



# Wimmera Wellbeing 2006 - 2009

## Deliverable 1: Partnership

November 2006

**Primary Care Partnerships**  
Community Health Plan

**Endorsed by PCP Chair:**

Name: Tracey Chenoweth

Signature:

Date:

# 1. Partnership vision

Definition of PARTNERSHIP!

*A relationship between individuals or groups that is characterized by mutual cooperation and responsibility, as for the achievement of a specified goal*

**What is the agreed vision for the PCP partnership for the period 2006–09?**

**The WPCP will be a robust, flexible and diverse partnership able to respond to local needs in a collaborative manner ensuring an integrated response to Service Coordination, Health Promotion and Chronic Disease Management. The partnership will be able to effectively call on other sectors where appropriate to assist and be involved in the key deliverables of the PCP.**

The role of partnerships – integration intensifies from networking through to formalised collaborative partnerships. The aim is to move towards the highest level of integration – collaboration. The entry point and progression along this continuum may vary depending on background, leadership, capacity and prior development of the working relationships leading up to the strategy.

*Integrated health promotion: a practice guide for service providers*

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

### **What are the key challenges to be addressed to achieve the vision?**

The WPCP Wimmera Wellbeing Planning group utilised the Vichealth Partnership Analysis Tool (appendix A) prior to the formal commencement of its development. A number of key agencies were identified as being potential partners in the planning for the overall health and wellbeing of the Wimmera. These were only identified in the context of ensuring there was an integrated response to planning in our catchment.

The WPCP Executive Steering Committee also completed the Vichealth Partnership Analysis Tool (appendix B) as a way of setting a baseline to measure the effectiveness of the Executive and its membership

The key challenge for the WPCP is to ensure that the involvement of agencies within partnership activity is meaningful, and relevant staff are active. There is also a challenge to ensure that the WPCP are viewed as being the portal to partnership activity – facilitators, engagers, springboards - and not an organisation that will provide a specific service which is being offered elsewhere in our community.

Senior Staff of member agencies AND government agencies play a key role in achieving this vision and without their cooperation in ensuring the WPCP are taken seriously, the partnership will be in danger of being viewed as not being relevant.

3. Achieving the vision: *Capacity Building Plan***Element: organisational development**

Goal	Objective	Strategies/Interventions	Estimated Impact
All member agencies will articulate and commit to how they will participate in the WPCP	By July 2009 all signed member agencies will articulate how they are actively involved in the partnership as part of their quality improvement processes.	<ul style="list-style-type: none"> <li>A localised statement of intent will be established for all member agencies to include in their own organisational plans being ratified by their own Boards or committees of management</li> <li>A 'roadshow' of who, what the WPCP is and how it can contribute to individual agency</li> <li>WPCP will revisit original WPCP 2000 policy manual regularly</li> </ul>	<ul style="list-style-type: none"> <li>All agencies will have this statement included in their plans</li> <li>All member agencies will have been visited on a regular basis</li> </ul>

**Element: workforce development**

Goal	Objective	Strategies/Interventions	Estimated Impact
All relevant member agencies staff (IHP, SC, CDM) will be aware of what their agencies involvement with these deliverables are within the partnership	By July 2009, staff involved in IHP, SC, CDM will have a statement of involvement in partnership activity within their PD's.	<ul style="list-style-type: none"> <li>Increasing awareness of partnership platform and the value they add to patient outcomes</li> <li>Develop a statement of partnership involvement for core positions with IHP, SC and CDM</li> </ul>	<ul style="list-style-type: none"> <li>all staff will be aware is the partnership platform as it relates to their work</li> <li>All agencies will have this statement included in their PD's</li> </ul>
Ensure all member agencies have a shared understanding of partnership practice.	By July 2009 all member agencies have a shared understanding of partnership practice and it's value in improving outcomes for clients	<ul style="list-style-type: none"> <li>Develop a model statement on partnership and promote this to agencies partnership tools within working groups</li> <li>Introduce and use partnership tools to</li> </ul>	<ul style="list-style-type: none"> <li>By July 2009 all member agencies have a shared understanding of partnership practice and it's value in improving outcomes for clients</li> </ul>

		measure partnership development	
To strengthen understanding about the specific needs of aboriginal people within the WPCP member catchment.	By Dec 07 health services will have developed an understanding of the Integrate Grampians Regional Aboriginal Service Providers 04-07 plan and how it relates to their health service.	<ul style="list-style-type: none"> <li>• Circulate the GRASP plan to all agencies</li> <li>• include as an agenda item where appropriate</li> <li>• attend GRASP meetings</li> </ul>	<ul style="list-style-type: none"> <li>• All agencies will an increased understanding of GRASP service provision as they relate to their health service.</li> <li>•</li> </ul>

