



Central West Gippsland
Primary Care Partnership

Partnership Plan for Community Health and Wellbeing 2006 – 2009

Endorsed by CWGPCP Chair:

Name: Steve Tong

Signed:

Date:



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Central West Gippsland PCP

The Central West Gippsland Primary Care Partnership is a voluntary alliance of (currently) 17 agencies that provide primary health care to the people of Baw Baw and Latrobe. Our vision is that all people within the municipalities of Baw Baw and Latrobe will have access to services that will promote and enhance their health and wellbeing and thus improve health outcomes.

Members include:

- Baw Baw Shire Council
- Central Gippsland Aboriginal Health and Housing Co-operative Ltd
- Central West Gippsland Division of General Practice
- Department of Veterans Affairs
- Gippsland Accommodation and Rehabilitation Support Service
- Gippsland Multicultural Services
- Gippsland Women's Health Service
- GippSport
- Latrobe City Council
- Latrobe Community Health Service
- Latrobe Regional Hospital
- Lifeline Gippsland
- Quantum Support Services
- Richmond Fellowship
- Southern Cross Care (Vic)
- Vision Australia
- West Gippsland Health Care Group.



In 2006 – 2009, the PCP Strategy supports the four deliverables of:

- Partnership development.
- Integrated health promotion.
- Service coordination.
- Integrated chronic disease management.

Primary Care Partnerships now have an increased emphasis on change management and on capacity building, which involves the development of sustainable skills, organisational structures, resources and commitment to health improvement and multiply the health gains. Key areas for capacity building incorporated into the PCP's Community Health Plan are:

- Partnerships: improving organisation's ability to work in a cooperative and integrated way.
- Leadership: a number of key leadership qualities, centred on particular skills and beliefs rather than positions of authority, are required to underpin work.
- Organisational Development: strengthening organisational support for integrated health promotion, including looking at organisational policies, plans and structures to support health promotion.
- Workforce Development: development of integrated health promotion skills and knowledge of organisations.

Further priority settings for CWGPCP planning are the Latrobe Neighbourhood Renewal areas of Moe Heights, Morwell East, Traralgon East and the Glendonald Estate in Churchill.

Deliverable 1: Partnership

1.1 Partnership Vision

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

Our vision is that all people within the municipalities of Baw Baw and Latrobe will have access to services that will promote and enhance their health and wellbeing and thus improve health outcomes.

We value:

- Equity of all partners.
- Relationships based on trust and mutual respect.
- Community and community participation as the key drivers of all we do.
- Cooperation and collaboration.
- Ease of access to consumer focused, high quality services.
- Shared information and evidence-based practice.
- Integrated planning for community health and wellbeing.



CWGPCP Structure

In achieving this vision, and to enable organisations across the catchment to participate in relevant Central West Gippsland Primary Care Partnership activities in line with their capacity at that time, a number of working groups have been established around key strategic areas or joint initiatives. Organisations may choose for a range of workers to participate at any or all PCP meetings, though have only one voting right at business meetings.

