership work. The partnership has been assessed using the VicHealth Partnership Analysis Tool with results indicating that partners perceive the PCP has operating as a 'collaboration' with an overall score of 8 out of 10 satisfaction.

- ii) while core funding is low, the SGG PCP has demonstrated its ability to secure additional funding and to 'get on with the job' regardless of funds.
- iii) the SGG PCP is active in engaging with a range of sectors and enjoys a positive engagement with local government, indigenous cooperatives, arts, sports and community sector.

PCP challenges:

- i) Raising awareness of the PCP at the periphery
 - the level of awareness that an organisation has of the PCP is directly related to the level of their involvement. Communicating with stakeholders at the periphery of involvement is a key challenge, as these stakeholders have a perception that the PCP lacks direction.
- ii) Connecting better with senior management
 - at the time of preparing this Strategic Plan, the PCP has no formal communication or reporting link with Chief Executive Officer's of member agencies. It is therefore expected that few senior managers have a clear understanding of the PCP and how the partnership can support their core business.
 - lack of ownership by senior management can be detrimental to the implementation of organisational initiatives such as service coordination.
- iii) Meeting member expectations with few resources
 - a range of expectations exist amongst members, including an interest in the PCP providing funds to support agency initiatives; the PCP coordinating grass-roots community development initiatives and PCP staff being more accessible. Clearly, with the small core resources available, the PCP is unable to meet the expectations of all members. A clear strategic plan and engagement of senior management will, however, help to clarify expectations of what is achievable.
- iv) Recognising and celebrating achievement
 - agency staff have a wealth of experience and commendable commitment to improving the health of their communities. Recognising this is an important way of celebrating achievements and supporting staff. Feedback suggests that agency staff are reluctant for the PCP to implement any formal mechanisms for recognition and hence the challenge is to ensure excellent performance is recognised appropriately.

1.3 Partnership – Strategic Plan

GOAL 1 – To consolidate and maintain our success to date

Objectives	Strategies	Estimated Impact
<p>1. To increase connection with senior managers in each Member Agency and other agencies by July 2009.</p>	<p>1.1 Seek Agency commitment to PCP MOU by May 2007 1.2 Deliver PCP presentation to Board of each Member Agency annually/biannually 1.3 Provide monthly PCP update to CEOs of Member Agencies 1.4 Formalise connection with key non-member stakeholders</p>	<ul style="list-style-type: none"> • PCP invited annually to Boards of member agencies • Positive annual result from senior managers of VicHealth Partnership Analysis Tool with overall partnership rating of 8-10 and quality of partnership rated as High • Positive results using Network Analysis • New Associate Members – including representatives from education and natural resource sectors
<p>2. To develop, implement and monitor a clear strategic direction for the next 3 years, 2006-09.</p>	<p>2.1 Develop and implement 3 year Strategic plan 2.2 Implement the VicHealth Partnership Analysis Tool annually, commencing June 2007</p>	<ul style="list-style-type: none"> • Positive annual result of VicHealth Partnership Analysis Tool with overall partnership rating of 8-10 and quality of partnership rated as High
<p>3. To implement a robust, well run organisation</p>	<p>3.1 Staff learning and development initiatives to include advanced mentoring 3.2 Business tools and systems improvement, with specific focus on PCP website in year 1 3.3 Decision making processes reviewed to ensure member involvement 3.4 Refine Executive Committee, Working Group and member reporting processes</p>	<ul style="list-style-type: none"> • Positive results of staff satisfaction survey • Member survey reports satisfaction with PCP processes, communication, website etc • Executive Committee and Member survey reports satisfaction with PCP Governance

GOAL 2 – To Grow our influence and impact

Objective	Strategies	Estimated Impact
<p>1. To improve service coordination and overall system configuration – detail of service coordination included in Part 3</p>	<p>Year 1: 1.1 Map current client needs against the current service map 1.2 Coordinate agency input into the DHS Service Coordination state-wide snapshot survey 1.3 Host/facilitate co-ordination forum(s) with senior and operational managers to identify system configuration initiatives to address system gaps. Identify the role (or not) of the PCP in the strategy Year 2: 1.4 Facilitate integrated planning between agencies, including early childhood services and youth. Year 3: 1.5 Use integrated planning as a model for learning of improved service system configuration Year 3: 1.6 Map services against Year 1 baseline to assess ongoing gaps</p>	<ul style="list-style-type: none"> • Key agency involvement in service system discussions • Agreement on scale of service gaps and shared commitment to address priority gaps • Reduction in service gaps over time
<p>2. To Increase system capacity by July 2009</p>	<p>2.1 Liaise with the Acute CEO's Group, as needed 2.2 Establish/host working groups to address specific capacity issues that surface from forums and mapping processes and identify suggested solutions. eg: workforce development 2.3 Facilitate skills and knowledge transfer within and beyond the PCP</p>	<ul style="list-style-type: none"> • System capacity able to meet service demand • Positive annual result from senior managers of VicHealth Partnership Analysis Tool with overall partnership rating of 8-10 and quality of partnership rated as High

Objective	Strategies	Estimated Impact
3. To facilitate stronger health promotion planning and co-ordination – detail included in Part 2	3.1 Secure agreement on regional HP priorities 3.2 Obtain commitment from each member agency for at least 1 HP priority to be reflected in their organisation's plan. 3.3 Facilitate integrated planning between Local Govt and others 3.4 Lobby Govt or peak bodies on particular HP regional issues, as relevant 3.5 Champion HP innovation opportunities across the PCP catchment 3.6 Facilitate member agencies to enhance their partnerships with non-health sectors	<ul style="list-style-type: none"> • 100% of member organisational plans reflect regional HP priorities • Local Government take leadership role in 'place based' planning • Secure changes to Government policy on key HP issues • Range of non-health sectors involved in HP across the PCP catchment
4. To improve integrated chronic disease management – detail included in Part 4	4.1 Map the existing network of self management options with agencies 4.2 Identify gaps & barriers to self management 4.3 Develop a plan with agencies to address the gaps and reduce barriers. 4.4 Identify how to keep mapping information current, accessible and relevant. Year 3: 4.5 Map network of self management options and compare with Year 1 baseline	<ul style="list-style-type: none"> • Increase in Agency understanding of integrated chronic disease mgt • Agency commitment to implementing changes to internal practices, including self management • At least 1 initiative/agency implemented to meet gaps in self management options + reduce barriers to participation • Network of self management options increases and increase in client participation
5. To disseminate PCP results to motivate & inspire others	5.1 Present PCP's success, purpose and future direction across decision maker groups 5.2 Identify and implement other opportunities to recognise and acknowledge innovation and agency excellence eg awards, dinner, local govt, radio etc	<ul style="list-style-type: none"> • Results of VicHealth partnership tool • Positive results using Network Analysis • Increased diversity of stakeholders involved in PCP initiatives
6. To coordinate interagency activities in the event of urgent community issues, eg. drought, including with non health organisations	6.1 Facilitate or assist with the coordination of interagency partnerships to identify and address needs eg. Southern Grampians Drought Committee	<ul style="list-style-type: none"> • Satisfaction results report that PCP has been responsive to urgent community issues • Evaluation of interagency initiatives reports high satisfaction from participants

1.4 Supporting Information

PCP Structure

i) Membership

The SGG PCP is an unincorporated joint venture consisting of agencies which have signed the agreement. Membership is open to any incorporated body which provides primary care services in the catchment area subject to the approval of members.