**Element: resources**

Goal	Objective	Strategies/Interventions	Estimated Impact
The WPCP will allocate appropriate funds to ensure partnership activity is supported across all deliverables	By July 2009, agencies involved in partnership activity will be appropriately resourced	Develop a statement of \$'s for agencies involved in specific activities	Greater financial resources are allocated to IHP, SC and CDM where appropriate (measured? Via agency financial reports on specific activities)

**Element: leadership**

Goal	Objective	Strategies/Interventions	Estimated Impact
To provide leadership in the provision of programs to mitigate the effects of drought on the mental health of our communities	To provide appropriate and timely support to the communities effected by drought	Consult with member agencies as to appropriate responses to the needs of their individual communities	Appropriate responses coordinated by local agencies in partnership
	To contribute to the evidence base for drought response around mental health interventions	Provide information through weekly media articles to inform the public of relevant service, funding and self care	Timely dissemination of relevant information to communities
		Work with counsellors across the region to identify and address service coordination and emerging issues as they affect their work	Well networked counsellors and early identification of gaps in services
		Evaluate and document all work around drought to add to evidence base	WPCP provides evidence to contribute to drought response around mental health interventions
Senior management in all member agencies will advocate for partnership involvement and	By July 2009 all signed member agencies will articulate how they are actively involved in the partnership as part of their quality	Develop a model statement on partnership practice and promote this to agencies	<ul style="list-style-type: none"> <li>All agencies will have this statement included in their plans</li> </ul>

<p>activity where appropriate</p>	<p>improvement processes.</p>	<p>Develop a statement of partnership involvement for core positions with IHP, SC and CDM for use as appropriate</p>	
<p>The three Grampians region PCPs will share a Whole of Region approach to build on existing and future work within SC, IHP, CDM</p>	<p>By July 2009, the three Grampians region PCP's will show leadership in a united approach which strengthens the position of the Grampian Region in funding rounds</p>	<p>To ensure that the interests of the WPCP are advocated for on the regional /State PCP meetings</p> <p>To continue with Regional PCP meetings which foster a whole of region approach</p>	<p>Grampians region PCPs are recognised and acknowledged for there partnership approach.</p>

**Element: Partnership**

Goal	Objective	Strategies/Interventions	Estimated Impact
Relevant sectors of the government (local, state, commonwealth) based either in the Wimmera or Grampians Region will consider PCP a partnership platform of first choice when introducing programs in our region	By July 2009, all sectors of the government (local, state, commonwealth) will be aware of the involvement of the WPCP in the Wimmera region	<ul style="list-style-type: none"> <li>• A 'roadshow' of who, what the WPCP is and how partnership platforms can contribute to individual agencies outcomes</li> <li>• All sectors of government will be presented to</li> </ul>	Increased use of the PCP as a partnership platform
Increase the relevance and value of the partnership platform to new and existing members	WPCP shows continual improved performance when measured by the Partnership tool applied over the life of this plan	By using the Vichealth partnership analysis tool (or other), members will be assessed to ascertain effectiveness and value of partnership involvement and indicate areas for improvement	<ul style="list-style-type: none"> <li>• Increased relevance and value of the partnership platform</li> <li>• Demonstrated strengthened partnership and improved understanding around their value and workings</li> </ul>