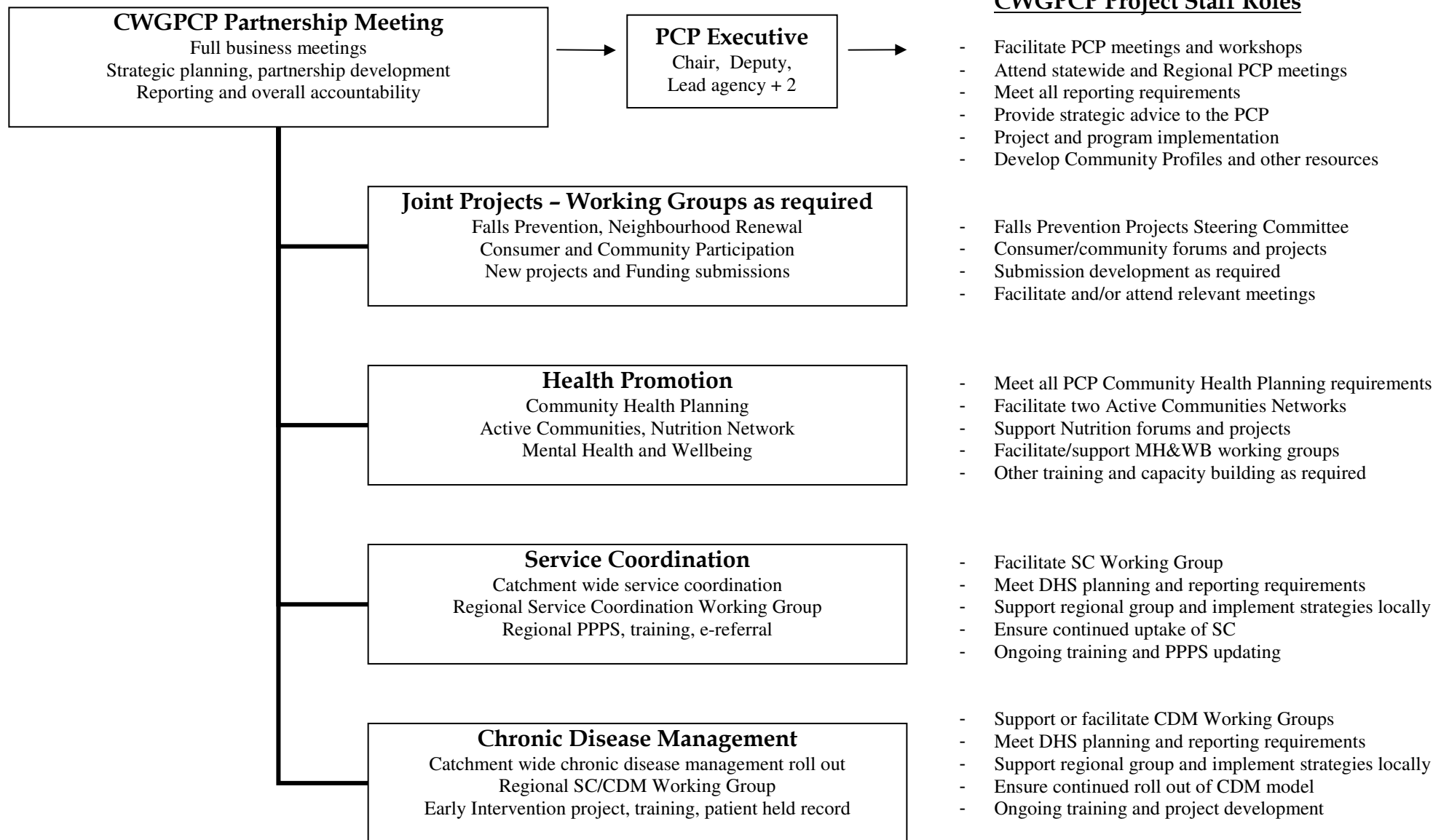
Central West Gippsland Primary Care Partnership (Full business meetings and strategic planning)

Joint Projects	Health Promotion	Service Coordination	Chronic Disease Management
Falls Prevention Neighborhood Renewal Consumer Participation Funding submissions	Community Health Planning Active Communities Nutrition Network Mental Health and Wellbeing	Better Health Care in Gippsland Regional PPPS Training Continued uptake	Better Health Care in Gippsland Patient Held Record Training Continued uptake

The following diagram provides a more detailed outline of the CWGPCP structure, projects and roles of project staff.

Central West Gippsland Primary Care Partnership

As of October 2006



1.2 Achieving the Vision

What are our priorities?