The SGG PCP agrees that other parties may become involved in the processes of partnership development, services coordination and service planning via the signing of a Service Linkage Protocol (SLP). A SLP is a formal statement setting out the purposes, goals, responsibilities and agreed working relationships between each of the parties who agree to its terms. It is not legally or financially binding. Parties to the SLP have no voting rights but shall have the right to receive information, reports and may participate in the primary care development via membership on working groups as determined by the Executive Committee.

The following is a list of PCP members who have signed to the Joint Venture Agreement and other key stakeholders associated with the PCP.

PCP Members

Organisation	Service Descriptor	Membership type	Executive Committee membership	Deliverables involved in:
ASPIRE, a Pathway to Mental Health Inc	Mental Health Service	Joint Venture Agreement (JVA)	YES	All
Balmoral Bush Nursing Centre Inc	Health Service	JVA		All
Brophy Family and Youth Services Inc	Family and Youth Service	JVA		1-3
Casterton Memorial Hospital	Health Service	JVA	YES	All
Coleraine District Health Service	Health Service	JVA		All
Community Connections (Vic) Ltd	Family and Community Service	JVA	YES	All
Dartmoor and District Bush Nursing Centre Inc	Health Service	JVA	YES – represents SGG Bush Nursing Centres	All
Glenelg Shire Council	Local Government	JVA	YES	All
Hamilton Community House Inc	Neighbourhood House	JVA		1-3

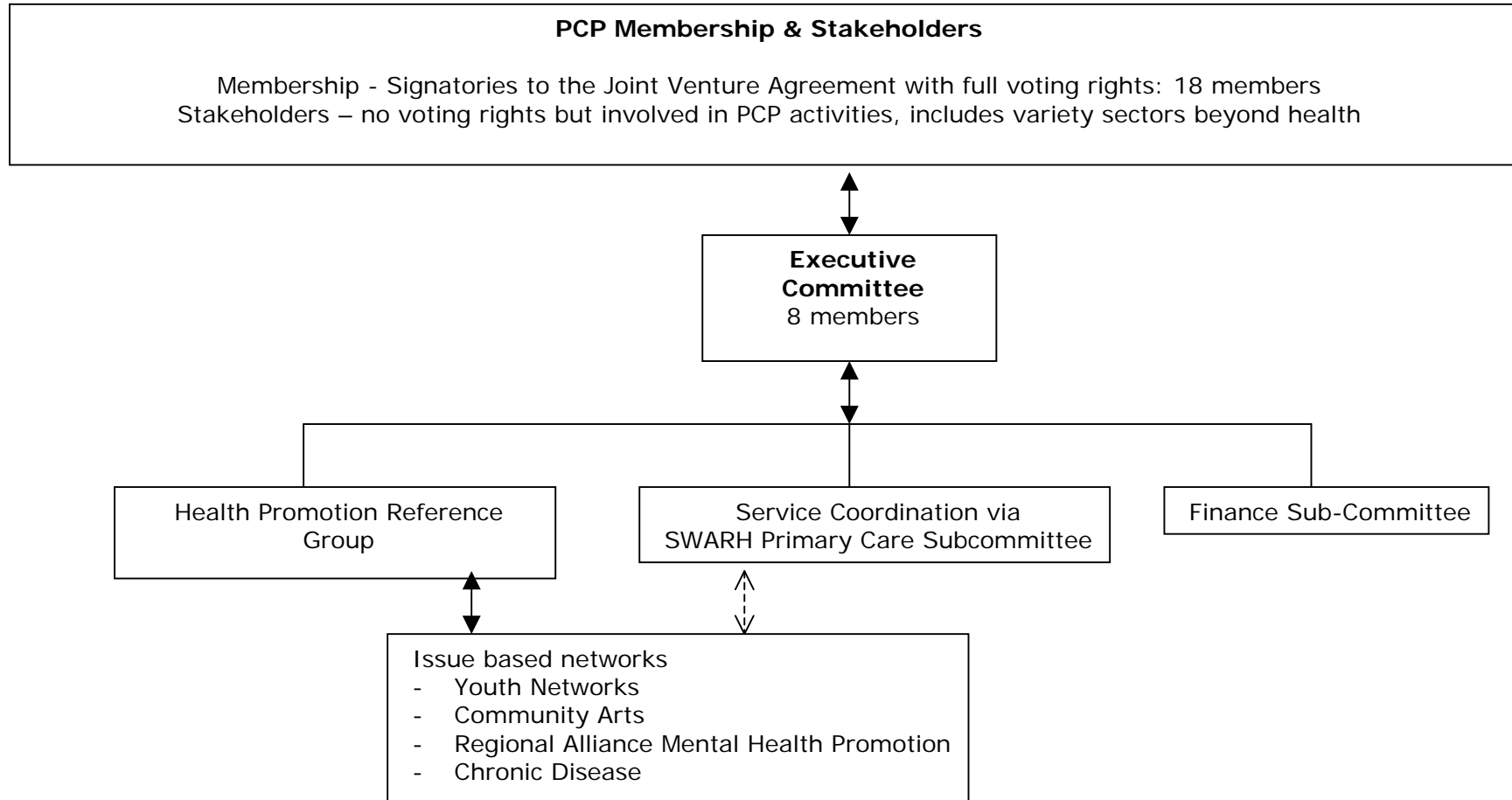
Heywood Rural Health	Health Service	JVA		All
Kyeema Centre Inc	Disability Service	JVA		
Mulleraterong Centre Inc	Disability Service	JVA		1-3
Old Courthouse Community Centre inc	Neighbourhood House	JVA		1-3
Otway Division of General Practice Inc	Regional Peak Body	JVA		1-3
Portland District Health	Health Service	JVA	YES	All
Portland Neighbourhood House Inc	Neighbourhood House	JVA		1-3
Southern Grampians Shire Council	Local Government	JVA	YES	All
Western District Health Service	Health Service	JVA	YES	All

Other Key stakeholders

Organisation	Service Descriptor	Membership type	Executive Committee membership	Deliverables involved in:
Winda Mara Aboriginal Corporation	Aboriginal Cooperative	Memorandum of Understanding (MOU)		All
Dhaurwurd Wurrung Portland & District Elderly Citizen's Association	Aboriginal Cooperative	No formal arrangement		ALL
South West Sports Assembly	Regional Peak Body	Service Linkage Protocol (SLP)		1-2
Department of Veterans Affairs	State Government	SLP		1-2
Glenelg Outreach Health	Health Promotion	SLP		1-2
Regional Women's Health Resource Worker	Health Promotion	SLP		1-2
Baptist Community Care	Family and Community Service	SLP		1-3
South West Primary Mental Health Team	Mental Health Service	SLP		All
Local Learning and Employment Network	Youth Service	Memorandum of Understanding (MOU)		1-2

ii) Governance

The following summarises the PCP governance structure.



Part 2 INTEGRATED HEALTH PROMOTION

2.1 Introduction

Vision

A diverse partnership with the capacity to work together to achieve better health and well-being of our communities.