## 4. List of PCP member agencies/organisations and their involvement in each of the key deliverables

Agency name	Partnership	Integrated Health Promotion	Service Coordination	Integrated Chronic Disease Management
Community Axis	✓		✓	
Dunmunkle Health Services	✓	✓	✓	
Edenhope & District Memorial Hospital	✓	✓	✓	
Goolum Goolum Aboriginal Co-operative	✓	✓	✓	
Grampians Community Health Centre	✓	✓	✓	
Harrow Bush Nursing Centre	✓	✓	✓	
Hindmarsh Shire Council	✓	✓	✓	
Horsham Rural City Council	✓	✓	✓	
Karkana Support Services Inc.	✓			
Rural North West Health	✓	✓	✓	
University of Ballarat	✓			
West Vic Division of General Practice	✓	✓	✓	
West Wimmera Health Services	✓	✓	✓	
West Wimmera Shire Council	✓	✓	✓	
Wimmera Regional Sports Assembly	✓	✓		
Wimmera Uniting Care	✓		✓	
Wimmera Health Care Group	✓	✓	✓	✓

Women’s Health Grampians	✓	✓		
Wimmera Volunteers Inc.	✓			
Yarriambiack Shire Council	✓	✓	✓	



## Deliverable 2: Integrated Health Promotion

November 2006

### **Primary Care Partnerships** Community Health Plan

**Endorsed by PCP Chair:**

Name: Tracey Chenoweth

Signature:

Date:

The United Nations recognises that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without Discrimination. Health promotion action is based on this critical human right. Health promotion is the process of enabling people and populations as a whole to increase control over their health and those things that determine health. It is an effective investment in improving health and human development (World Health Organisation 2005a).

## 1. Integrated Health Promotion vision

**The members and their communities are proactive and inclusive when planning for health promotion**

## 2. Priority setting and problem definition

**Describe the process for selecting the IHP catchment priority.**

Physical activity and active communities

a) Impact and scale of the issue

- In Victoria, physical inactivity is responsible for 4.1 per cent of the overall burden of disease. (Department of Human Services 2005c)
- Evidence suggests that Australians are becoming increasingly inactive.

The 2000 National Physical Activity Survey showed that 54 per cent of Australians aged 18–75 years did not undertake leisure time physical activity at the levels recommended to achieve health benefit (National Public Health Partnership. 2005).

- In the 12 months to April 2003, an estimated 38 per cent of children aged 5–14 years did not participate in organised physical activity outside of school hours. Twenty-two per cent of 15–24 year olds reported no physical activity in the two weeks preceding the 2001 National Health Survey (National Public Health Partnership 2005). The ABS Children's Participation in Cultural and Leisure Activities Survey revealed that 97 per cent of children aged 5–14 years reported that the most popular leisure activity outside of school hours was watching television and videos. (Australian Institute of Health and Welfare 2004c)
- Overseas evidence suggests that children under five years of age appear to be increasingly sedentary (National Public Health Partnership 2005)

VicHealth discussion paper.

Bringing people together over PA creates opportunities for developing social connections which in turn creates opportunities to promote other health services. It provides an opportunity for social interaction and connection and builds relationships

**Define the goal for each identified priority issue.**

**To increase active participation and opportunities for physical activity for everybody throughout the communities within the WPCP catchment**

### 3. Solution generation

The most effective physical activity interventions are those that combine multiple strategies at multiple levels and involve a range of key stakeholders and the community. The way forward involves using capacity building strategies for developing leadership, building partnerships and facilitating cooperation (Garrad et al. 2004).

Recommended interventions for physical activity include:

- Build public policy for physical activity: promote, develop and support public policy that facilitates and encourages physical activity.
- Promote, develop, support and initiate actions for increased and equitable access to environments that support people to be active.
- Promote and support individuals, communities and organisations to encourage and influence social and cultural norms that support physical activity.
- Increase awareness and understanding of the benefits of participation in physical activity, develop skills to be active as part of daily life and support individuals, families and communities to overcome barriers to physical activity.
- Building the health sector's capacity for sustained and coordinated action by strengthening skills, competencies and infrastructure, including funding, workforce, leadership and organisational support.