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

- To strengthen our sense of partnership and capacity to collaborate.
- To encourage participation in PCP strategic directions and activities.
- To increase our emphasis on change management and capacity building
- To develop a framework to enhance planning and effectively identify the impacts of our work
- To develop or enhance links between agencies and between the range of plans that relate to health and wellbeing.
- To support the Gippsland wide PCP approach of planning to better address issues across the region, with strategies implemented on a catchment basis or locally to meet specific local needs.
- To address the barriers to participation and service access for people who experience chronic disease and socioeconomic disadvantage.
- To promote the concept of PCPs, service coordination and integrated health promotion across the catchment.
- To further engage other key services including mental health, child and family services and education.

1.3 Achieving the Vision – Capacity Building Plan

Element: Partnership - The CWGPCP is committed to collaboration and supporting the Partnership.

Goal	Objective	Strategy	Estimated Impacts
<p>Develop robust and flexible partnerships with diverse memberships that are able to effectively pursue collaborative opportunities and also enable an integrated response to local needs.</p>	<p>To offer a variety of ways for organisations to work in partnership together</p> <p>To be recognised as the peak body for partnership approaches to improving community health and wellbeing in Baw Baw and Latrobe</p> <p>To enable collaborative approaches and the development of joint initiatives in response to need</p>	<p>Update the PCP structure and operating systems to increase flexibility and encourage greater participation</p> <p>PCP Business meetings to include setting strategic directions, resource management, overall organisational and workforce development reporting and accountability measures, and review and continued development of the partnership.</p> <p>Support an active and sustainable Falls Prevention Working Group</p> <p>Support Neighbourhood Renewal/ Alliance activities as relevant</p> <p>Faciliate mechanisms to enable joint initiatives to be developed</p>	<p>Flexible PCP structure built around Networks and Working Groups for maximum participation</p> <p>MOU updated and signed</p> <p>Increased participation at meetings</p> <p>Further Falls Prevention projects and activities sustainable over time</p> <p>Additional joint projects developed, including a number in NR areas</p> <p>Funding opportunities maximised</p>
<p>Adopt a quality improvement approach to assess partnership strengths and weaknesses and act on this information to progress the partnership.</p>	<p>To continually review partnerships and communication systems and modify as needed</p> <p>For agencies to view active PCP participation as essential to the achievement of their health and wellbeing objectives.</p> <p>To increase community input into needs identification, planning and evaluation processes.</p>	<p>Develop a tool and process for evaluating the Partnership</p> <p>Undertake major consumer, carer and community participation project with PCP member agencies</p>	<p>Annual review of PCP directions, achievements and issues requiring action</p> <p>Partnership strengths added to and weaknesses addressed</p> <p>Consumer evaluations undertaken and outcomes acted on to further improve services</p>

<p>Develop greater engagement and active participation in PCP processes and activities with relevant stakeholders, in particular acute health services and Divisions of General Practice</p>	<p>To continually explore ways to engage stakeholders in PCP activities, and the CWGDOGP and acute service in particular.</p>	<p>Undertake a key project with the Division of General Practice</p> <p>Build up Chronic Disease Management Networks</p> <p>Undertake major consumer, carer and community participation project with PCP member agencies</p>	<p>Increased participation by the Division of General Practice and acute services</p> <p>Consumer, carer and community participation built into planning processes</p>
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Element: Leadership - The CWGPCP is committed to a shared and empowering leadership model.

Goal	Objective	Strategy	Estimated Impacts
Facilitate change management through supporting leadership and capacity building within members organisations.	<p>Support the CWGPCP and its capacity to collaborate.</p> <p>Enable organisations to take a leading role with PCP Working Groups, projects and activities</p> <p>Empower organisations to take a leading role in Networks and other project groups</p> <p>To inform the community and key services regarding directions for public health and health promotion</p>	<p>Promote PCP purpose, structure and ways to participate across the catchment</p> <p>Facilitate Working Groups which engage and support participation by a wide range of organisations and workers</p> <p>Roll out the Integrated Planning Models across Latrobe and Baw Baw</p> <p>Provide educational workshops on key topics as needed</p> <p>Implement additional community awareness raising activities</p>	<p>Member organisations sharing leadership roles in PCP working groups, planning processes and projects</p> <p>Increased activity in PCP Working Groups, including shared leadership</p> <p>Networks, Working Groups and overarching Integrated Planning committees operating in each LGA</p> <p>Shared vision for public health and health promotion in each LGA, and increased advocacy</p> <p>Shared understanding and language around health and wellbeing</p>

Element: Organisational Development - The CWGPCP is committed to supporting all organisations to enable them to provide services that promote and enhance the health and wellbeing of community members and thus improve health outcomes.