Priority setting and problem definition

The three health promotion priorities are:

- physical activity
- nutrition and oral health
- mental health

These are consistent with the Victorian Health Promotion Priorities for 2009999 and apart from nutrition and oral health are consistent with priorities set for the PCP for 2004-2006.

PCP members have identified the key barriers to addressing these priorities as follows:

- transport
- education
- employment
- social isolation
- housing
- family/parenting
- resourcing of primary care

The SGG PCP is committed to addressing these longer term underlying issues.

2.2 Background to the Plan

Prioritisation process

The following process was used to agree on the health promotion priorities for the SGG PCP:

Phase 1 - an email survey was sent to PCP members and stakeholders from a variety of sectors. This survey provided a brief rationale of potential priorities and asked participants to rank the most relevant priorities in light of their agency and understanding of community need.

Phase 2 - a Health Promotion Planning forum was held in April 2006 with health promotion practitioners, senior managers and PCP staff. 35 participants attended, including a broad range of sectors beyond health, including education, arts, local government, sport, the police and Koori representation. The broad sector involvement in SGG PCP activities has been an ongoing focus and recognises our commitment to the social model of health.

The Planning forum was designed as a participatory process involving the creative arts. Evidence was presented, including data from Burden of Disease; Shire Community Profiles; Hospital Admissions; key reports, such as VicHealth and DHS; and other sources, eg. conference presentation by Dr Robert Hall, Chief Health Officer for DHS. Priorities identified in the Southern Grampians Municipal Public Health Plan was also considered (Glenelg Shire Plan is in progress). Input from the broader survey was used to rank the top 3 priorities. Participant input was sought to confirm or challenge whether the survey was a reflection of majority agreement. The 3 priorities were confirmed and some additional issues were identified. These issues were identified as key underlying barriers, such as poor investment in prevention initiatives compared with investment in acute services; issues restricting participation in education and community transport.

Once priorities were confirmed, participants worked in sub-groups to identify the fundamental barriers to health promotion at the 'bottom' of the iceberg for each of the 3 priorities identified. These groups then identified collaborative solutions to some key barriers for the next 3 years. These have been the basis for the IHP goals noted below.

Following the generation of solutions, participants were asked to identify key initiatives that the PCP could implement to further enhance/support organisations in their health promotion activities. This input has been the basis for the PCP's capacity building priorities for 2006-09 detailed in section 4.

The goal for each IHP priority is represented in the table below.

Priority	Goal	Focus population
1. Physical activity	1.1 To increase the level of activity amongst those 'at risk' of chronic illness and those who are socio-economically disadvantaged. Note: Ideally, level of activity would approach National Physical Activity Guidelines	Middle age males – 35-50 yrs Older adults - over 65 yrs Disadvantaged – including Koori
2. Nutrition + oral health	2.1 To increase the proportion of the community who are meeting recommended daily intake levels for fruit + vegetables. 2.2 To increase the proportion of parents of children under 5 years implementing effective oral health habits	Primary school children Disadvantaged – including Koori Young children – under 5 yrs
3. Mental health	3.1 To increase the number of workplaces with strategies to foster positive mental health of their employees 3.2 To increase mental health literacy 3.3 To assist in the prevention of family violence.	Workplaces employing medium to high numbers of staff, including health. General community Women and children impacted by Family Violence

2.3 Health Promotion – Strategic Plan

The following Tables detail the 3 key initiatives that will be the focus of building capacity in integrated health promotion over the next 3 years.

1. Organisational Development

Goal:	To embed health promotion into Member Agency organisational plans.			
Objective	To obtain commitment from 100% of PCP members to work collaboratively on at least one of the PCP IHP priorities by March 2007			
Est. Impact	<ul style="list-style-type: none"> 100% of Member agency Organisational Plans reflect their collaboration on at least one PCP IHP priority 60% of members report increased collaboration on IHP activities Both Shire Councils achieve integrated planning with their key health service (PDH or WDHS) 			
Objective	To disseminate information regarding IHP interventions across the catchment by May each year			
Est. Impact	100% agencies report increased knowledge of other agency's IHP priorities and initiatives			
Objective	To facilitate intensive HP support for one member agency per year to assist them with preparing an organisational HP plan			
Est. Impact	Key non-health services prepare organisational HP Plan, including disability, neighbourhood house			
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Stakeholder Resources (in kind)
Seek Agency commitment via signature to MOU to PCP IHP priorities and collaboration.	All members	By May 2007	20 agencies	\$2,000
To present at least annually to Counsellors and staff of SG and G Shires on IHP	SG Shire G Shire	annually	2 Shires	\$800
Circulate/make available all Agency IHP or organisational Plans to PCP members	-Initially – WDHS & PDH to circulate -other agencies	By Dec 2006 By June 2007	20 agencies	\$1,000
Complete annual snapshot of IHP interventions across the catchment and make data available via website/bulletin/other	All members/ associate members/others	Annually in May	25 agencies	\$2,500
Identify and implement agreed integrated planning process between Shire Councils and key health services	-Initially Local Govt & PDH, WDHS -other agencies	By July 2007 By July 2009	4 agencies 10 agencies	\$5,000
Support one member agency/year to develop an organisational HP Plan	3 members – based on need	Commence first agency in July 2007	3 agencies	\$15,000

2. Workforce Development

Goal:	A skilled and knowledgeable workforce with capacity to plan, implement, evaluate and disseminate information on integrated health promotion			
Objective 2	To provide a range of HP professional development opportunities to meet agency needs			
Est. Impact	90% of HP practitioners participating in forums report knowledge and skills as a result of PCP forums			
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Stakeholder Resources (in kind)
Map workforce development needs	HP Reference Group members	By Dec each yr	20 people	\$3,500
Host training forums to meet development needs, potentially: i) Evaluation forum – Social Network Analysis (SNA) tool ii) Nutrition Forum iii) Manager development iv) Community Participation	PCP members + others-	By Nov 2006 By July 2007 By Sept 2007 By Feb 2008	10 30 15 20 Total=75	\$82,500
Facilitate SNA support group until members confident with skills	PCP members	Commence Dec 06 - continue as needed	10 agencies	\$2,700
Explore other strategies to meet workforce development needs and continual learning, such as mentoring as directed by the IHP Reference Group	IHP members	By June 2007	10 agencies	\$2,700
Revise PCP website to enhance knowledge sharing, particularly on population health data & IHP Snapshot data	PCP staff to implement	By July 2007	300 stakeholders	Not applicable

3. Leadership

Goal:	HP leaders are identified and supported			
Objective 1	To facilitate agency leadership to fill any IHP gaps in their agency plans by Dec 2007, as appropriate to their planning cycle			
Estimated Impact	<ul style="list-style-type: none"> Shared PCP agreement on IHP gaps Agency leaders responsible for addressing priority IHP gaps 			
Objective 2	To implement a recognition process for local IHP champions by July 2007 – local case studies			
Estimated Impact	Local HP practitioners present findings at conferences/forums/in publications			
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Stakeholder Resources (in kind)
Map current mix of interventions for IHP across PCP catchment via 'Annual IHP Snapshot'	All members	Baseline by Dec 06 Annually in May	20 agencies	Costed previously
To identify gaps in IHP interventions by June 2007	All members	June 2007	20 agencies	\$1,500
Obtain agreement from PCP Executive Committee of key gaps in integrated health promotion interventions.	Executive Committee members	July 2007	8 agencies	\$1,500
Obtain commitment from key agencies to take leadership to address priority gaps, including: i) dental health in indigenous communities ii) physical activity infrastructure – walking strategy in Southern Grampians Shire	Senior Mgrs of relevant agencies	Sept 2007	4 agencies	\$10,000
Increased mix of interventions and gaps 'closed' in 3 yr snapshot	IHP Reference Group members	June 2009	20 agencies	\$11,000
Advocate on key issues, as agreed, to State and Federal Government	PCP Executive Committee	annually	8 agencies	\$2,500
To review membership of HP Reference Group as a network for IHP leaders by July 2007	IHP Reference Group members	July 2007	8 agencies	\$2,500
Assess use of coordinated PCP media strategy in local press and radio	PCP Executive Committee members	Dec 2007	8 agencies	\$2,500