(Garrad et al. 2004; Victorian Health Promotion Foundation 2005)

#### Mix of interventions

**Via the Wimmera wellness catchment planning group all members represented were requested to detail their involvement in Physical activity across the four population groups.**

Mix of interventions matrix attached in Appendix C

## 4. Capacity building

**Priority goal: To increase active participation and opportunities for physical activity for everybody throughout the communities within the WPCP catchment**

### Element: organisational development

*Organisational development focuses on strengthening IHP systems and process within the member and collaborating organisations across the catchment and within the PCP itself*

Goal	Objective	Strategies/Interventions	Estimated Impact
WPCP member agencies will include an element / statement about the level of physical activity within their agency or commitment to their communities PA in their organisational plans including strategic plans.	By July 2009 all member agencies will be actively involved in the Wimmera Wellbeing catchment plan By July 2009 all member agencies will include a statement about their active commitment to the increasing of PA in their agencies / communities	<ul style="list-style-type: none"> <li>Identify which member agencies have an inclusion statement of PA in their plans</li> <li>Develop a plan in partnership with agencies to include the statement</li> </ul>	All relevant agencies will have include a statement of intent around PA

### Element: workforce development

*Partner organisations will have the evidence-based skills and knowledge necessary to plan, implement and evaluate IHP interventions around the priority*

Goal	Objective	Strategies/Interventions	Estimated Impact
To improve the ability and qualifications of agency staff to deliver PA opportunities to the communities of the wimmera	By 2009 WPCP and its agencies will have invested \$30,000 in building the capacity of agency staff to develop skills and knowledge, to deliver appropriate and relevant PA programs, activities for specific life stages.	<ul style="list-style-type: none"> <li>Develop a regular timeline for integrated Health promotion courses</li> <li>Facilitate opportunities for PD to improve skills for delivery of PA interventions</li> <li>Co-fund training opportunities for WPCP agencies staff</li> </ul>	Improved ability and qualifications to deliver PA opportunities to the communities of the wimmera

**Element: partnerships**

*The WPCP will facilitate and support integrated and collaborative service / community partnership that will work together to increase physical activity and increase active communities.*

Goal	Objective	Strategies/Interventions	Estimated Impact
WPCP will facilitate and support integrated and collaborative service / community partnerships focusing on Physical activity	The WPCP HP network will provide a lead for partnership work focusing on Physical activity	Develop a method of communicating 'best practice' PA activities across the four population groups (forum, newsletter, attendance at conferences – KINECT partnership) Ensure an invitation is extended to all relevant non members to participate as appropriate	<ul style="list-style-type: none"> <li>PA becomes a major focus for the HP network over the life of the plan.</li> <li>WPCP will have successfully supported integrated community partnerships focusing on Physical activity</li> </ul>

**Element: leadership**

*Leadership of agencies across the catchment with particular program mandates, expertise and experience in physical activity will be recognised, resourced and supported*

Goal	Objective	Strategies/Interventions	Estimated Impact
The WPCP (emphasis on the PARTNERSHIP and members) will be recognized as the leaders, facilitators, and advocates for increased PA and more active communities in the Wimmera	By 2009 the WPCP (emphasis on the PARTNERSHIP and members) will be recognized as the leaders, facilitators, and advocates for increased PA and more active communities in the Wimmera	<ul style="list-style-type: none"> <li>Facilitate PA forums to showcase 'best practice' in PA programs across a variety of levels</li> <li>Develop further methods of communicating 'best practice' PA activities across the four population groups</li> </ul>	<p>WPCP is seen as leaders, facilitators, and advocates for increased coordination of PA programs for health</p> <p>Raised awareness of the part PA plays in mitigating CD in our communities</p>

#### 4.5 Resources – PCP IHP Catchment Resource Summary

Please fill in the table below indicating the **estimated** resource allocation for the current funding period. Indicate either the \$ amount for funds made available directly to catchment partners or an approximate \$ amount where PCP health promotion staff time will be the primary resource.