Goal	Objective	Strategy	Estimated Impacts
Facilitate partnerships and participation through supporting leadership and capacity building within members organisations.	<p>Build linkages with other sectors</p> <p>Offer support to organisations to further their capacity to lead or participate in PCP strategic directions and activities</p>	<p>Update the PCP structure, Memorandum of Understanding, Terms of Reference and communication systems</p> <p>Improve and promote communication and participation structures across the catchment</p> <p>Identify organisational needs in regards to the PCP, consumer and community participation, integrated planning and health promotion and provide training and support as needed</p>	<p>MOU updated and signed</p> <p>Increased involvement in PCP Working Groups and projects</p> <p>Greater understanding of the PCP and its functions</p> <p>Increased communication systems including regular PCP bulletins and website use</p> <p>Greater awareness of the PCP and related activities</p> <p>Increased training activities offered and numbers participating</p> <p>More organisations able to take leading roles in projects</p> <p>Increased numbers supporting the Integrated Planning Models in each LGA</p> <p>Increased understanding and use of consumer, carer and community participation processes in member agencies</p> <p>Shared vision, understanding and language around health and wellbeing</p> <p>Increased resource levels</p>

Element: Workforce Development - The CWGPCP is committed to supporting all workers to enable them to provide services that will improve the health and wellbeing outcomes for the community.

Goal	Objective	Strategy	Estimated Impacts
Facilitate worker involvement in PCP strategic directions and operational systems	<p>Increase worker understanding of the social model of health, integrated planning and the PCP</p> <p>Increase worker participation in PCP working groups and other health promotion activities</p> <p>Increase participation by the "non-health" sector</p> <p>Increase understanding and use of consumer and carer engagement and participation strategies</p>	<p>Undertake a training needs analysis in regard to partnerships, the social determinants of health, and integrated planning</p> <p>Make available professional development opportunities to meet identified needs</p> <p>Develop consumer engagement training package and implement</p> <p>Develop and roll out an annual training calendar around participation and community engagement</p>	<p>Increased membership on PCP Working Groups and Networks</p> <p>Increased worker participation in Integrated Planning processes</p> <p>Increased training activities offered and numbers participating</p> <p>More workers using consumer engagement processes</p> <p>Increased consumer, carer and community participation into planning and project development</p>

1.4 PCP member agencies/organisations and membership types

P = Partnership development
SC = Service coordination.

IHP = Integrated health promotion.
CDM = Integrated chronic disease management.

Agency name	Type of membership	Deliverable/s involved in
Baw Baw Shire Council	Full Partners	P, IHP, SC, CDM
Central Gippsland Aboriginal Health & Housing Co-operative Ltd		IHP
Central West Gippsland Division of General Practice		P, IHP, SC, CDM
Department of Veterans Affairs		P, IHP
Gippsland Accommodation and Rehabilitation Support Service		P, IHP, SC
Gippsland Multicultural Services		P, IHP, SC
Gippsland Women's Health Service		P, IHP
GippSport		P, IHP
Latrobe City Council		P, IHP, SC, CDM
Latrobe Community Health Service		P, IHP, SC, CDM
Latrobe Regional Hospital		P, IHP, SC, CDM
Lifeline Gippsland		P, IHP
Quantum Support Services		P, IHP, SC
Richmond Fellowship		P, IHP, SC
Southern Cross Care (Vic)		P, IHP
Vision Australia		P, IHP, SC
West Gippsland Health Care Group.		P, IHP, SC, CDM