Implementation of recognition strategies for IHP leaders, eg. use of local case studies; invite agency reps to represent PCP at external events	IHP Reference Group members	July 2008	8 agencies	\$5,000
Facilitate development or support for existing networks, eg. Youth, Early Childhood Services	PCP + non health agencies		30 agencies	\$10,000
Coordinate action on urgent community issues, eg. drought	PCP + non-health agencies as relevant	As needed	As needed	Unable to estimate

2.4 Agency Activities and Networks

The following provides an overview of the health promotion interventions occurring across the PCP catchment to address the 3 health promotion priority issues. It is not an exhaustive list but will be amended following the compilation of the PCP's Annual Health Promotion Snapshot Survey.

Priority 1 – Physical Activity

The following interventions aim to increase the level of activity amongst those 'at risk' of chronic illness and those who are socio-economically disadvantaged.

Physical Activity	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
Portland District Health <i>Refer to Agency HP Plan submitted to DHS</i> Contact: Jacki Carmody	Toward a Healthy Heart Glenelg Walking Strategy Active Script Program Portland Healthy Schools Network	Information via newsletters + media	Walking Strategy with Glenelg Shire Strength Training Program	Assisting Kyeema in development organisational HP policy Plans to assist other Disability organisations.
Western District Health Service <i>Refer to Agency HP Plan submitted to DHS</i> Contact: Susan Brumby	Sustainable Farm Families Community Health nurse programs	Information via newsletters + media	Chronic Disease exercise programs Strength Training Programs – Start staying strong groups Tai Chi program	Active Script
Balmoral Bush Nursing Centre Contact: Lisa Hutchins	Health nurse programs, eg. at Men's Shed	Information via newsletters + media	Strength Training Program Tai Chi program Aqua exercise program Weekly walking group	
Dartmoor Bush Nursing Centre Contact: Pam Godfrey-Smith	Health nurse programs, eg. via strength and balance programs	Information via newsletters + media	Strength Training Program Tai Chi program	
South West Sports Assembly Contact: Lyn Donaldson		Information via newsletters + media	Access for All Abilities (AAA)	Assist organisations, eg. disability sector, to incorporate physical activity within core policies
Women's Health Resource Worker Contact: Pauline McGee		Information via newsletters + media	Come & Try sessions	Active Script

Physical Activity	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
Casterton Memorial Hospital Contact: Sheila Bramall		Information via newsletters + media	Strength Training Program Tai Chi program	
Mulleraterong Centre Contact: Annette Read		Information via newsletters + media	Disability based gym sessions Walking programs Adventure Activities Program Bike riding program	
Department of Veterans Affairs Contact: Keith McKenzie		Information via newsletters + media	strength training	
Winda Mara Aboriginal Corporation Contact: Denis Rose	Health worker programs	Media	Winda Mara Lifestyle Team: gym, physical activity programs	
Southern Grampians Shire Contact: Kevin O'Brien		Media	Hamilton Leisure and Aquatic Centre Contribution of Shire Bus for strength/balance groups	
Glenelg Shire Contact: Adele Kenneally		Media	Strength/balance/Tai Chi groups	
Physical Activity Instructor Network: Contact: Lyn Donaldson, SWSA	Training initiatives for Instructors		Support community based Fitness Instructors – peer mentoring	

Priority 2 – Nutrition and Oral Health

The following interventions aim to:

- increase the proportion of the community who are meeting recommended daily intake levels for fruit + vegetables.
- increase the proportion of parents of children under 5 years implementing effective oral health habits

Nutrition & Oral Health	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
Portland District Health <i>Refer to Agency HP Plan submitted to DHS</i> Contact: Jacki Carmody	Towards a Healthy Heart	Media	Healthy Choices at Take Away outlets	School nutrition policies PDH healthy eating policy for hospital catering
Western District Health Service <i>Refer to Agency HP Plan submitted to DHS</i> Contact: Susan Brumby		Media	Healthy Choices at Take Away outlets	School nutrition policies
Balmoral Bush Nursing Centre Contact: Lisa Hutchins	Fuel for School-integrated dietary and physical education program with kinder, primary and secondary school			
Casterton Memorial Hospital Contact: Sheila Bramall	Well For Life – healthy eating sessions		Well For Life	
Department of Veterans Affairs Contact: Keith McKenzie	Cooking for one or two - basic cooking skills program		Cooking for one or two - basic cooking skills program	

Priority 3 – Mental Health

The following interventions aim to:

- increase the number of workplaces with strategies to foster positive mental health of their employees
- increase mental health literacy
- assist in the prevention of family violence.

Mental Health	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
Portland District Health <i>Refer to Agency HP Plan submitted to DHS</i> Contact: Jacki Carmody	Toward a Healthy Heart Mental Health First Aid Workplace Stress Assessment Tool Pilot Workplace Stress Intervention Program Corporate Challenge	Information via newsletters + media	Healthy Relationships programs – with young people	Family Violence assessment an referral protocol
Western District Health Service <i>Refer to Agency HP Plan submitted to DHS.</i> Contact: Susan Brumby	Support Groups Sustainable Farm Families Drought mental health resilience 1OMMM	Information via newsletters + media + websites	Social activities with physical activity programs Drought initiatives	Family Violence assessment an referral protocol
Balmoral Bush Nursing Centre Contact: Lisa Hutchins	Implementation ViSP participation for health promotion and mental health support success	Information via newsletters + media	Arts Project with local community arts group, schools, Development Association etc. Reach = 1000 Balmoral bookworms reading group meet monthly Men's shed commenced August 2006 meets weekly Planned social activity programs weekly Active involvement in Blue Light youth activity	