##### Estimated Integrated Health Promotion (IHP) PCP resource allocation

The WPCP at the partnership level and as individual member agencies, has the resources necessary to implement and sustain, IHP initiatives by assessing resource needs and exploring opportunities. The following resource allocation is based on WPCP estimated allocation of DHS IHP funds of \$90,000. This includes WPCP staff time spent on each component

Capacity building components	DHS funded PCP IHP	Member contributions
Partnership development	10000	
Leadership	10000	
Organisational development	30000	
Planning for evaluation and dissemination	10000	
Workforce development	30000	
<b>Estimated Total PCP resource/budget allocation</b>	\$90000	\$

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

The Wimmera wellness catchment planning group will be the vehicle for planning all catchment IHP work. The WPCP will support this group both financially and administratively where appropriate. The WPCP will continue to contribute small funds towards strengthening member agencies work with Physical activity across the catchment. These funds will be distributed via a submission process to the WPCP Executive committee. All activities will require a rigorous evaluation process which will contribute to the mix of interventions across the catchment.

##### Additional Integrated Health Promotion Resources

Funding source/project	Links to catchment priority	Funding
GFYL seniors funding – online PA database		\$20,000

Vichealth – walking school bus		\$9,000
Wimmera volunteers – mens shed		\$10,000
CWA – towards supporting WSB		\$1,500
DHSV- Smiles 4 Miles		\$10,000
DVC – Walk to work		\$1,000
<b>Totals</b>		51,500

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

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

Via the Wimmera Wellness Catchment planning group the mix of interventions will be constantly and regularly updated to ensure the catchment includes all work which strengthen the goal of making our communities more physically active.

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

Refer to WW planning cycle diagram appendix D - on going development

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

WPCP will ensure that a chronic disease "lens" is applied in all areas of it's work. We feel this is done intuitively by most of our health promotion network members who are very aware that increase physical activity (our priority) is a preventive factor in reducing the risk of chronic diseases as well as a treatment for managing it.

We will work actively with the HARP program at the WGHC to promote the management of CD and to including thinking around CDM in both our Service Coordination and Health Promotion Committees. This groups will help to promote a "up stream" approach back to the part of their agencies which are usually engaged in sickness (down stream) rather than health.

A focus around increased physical Activity as a preventive factor for type 2 diabetes will be taken.



# Wimmera Wellbeing 2006 - 2009

## Deliverable 3: Service Coordination

November 2006

**Primary Care Partnerships**  
Community Health Plan

**Endorsed by PCP Chair:**

Name: Tracey Chenoweth

Signature:

Date:

**R** = Regional approach. These objectives and strategies are items that are to be worked on jointly with Central Highlands and Grampians Pyrenees PCP’s in partnership with Grampians region DHS office. The main drivers of these regional approaches will occur via the Grampians Region PCP Management round-tables.

**L** – Local approach. Wimmera PCP will work on these objectives and strategies in partnership with WPCP member agencies

Goal	Objective	Strategies/Interventions	Estimated Impact
<p><b>1. Implement the Better Access to Services (BATS) framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by member organisations.</b></p>	<p><b>By July 2009 all Wimmera PCP member agencies / organisations will have an improved understanding and uptake of Service Coordination</b></p>	<p><b>Year 1</b>  <b>Support DHS implementations of service coordination. R</b></p> <p><b>Work with Mental Health Services to improve understanding and uptrake of Service Coordination practice and principles R</b></p> <p><b>Provide information and recommendations to the Mental Health Strategic Group in furthering implementation across the Grampians region R</b></p> <p><b>Provide Regional Service Coordination Leadership Forums in partnership with other Grampians region PCPs R</b></p>	<p><b>Presentation to School Nurses, continue to support Disability Services, Work with DHS to look at Specialist Childrens Services and Child Protection Services</b></p> <p><b>BHS – Psychiatric Services to develop workplan to embed SCTT and implement e-referral. Provide support to Cornerstone II regional mental health network. (CHPCP lead agent – rep on cornerstone)</b></p> <p><b>Grampians Region PCPs</b></p> <p><b>Regional Forums to be held in:</b>  <b>October 06 – Embedding Service Coordination in Quality Processes</b>  <b>March/April 07 – Careplanning</b>  <b>June/July 07 – Assessment</b>  <b>Oct / Nov – Intake - round two</b></p>