Mental Health	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
	Dartmoor Bush Nursing Centre Contact: Pam Godfrey-Smith		Information via newsletters + media	Social activities with physical activity programs
South West Sports Assembly Contact: Lyn Donaldson		Information via newsletters + media	Social activities with physical activity programs	Assist organisations, eg. disability sector, to incorporate physical activity within core policies
Women's Health Resource Worker Contact: Pauline McGee	Workplace mental health initiative	Information via newsletters + media	Workplace mental health initiative	Workplace mental health initiative
Casterton Memorial Hospital Contact: Sheila Bramall	Workplace mental health initiative	Information via newsletters + media	Workplace mental health initiative Social activities with physical activity programs	Workplace mental health initiative
ASPIRE	Workplace mental health initiative	Workplace mental health initiative	Workplace mental health initiative Mental Health Literacy	Workplace mental health initiative
Mulleraterong Centre Contact: Annette Read		Information via newsletters + media	Social activities with physical activity programs	
Department of Veterans Affairs Contact: Keith McKenzie		Information via newsletters + media	Social activities with physical activity programs	
Winda Mara Aboriginal Corporation Contact: Denis Rose		Information via newsletters + media	Social activities with physical activity programs	
Community Connections: Contact: Claire Jennings	Reading Discovery		Reading Discovery	
Regional Alliance of Mental Health Promotion Contact: Margaret Skene	Mental Health First Aid training – being planned	Media + website	Mental Health First Aid training – being planned	
Glenelg Youth Network Contact: Ann Kirkham, Brophy	Teacher in-service	Youth Card	Community Arts Health Relationships programs	
Southern Grampians Youth Network Contact: Michael Date, LLEN	Teacher in-service	Youth Card	Community Arts Healthy Relationships programs	

Mental Health	Interventions			
	Screening & education	Social Marketing	Settings & supportive environment	Policies
Southern Grampians Drought Committee Contact: PCP staff	Mental health literacy	Media, schools, stock agents etc	Rural Services Forums Networking between agri-business, resource mgt, health, community service sector	
Southern Grampians Community Arts Alliance – being formed Contact: Kaye Scholfield, RMIT			Lobby for Community Arts Development Officer	

2.5 Supporting Information

Resourcing the Plan

Capacity Building components	DHS funded PCP IHP over 3 yrs	Member contributions – in kind over 3 yrs
Organisational development	\$60,000	\$97,800
Workforce development	\$56,000	\$91,400
Leadership	\$50,000	\$122,500
Planning for evaluation and dissemination	\$50,000	\$120,000
Partnership – <i>note: additional budget allocated from partnerships funding</i>	\$15,000	\$79,500
Estimated Total PCP resource/budget allocation	\$231,000	\$694,000

Funding Source	Links to catchment priority	Funding
DHS - Footholds on Safety	Physical Activity	\$50,000
DHS - Indigenous Family Violence	Mental Health	\$20,000
DHS - Counselling Project	Capacity Building – workforce development Mental Health	\$15,000
Dental Health Services Victoria – Smiles 4 Miles	Nutrition/Oral Health	\$10,000
DHS – Good Practice Program	Integrated planning on all priorities	\$5,000
Potential sources = additional funding being sought under Go For Your Life, Active Living, VicHealth etc	Physical Activity, Mental Health, Nutrition collaborative interventions	In progress of submitting
Total		\$100,000

Planning for quality health promotion practice

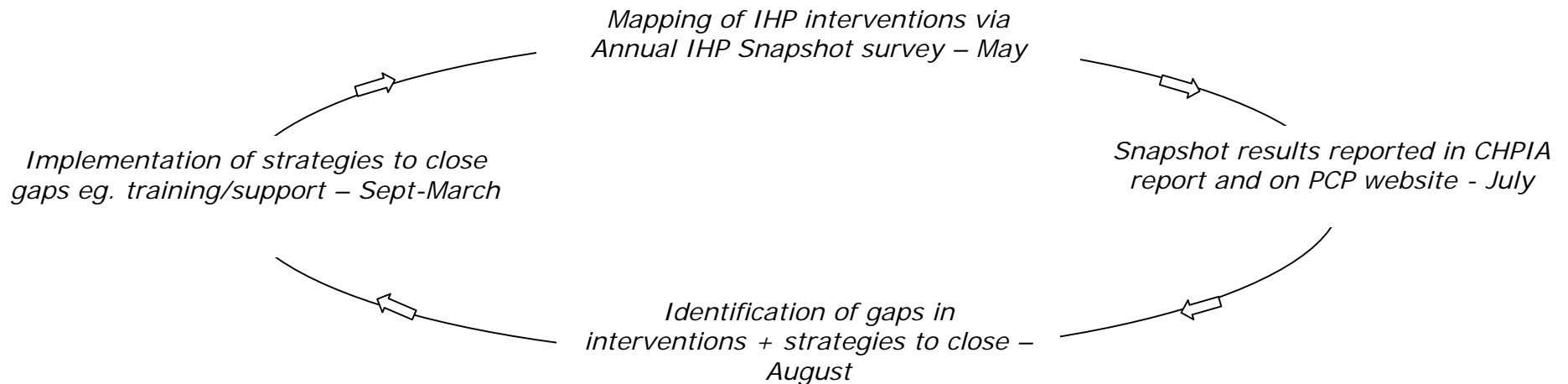
The following table summarises the process and impact measures used to evaluate the HP practice across the catchment.

Health Promotion Goal	Objectives	Process + Impact Measures
<p>1. Physical Activity –</p> <ul style="list-style-type: none"> • to increase the level of activity amongst those 'at risk' of chronic illness and those who are socio-economically disadvantaged. 	<p>To increase the agency interventions to increase the level of activity of 'at risk' and disadvantaged clients</p>	<p>No. of agency interventions addressing populations</p> <p>Numbers of people who have increased activity due to agency interventions</p>
<p>2. Nutrition -</p> <ul style="list-style-type: none"> • to increase the proportion of the community who are meeting recommended daily intake levels for fruit + vegetables. • to increase the agency interventions targeting parents of children under 5 years to implement effective oral health habits 	<p>To increase the agency interventions to increase healthy eating of 'at risk' and disadvantaged clients</p> <p>To increase the agency interventions to target parents of children under 5 years to enhance oral health habits</p>	<p>No. of agency interventions addressing populations</p> <p>No. of agency interventions targeting parents of young children</p> <p>Number of people with enhanced health habits due to interventions.</p> <p>Number of parents reporting they have improved their children's oral health habits</p>
<p>3. Mental Health -</p> <ul style="list-style-type: none"> • increase the number of workplaces with strategies to foster positive mental health of their employees • increase mental health literacy • assist in the prevention of family violence. 	<p>To implement workplace mental health initiatives in 6 workplaces.</p> <p>To increase people trained in mental health first aid via initiatives of the Regional Alliance of Mental Health Promotion.</p> <p>To implement health relationships program in 6 secondary schools</p>	<p>Initiatives implemented in 6 workplaces</p> <p>30 people trained in MH first aid</p> <p>Mental health literacy rates increased</p> <p>Health relationships program implemented in 6 secondary schools.</p> <p>Teachers/parents report high satisfaction with student outcomes of healthy relationships program.</p>

The SGG PCP regards its role as developing the capacity of agencies to plan and evaluation evidenced based health promotion initiatives. The IHP Annual Snapshot survey will be used to share information about interventions but will not be used as detailed monitoring of the impacts of agency activities.

The PCP will support good practice evaluation with agencies across the catchment in the following ways.

- i) Development of skills and knowledge – as key objective of the PCP ‘workforce development’ goal under IHP Capacity Building Plan.
 - Skill development – for example on good practice evaluation methods, eg. Social Network Analysis (SNA)
 - Evaluation support network – peer support for the trialling of new methods, eg. SNA
 - Agency specific assistance – PCP staff or other agency mentors to assist with specific planning and evaluation issues
 - Sharing of information on good practice models – eg. via forums and case studies on the website
 - Increasing the number of large collaborative projects – PCP to support consortium bids for funding using key agency leaders and partnerships with research/evaluation organisations (eg. RMIT, Deakin Uni, Greater Health)
- ii) Coordination of IHP Snapshot information and review of activities
 - The following action planning cycle will be used:



Evaluation

The following table summarises the evaluation framework to be used to evaluate the PCP's strategic plan regarding its capacity building role.

<u>Objective</u>	<u>Evaluation Question</u>	<u>Indicator</u>	<u>Measurement tool</u>
To obtain commitment from 100% of PCP members to work collaboratively on at least one of the PCP IHP priorities by May 2007	Have all members agreed to commitment? Have all members demonstrated their commitment in practice to working collaboratively?	Sign-off on PCP MOU, May 2007 List of collaborators provided by Agencies in their snapshot survey	MOU sign-off Annual HP Snapshot
To disseminate information regarding IHP interventions across the catchment by May each year	Have members participated in Annual HP Snapshot? Have members increased their awareness of other agency's HP activities?	80% Agencies involved in HP Snapshot Members report increased awareness of IHP interventions across the catchment.	Annual HP Snapshot Annual Agency survey
To facilitate intensive HP support for one member agency per year to assist them with preparing an organisational HP plan	Have agencies from disability sector, Neighbourhood Hse and other targeted agencies demonstrated interest in intensive HP support? Has one agency/yr agreed to working on HP plan?	Expressions of Interest received from agencies to participate in intensive support for HP plan	Number expressions interest

<u>Objective</u>	<u>Evaluation Question</u>	<u>Indicator</u>	<u>Measurement tool</u>
To map the workforce development needs of health promotion practitioners by March 2007	Have all members participated in the mapping survey?	80% participation	Mapping survey
To provide a range of HP professional development opportunities to meet agency needs	Has there been an increase in HP skills, knowledge? Have a range of sectors attended?	At least 3 professional development initiatives held/year Range of non-health sectors attending	Feedback surveys after each forum/training event Event attendance lists Results of Annual Agency survey

<u>Objective</u>	<u>Evaluation Question</u>	<u>Indicator</u>	<u>Measurement tool</u>
To facilitate agency leadership to fill any IHP gaps in their agency plans by Dec 2007, as appropriate to their planning cycle	Have agency's committed to filling gaps in IHP interventions?	Agency increase range of interventions to fill gaps Increase in range of IHP interventions across PCP catchment	Annual HP Snapshot
To implement a recognition process for local IHP champions by July 2007	Do agency representatives/leaders feel recognised and supported?	50% agency reps report increased recognition by PCP	Annual agency survey IHP Reference Group survey

Dissemination of findings

The following strategies will be used to share learnings between organisations:

- i. via PCP website:
 - results of annual HP Snapshot Survey
 - local case studies
 - links to agency websites (where appropriate)
 Note – the website will be designed to enhance external searches, eg, via Google
- ii. via PCP meetings and training events/forums, eg. IHP Reference Group meetings
 - organisations invited to present their work
- iii. via PCP Bulletin:
 - results of annual HP Snapshot Survey
 - local case studies

The following strategy will be used to disseminate HP findings publicly:

1. via conferences
2. via local and state media

Links with Integrated Chronic Disease Management

Health promotion interventions being implemented across the catchment aim to increase community participation in physical activity, in healthy eating and in looking after their mental health. All three goals are directly linked to preventing and/or delaying chronic illness. Some specific examples are noted below:

- Network of community based, affordable activity programs (strength/balance, Tai Chi) in rural townships across the catchment – will be used as referral destinations for clients identified with chronic illness. These groups are also referral destinations for people at risk of chronic illness identified via the Active Script project;
- Walking strategies in both Shires – will be used to encourage increased activity for chronic disease clients. The focus on walking is a strong preference of many inactive people and is highly accessible to any age and ability;
- Nutrition interventions in schools, including the Smiles 4 Miles project and activities being implemented by WDHS and PDH, recognise that early intervention in children is an effective mechanism for preventing chronic illness in the next generation;
- The PCP's strategy to support community arts recognises the importance of arts participation as an effective mental health promotion strategy. The PCP aims to increase access to community arts and thereby create referral pathways for clients with chronic illness to art activities. The whole of community access to arts is clearly beneficial to wellbeing and therefore a preventative measure against stress and potential chronic illness. The evidence linking chronic illness and mental illness is strong – the PCP's focus on accessible community arts recognises a gap in current health promotion activities, particularly within Southern Grampians Shire.

While the PCP has not identified any single chronic disease focus, the broad goals of increasing physical activity, nutrition and mental health are considered important foundations to assist with preventing a range of chronic illnesses such as diabetes, cardiovascular disease and asthma. These three chronic diseases represent the highest ambulatory sensitive conditions for the PCP catchment.

The PCP has chosen to focus on health promotion barriers as a key strategy. Transport, in particular, is a key barrier. This is being addressed by ensuring health promotion interventions are localised. For example, the PCP continues to focus on the small townships across the catchment, including provision of local physical activity programs and accessible walking tracks. Where local programs are not viable, such as in small hamlets, the Shire has been instrumental in assisting with transport to nearby programs via the community bus.

It is critical that a whole of person approach is adopted when considering the needs of people with chronic illness, rather than a medical approach used. The discussions that will commence regarding links to a range of community arts, cooking courses, gardening, training etc reflects the PCP's focus on programs that are outside the health service. It is also reflected in the ongoing support for programs such as Reading Discovery, that aim to prevent the cycle of inter-generational poor literacy amongst the disadvantage, that evidence shows is one of several key health determinants for young children under 5 years of age. The PCP focus on the whole person is also reflected in the 10MMM program that seeks to give a voice to young people who are not only isolated by distance but often by technology. Increasing technology to this target population aims to increase their wellbeing, reduce mental health issues and prevent chronic illness. Many of these young people will have relatives and friends with a chronic illness. 10MMM and the interventions being coordinated via local Youth Networks assist in supporting young people at risk.

Chronic diseases have a far reaching impact on the community. It increases the burden on acute and emergency health services; it increases the stress and mental health issues of family and friends; it reduces workplace productivity and results in a variety of other medical complications, such as hypertension, stroke, amputation etc. It therefore not only does it impact on the health and wellbeing of those supporting the client but it costs the community substantial dollars. The PCP considers the funds spent in preventing chronic illness as saving considerable dollars for the community. The PCP aims to implement the best evidence-based health promotion interventions possible to ensure the greatest outcome for its funds. This will hopefully support additional funding for health promotion in the longer term.

While many agencies are active in preventing illness via 'upstream' interventions, there continues to be those that adopt a 'downstream' approach. The PCP will seek to influence these organisations via training in health promotion (such as the 4 hour short-course recently piloted) and in mentoring some key organisations with intensive health promotion support. The PCP will be active in seeking funding to support agencies to adopt an 'upstream' focus, ie. by doing it rather than hearing about it. Engaging agencies in upstream projects engages with them in a practical way and ensures they see the benefit for their own clients and communities. Finally, the PCP's evaluation and dissemination strategies and its renewed focus on engaging senior management and Agency Boards are both ongoing strategies to influence and encourage agencies to enhance their understanding and commitment to an 'upstream' approach.