	<p><b>Support the implementation of the Youth Options Guarantee</b></p> <p><b>Apply Service Coordination Checklist Tool across relevant member agencies</b></p> <p><b>Support Community Health funded services to apply principles of the Service Access Models document as developed by SCICSC.</b></p> <p><b>Reinvigorate and sustain the Wimmera SC steering / reference group to develop local strategies to further the BATS framework</b></p>	<p><b>Provide training for Specialist Palliative Care services in Service Coordination and E-Referral L</b></p> <p><b>Develop referral protocol document R</b></p> <p><b>Provide service coordination staff support in implementation of Youth Options Guarantee L</b></p> <p><b>Work with participating agencies in refining referral processes and information sharing. L</b></p> <p><b>Year 2 &amp; 3</b>  <b>Utilise service coordination tool across existing member agencies and new agencies/program areas embedding service coordination. L</b></p> <p><b>Provide staff support in review of practice models used in Community Health funded services. R &amp; L</b></p> <p><b>Year 1 - 3</b>  <b>The Service Coordination Sub-Committee will provide a strong reference point for sharing of information and looking at ways to improve communication and support L</b></p>	<p><b>Wimmera Health Care Group</b></p> <p><b>WSMLLENs, Schools, WPCP agencies</b></p> <p><b>As above</b></p> <p><b>WPCP ALL member agencies</b></p> <p><b>Existing WPCP member agencies and new program areas/agencies.</b></p> <p><b>Community Health funded agencies and other relevant services.</b></p> <p><b>All member agencies</b></p>
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<p><b>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.</b></p>	<p><b>Improve Linkages between GPs, Allied Health &amp; District Nurses through the Chronic Condition Self Management mapping Project</b></p> <p><b>Improve Linkages between GPs, Allied Health &amp; District Nurses through the PACE program (Active Script)</b></p> <p><b>Home Hazard CHecklistTool Rollout</b></p> <p><b>Other opportunities for information sharing in referrals/feedback will be explored. R</b></p>	<p><b>Refer objectives / strategies in CDM deliverable 4</b></p> <p><b>WPCP will continue to play a lead role in ensuring a smooth and continual PACE program – integrating other SNAPO’s with support funding where appropriate L</b></p> <p><b>Continue to ‘recruit’ and maintain ‘enablers’ from across the wimmera L (WHCG, Dunmunkle, Rural northwest)</b></p> <p><b>Investigate needs for the development of the Home Hazard Tool (CHPCP) to the wider sector. R &amp; L</b></p> <p><b>Year 2 Develop a comon evaluation tool across the region to evaulate and review the HHCT in September 2007. R</b></p> <p><b>Via WPCP SC steering / refernce group</b></p>	<p><b>All major health services, community health services and allied health</b></p> <p><b>Tool made available from CHPCP to other Grampians PCPs and other member and non member agencies as relevant. Presentation at HACC Service Provider meeting November 2006</b></p> <p><b>Grampians region agencies,</b></p> <p><b>Wimmera member agencies</b></p>
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	Continue to promote and support careplanning across relevant agencies	Regional Service Coordination Forum to identify additional training needs required in careplanning R	
3. Successful implementation of the Victorian Service Coordination Practice Manual and subsequent versions of the Service Coordination Tool Templates.	Develop a Grampians region approach to the implementation of the Victorian Statewide Service Coordination Manual and resources. R  Participation in review of the SCTT 2008	Year 1 Review of the final draft of VSSCPM with regard to local requirements for e-referral using the Connectingcare system. R  Implementation of the VSSCPM , Practitioners Guide and Quality Improvement Framework to relevant member agencies R  Year 2 WPCP agencies will support review process of the SCTT 2008 L	In consultation with Grampians CCC Users & PCPs develop an addendum to the manual for e-referral requirements for Connectingcare  Work with Grampians region PCPs to develop a targeted approach across the region.  As occurred for SCTT 2006 testing and feedback to support ongoing review across a range of agencies and programs.
4. Change management support for implementation of e-referral.	Increase uptake of e-referral using the Connectingcare system	Year 1 E-referral training sessions provided across the 3 Grampians PCPs. Information training sessions as required. More personalised training sessions for agencies particularly new member agencies R & L  Increase the number of Grampians region agencies services able to receive electronically by 10% L	Training sessions held in November 2006, March 2007 in Ballarat, Horsham and Ararat available to all agencies. (CHPCP lead agent)  Grampians region agencies, & PCPs