Part 3 Service Coordination

3.1 Introduction

The improvement of Service Coordination in the South West sub region is a collaborative effort involving the South West and the Southern Grampians and Glenelg Primary Care Partnerships and the South West Alliance of Rural Health.

While the PCPs provide leadership in relationship building, encouragement in the use of common practice and capacity building, SWARH provides the IT capacity for many service coordination improvements.

Over the next 3-5 years the collaborative will increasingly focus on improved client pathways through system redesign.

In addition, the collaborative will look at opportunities for further regional work building on the current regional approach to e-referral.

This plan provides the broad direction for service coordination in South West sub Region for the next 3 years. In line with DHS guidelines, the plan will be reviewed, the strategies measured and updated as new directions emerge.

In addition to this plan, as a partner in the Statewide service coordination reform, the Primary Care Partnerships, will support agencies to participate in the DHS service coordination snapshot surveys conducted twice over the 3 year period and will provide annual accounts of numbers of e-referrals sent by member agencies.

3.2 Service Coordination - Strategic Plan

The following Service Coordination Strategic Plan is a Regional Plan for SW Victoria prepared in partnership with the SW PCP and SWARH.

Goal 1.

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.

Objective 1.1	To enhance the knowledge of the BATS framework with 8 new agencies by July 2009				
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Measurement Method	Estimated Impact
Group training provided for key agency staff by regional coordinator	Disability Services Agencies	By August 2007	3 agencies	Post education survey	8 agencies report enhanced skills and knowledge of BATS framework
	Family Services	By August 2008	2 agencies		
	Housing agencies	By February 2009	3 agencies		

Objective 1.2	To facilitate 8 new agencies to implement the ICI, INI and referral components of service coordination 80% of the time by July 2009				
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Measurement Method	Estimated Impact
Work with agencies to develop agency implementation plan which would include agency use of SCTT and adoption of IC, INI and Referrals aspects of the Statewide Practices and processes manual	Disability Services Agencies	By Dec 2007	3 agencies	Agency surveys	SCTT used for 80% of all referrals IC, INI, Referral PPPS followed 80% of the time
	Family Services	By Dec 2008	2 agencies		
	Housing agencies	By July 2009	3 agencies		

Objective 1.3	To facilitate 100% uptake of the Initial Contact, Initial Needs Identification and Referral elements of the BATS framework in the 23 agencies currently involved in the service coordination strategy by July 2009				
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Measurement Method	Estimated Impact
Conduct a review of current agency service coordination activity to establish status quo and to identify agency	All PCP members participating already participating in Service Coordination	By March 2007	23 agencies (29 campuses)	Establishment of a baseline	Baseline includes all 23 agencies
				Identification of support needs	Agency support needs are identified in all 23

support needs					agencies
Provide training and change management in the areas of SCTT use and PPPS according to review feedback.	All PCP members participating already participating in Service Coordination	By March 2008	23 agencies (29 campuses)	Agency surveys	SCTT used for all referrals All (23) agencies conduct IC, INI and Referral according to Statewide Standards

Objective 1.4	To facilitate the 23 agencies already involved in Service Coordination to participate in 2 DHS snapshot surveys by 2009				
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Measurement Method	Estimated Impact
Provide training in the use of survey database and survey completion	23 agencies	By 2009 subject to DHS schedules	23 agencies	Record of participation	80% participation in snapshot surveys

Objective 1.5	To facilitate local agency input into statewide assessment (Inter-Rai trial) and care planning initiatives by July 2008				
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Measurement Method	Estimated Impact
Nominate 2 PCP agencies to participate in the DHS common assessment tool Inter-Rai trial	South West Healthcare HARP program South West Aged Care Assessment Services	June 2006 - July 2008	2 agencies	Number of meetings attended or input tabled by local agencies in statewide discussions. Feedback from DHS reps that SW reps regarded as active advocates.	Local agencies regarded as active advocates in statewide discussions
Building on work done in 2004-5 when local Service Coordination Plan guidelines were developed - Nominate 1 PCP agency staff member to participate in the DHS care planning group	A PCP agency member	During 2007	1 staff member	Number of meetings attended or input tabled by local agencies in statewide discussions. Feedback from DHS reps that SW reps regarded as active advocates.	Local agencies regarded as active advocates in statewide discussions

Goal 2.

Improve communication about clients (especially those with chronic disease and complex needs) with general practice, leading to more active GP participation with other service providers involved in the client's care

Objective 2.1	To facilitate the use of the SCTT in 34 GP clinics by July 2009				
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Measurement Method	Estimated Impact
Install ARGUS technology in GP clinics and chronic disease management services, to support secure transmission (encryption) of clinical information using the Victorian Statewide Referral form	GPs who are members of the Otway Division of General Practice and their primary care referring partners which include Aged Care Assessment Services, District Nursing, some Allied Health	By Dec 2008	34 GP Clinics 2 Chronic Disease programs 3 Community Health Centres 8 District Nursing Services 1 regional Aged Care Assessment Service 1 Dietician Service 1 Diabetes Educator Service 1 regional Mental Health Service	GP clinic survey	34 GP clinics report use of e-referrals in 80% of referrals
Provide 'one to 'one training in the use of ARGUS and in the use of the Victorian Statewide Referral Form	GPs who are members of the Otway Division of General Practice and their primary care referring partners which include Aged Care Assessment Services, District Nursing, some Allied Health	Progressive - by Dec 2008	As above	As above	As above

Goal 3.

Successful implementation of the Statewide Manual and subsequent versions of the SCTT in all member agencies

Objective 3.1	To facilitate access by all mandated agencies to the statewide manual and its content by March 2007				
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Measurement Method	Estimated Impact
Conduct workshops on the new Statewide manual and SCTT version2	All PCP members who have adopted Service Coordination	By March 2007	23 agencies (29 campuses)	Post workshop survey.	100% mandated agencies have access to manual and SCTT version 2 100% participants at workshop report they have a clear understanding of manual content and SCTT 2 requirements
Conduct workshops on subsequent versions of SCTT	All PCP members who have adopted Service Coordination	As per DHS schedule	23 agencies (29 campuses)	Post workshop survey.	100% have access to subsequent versions of SCTT and 100% participants at workshop report they have a clear understanding of new SCTT requirements

Goal 4.

Change management support for e-referral

Objective 4.1	To increase numbers of e-referrals sent by 20% following baseline count in July 2007				
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Measurement Method	Estimated Impact
Provide training in e-referral according to review feedback (see Objective 1.3)	All PCP members who have adopted e-referral	By December 2007	23 agencies (29 campuses)	Annual e-referral count	20 % increase in referrals sent

Goal 5.

Better depth and accuracy of service information available on the Human Services Directory to support referral

Objective 5.1	Subject to improvements in the functionality of the Human Service Directory (HSD), to increase number of agencies with up to date information on the directory by 40%				
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Measurement Method	Estimated Impact
Work with agencies to develop an internal process for updating and maintaining service information on the HSD	All PCP agencies	By Progressive to December 2008	23 agencies (29 campuses)	Survey of PCP agencies re process for updating and maintaining service information on the HSD	40% more PCP agencies with a process for updating and maintaining service information on the HSD

Goal 6.

Leadership and Change management for local service coordination improvement opportunities

Objective 6.1	To identify 2 opportunities for improved service redesign				
Strategy	Stakeholders	Estimated timelines	Estimated Reach	Measurement Method	Estimated Impact
Survey agencies to identify opportunities (see objective 1.3)	All PCP agencies	March 2007	23 agencies (29 campuses)	Survey	2 agencies requiring assistance
Work with identified agencies on process redesign and new process implementation	2 agencies	By 2009	2 agencies	Monthly meeting minutes	2 agencies providing more streamlined and accessible services

Part 4 Integrated Chronic Disease Management - Strategic Plan

Goal	Objective	Strategy	Planned Impact
1. Completion of a mapping of self-management interventions (provided by agencies within the catchment). Facilitate planning processes to develop self-management interventions within member agencies that respond to gaps identified in the mapping process.	<p>1. To map current self-management interventions with health agencies by June 2007.</p> <p>2. To identify gaps and barriers to self-management interventions with agencies by August 2007.</p>	<ul style="list-style-type: none"> - Facilitate the completion of mapping survey via face to face interviews with health agencies & completion of online DHS survey. - Identify gaps and barriers with key stakeholders of each agency by August 2007. 	<p>All health agency members to have completed mapping exercise by June 2007</p> <p>Gaps and barriers identified in all project areas by August 2007.</p>
2. Facilitation of a process for agencies to define their roles and responsibilities, especially acute and community health services, in relation to providing self-management interventions for people with chronic disease.	<p>1. To facilitate shared agreement on roles and responsibilities regarding self-management interventions with agency stakeholders according to the following phased approach in project areas: Yr 1 – Hamilton project area, includes Balmoral Yr 2 – Casterton, Coleraine project area, includes Merino Yr 3 – Portland project area, includes Heywood, Dartmoor</p> <p>2. To establish a process for consumer consultation for each project area in parallel to the commencement of each Steering Committee.</p>	<ul style="list-style-type: none"> - Engage Otway Division of General Practice re: involvement in ICDM project. - use existing agency Steering Committee or, where needed, establish a ICDM Steering Committee within each project area, including agency staff and referring partners from acute, primary care, allied health, GP/Otway Division, Shire (HACC services), District Nursing, GP Practice Nurses. - identify existing consumer/carers groups that could act as consumer reference groups or establish a new mechanism if needed, including input from consumers representing different chronic diseases. 	<p>Steering Committee identified or formed in each project area, representing key stakeholders.</p> <p>Agreement reached on roles and responsibilities in each project area.</p> <p>Consumer consultation processes established for each project area.</p>
3. Successful implementation of the Better Access to Services (BATS) framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by	<p>1. To implement the BATS framework within each project area by: Dec 2007 – Hamilton Dec 2008 – Casterton and Coleraine July 2009 – Portland</p>	<ul style="list-style-type: none"> - facilitate Steering Committees to address implementation of BATS framework, as appropriate to each project area. - Coordinate with PCP e-referral project to ensure local GPs equipped to implement e-referral 	<p>Relevant sections of BATS being used by each agency and their referring partners in each project area.</p> <p>At least 2 GPs using e-referral in each project area.</p>

Goal	Objective	Strategy	Planned Impact
member agencies, particularly as it relates to people with chronic disease.		- Include ICDM as standing item on SWARH Primary Care Sub-Committee to ensure coordination between ICDM and Service Coordination	
4. Developed and defined local agreements and systems to identify clients with chronic disease who require comprehensive assessment, by working with PCP member agencies, particularly GPs.	1. To define agreed systems/processes to identify clients requiring comprehensive assessment for each project area by: April 2007 – Hamilton April 2008 – Casterton/Coleraine February 2009 - Portland	Facilitate discussions by Steering Committees to agree on systems/processes to identify clients requiring comprehensive assessment. To consult with consumers for input into agreed systems/processes.	Agreed system/processes for identifying comprehensive assessment needs in each project area. Total for PCP = 4 At least 2 GPs in each project area engaged in agreeing to common system/processes.
5. Developed and defined local agreements and systems to identify clients with chronic disease who require cross-disciplinary/multi-agency (including GP) care planning, by working with PCP member agencies, particularly GPs.	1. To define agreed systems/processes to identify clients requiring cross-disciplinary/multi-agency care planning in each project area by: June 2007 – Hamilton June 2008 – Casterton/Coleraine March 2009 - Portland	Facilitate discussions by Steering Committees to agree on systems/processes to identify clients requiring cross-disciplinary/multi-agency care planning. To consult with consumers for input into agreed systems/processes.	Agreed system/processes for identifying cross-disciplinary/multi-agency care planning in each project area. Total for PCP = 4 At least 2 GPs in each project area engaged in agreeing to common system/processes
6. Developed and defined local agreements and systems around initiating and coordinating care planning for people with chronic disease by working with PCP member agencies, particularly GPs.	1. To define agreed systems/processes to initiate and coordinate care planning in each project area by. June 2007 – Hamilton June 2008 – Casterton/Coleraine March 2009 - Portland	Facilitate discussions by Steering Committees to agree on systems/processes to initiate and coordinate care planning. To consult with consumers for input into agreed systems/processes.	Agreed system/processes for initiating and coordinating care planning in each project area. Total for PCP = 4 At least 2 GPs in each project area engaged in agreeing to common system/processes
7. Strengthened approaches to address disadvantage and health equality in Integrated Health Promotion initiatives, including barriers to participation such as chronic disease.	1. To identify health promotion needs of chronic disease clients by: April 2007 – Hamilton May 2008 – Casterton/Coleraine February 2009 - Portland 2. To map current accessible community based programs relevant for chronic disease clients, including physical activity	Consult with Steering Committee and consumer representatives to identify self-management needs of chronic disease clients. Survey diverse range organisations to identify local options for accessible physical activity and mental health promotion initiatives – including local	Health promotion needs of target clients identified. Map of current accessible local programs to meet health promotion needs.

Goal	Objective	Strategy	Planned Impact
	<p>and mental health by: June 2007 – Hamilton July 2008 – Casterton/Coleraine April 2009 - Portland</p> <p>3. To address key gaps in accessible community programs, including physical activity and mental health by: October 2007 – Hamilton October 2008 – Casterton/Coleraine July 2009 - Portland</p> <p>4. To facilitate access to current information on community based programs for agencies, GPs and clients by April 2007 for all project areas (ongoing refinement will occur based on consumer input.)</p> <p>5. To facilitate access to current information on chronic diseases for clients by April 2007.</p>	<p>strength and balance programs, Tai Chi, Yoga, community arts.</p> <p>Include Chronic Disease Management as standing agenda item for PCP's Integrated Health Promotion Reference Group.</p> <p>To liaise across PCP agencies to identify strategies to address any gaps in accessible self-management options, eg. including barriers such as transport.</p> <p>To consult with consumer representatives to identify preferred format for information, eg. web based. To provide accessible information on local activity options, including via the Active Script enabler.</p> <p>To provide accessible information on chronic disease, including links to Better Health Chanel, Nurse On Call 24 Hour Hotline etc.</p>	<p>Gaps in accessible self-management options reduced in each project, such that every project area has at least 3 accessible physical activity options.</p> <p>Process in place in each project area to inform all chronic disease clients identified of local physical activity options. Increase in usage of local physical activity programs by chronic disease clients.</p> <p>Access to general chronic disease information available via website or other format.</p>