	Provide information resources which support change management practice in e-referral	<p>GP/Community Health E-Referral Project R &amp; L Rural Northwest and Warracknabeal MC Investigate further agencies to implement successful strategies from the above project for year 2 / 3 L</p> <p>E-referral Testing across the Grampians region L</p> <p>Develop a Change Management Resource Kit to support management of e-referral in agencies R (CHPCP lead agent)</p>	<p>Rural Northwest Health &amp; Warracknabeal Medical Centre - Training will occur for Doctors and practice staff in e-referral.</p> <p>To ensure viability of system a series of maintenance testing of all e-referral services in the Grampians region will occur on an ongoing basis.</p> <p>All Grampians region agencies using or potential users of the Connectingcare system</p>
5. Improved amount and accuracy of information to support referral through the Connectingcare and Human Services Directory.	To further develop links between Connectingcare & the Human Services Directory	<p>Year 1 Education sessions held for interested agencies in Wimmera L</p> <p>Connectingcare User Group will continue to work with the Human Services Directory in developing upload/download capability and functional improvements. R (CHPCP as lead agent - Tim Reed)</p> <p>Year 1- 3 Expand range of agencies on Connectingcare L</p>	<p>All participating PCPs and CCC Executive Officer &amp; CCC Software developer.</p> <p>Identified agencies and new members.</p>
6. Orientation Packages	Promote understanding of the Wimmera and grampians region service system	Year 2 & 3 Development of a shared orientation package that can be utilised across agencies/programs R	Grampians Regional PCP member agencies pilot through WPCP Service Coordination steering / reference group

<p><b>7. Increase appropriate / relevant referral processes across public and private dental services in the Wimmera in partnership with Dental Health Services Victoria (refer to Smiles 4 Miles Phase two, objectives and strategies for further detail)</b></p>	<p><b>Increase early identification and referral of local high risk children to public dental services</b></p>	<p><b>Refer strategies in Smiles 4 miles phase two project with DHSV</b></p>	<p><b>Wimmera agencies</b></p>
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# Wimmera Wellbeing 2006-2009

## Deliverable 4: Integrated Chronic Disease Management

November 2006

**Primary Care Partnerships**  
Community Health Plan

**Endorsed by PCP Chair:**

Name: Tracey Chenoweth

Signature:

Date:

The WPCP will undertake the below goals incrementally over time rather than embark on all areas of activity within the first year. The WPCP will prioritise the completion of the mapping of self-management interventions (Goal 1 and 2) and continue to actively support and engage the WHCG HARP-CDM program (goal 6). The remaining goals will be achieved within the overall Service coordination plan (refer deliverable 3)

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.	By July 2007 all relevant member agencies will have completed the mapping of self-managemnt interventions as designed by DHS By December 2007, WPCP will have facilitated a planning forum regarding the most appropriate evidenced self management interventions to be used by those members who identified gaps in the mapping excercise	Self management mapping process  WPCP facilitated foun	All relevant member agencies
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.	By July 2007 all relevant member agencies will have completed the mapping of self-managemnt interventions as designed by DHS By December 2007, WPCP will facilitate a planning forum regardng the most appropriate evidenced self management intrventions to be used by those members who identified gaps in the mapping excercise	Self management mapping process  WPCP facilitated foun	All relevant member agencies
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,	<i>Refer to WPCP SC plan deliverable 3</i>		

Goal	Objective	Strategy	Planned Impact
referral, assessment and care planning by member agencies, particularly as it relates to people with chronic disease.			
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.	<i>Refer to WPCP SC plan deliverable 3</i>		
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.	<i>Refer to WPCP SC plan deliverable 3</i>		
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.	By July 2009, WPCP will have actively engaged with the WHCG HARP-CDM to extend the HARP-CDM to two communities outside Horsham	Active participation on the HARP-CDM management steering / reference group Integrate WHCG HARP-CDM objectives and strategies in to WPCP plans	Two Wimmera communities
7. Strengthened approaches to address disadvantage and health equality in Integrated Health Promotion initiatives, including barriers to participation such as chronic disease.	<i>Refer to WPCP SC plan deliverable 3</i>		