Anglicare	Level 2	IHP
Headway Gippsland		IHP
SCOPE		IHP
Mental Illness Fellowship	Working Group members	IHP
Latrobe Neighbourhood Renewal		IHP
Blue Earth		IHP
Gippsland Primary Mental Health Services		IHP
Gippsland Regional Neighbourhood Houses Group		IHP
Department for Victorian Communities		IHP
Dpartment of Human Services		IHP, CDM

Deliverable 2: Integrated Health Promotion

2.1 Integrated Health Promotion (IHP) vision

VISION: for a wide range of agencies and sectors across Central West Gippsland to work together to address the broader determinants of health and reduce social inequities within the catchment

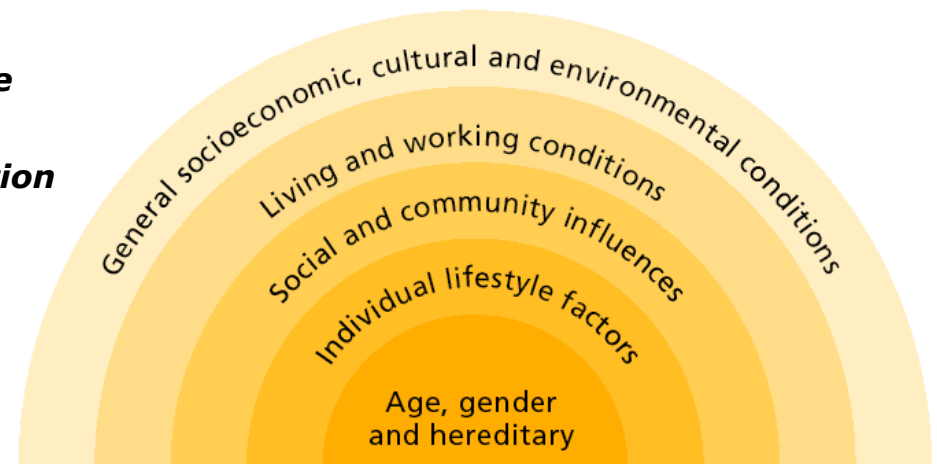
The Central West Gippsland PCP is committed to ensuring that health promotion is an integral part of all health service provision, and to building the capacity of organisations, communities and individuals to improve health and wellbeing in the community, working in a collaborative manner and using a mix of interventions and capacity building strategies.

Health Promotion activities include participation in priority and objective setting, and establishment of appropriate processes to enable strategies to be implemented within agreed planning and evaluation frameworks.

The CWGPCP has made a commitment to addressing health in its broadest sense via the social model of health and the DHS Principles of Integrated Health Promotion.

- ***Address the broader determinants of health***
- ***Base activities on the best available data and evidence***
- ***Act to reduce social inequities and injustice***
- ***Emphasise active consumer and community participation***
- ***Empower individuals and communities***
- ***Explicitly consider difference in gender and culture***
- ***Work in collaboration***

The Social Model of Health



2.2 Priority setting and problem definition

The priority areas for this funding cycle are:

- *Physical Activity & Active Communities.*
- *Healthy Eating & Food Access.*
- *Mental Health & Wellbeing.*

The first two priority areas are continued from the previous 2004-06 funding period. The CWGPCP agreed that it was important to continue to work within these areas to further develop and expand on the current work. Mental health and wellbeing has been selected as a new priority area, which was a felt need from many of the member agencies, plus there is sufficient evidence from the Burden of Disease statistics to support this new priority area for the CWGPCP catchment.

Priority setting process in Central West Gippsland

The 2004-06 evaluation plan revealed that there were many aspects that could be improved upon in the new planning cycle. One of the most important aspects was to develop a more collaborative approach to health promotion priority setting and planning within the catchment. To achieve this, in mid 2006 the PCP team facilitated a series of health promotion planning workshops (well attended by member agencies) that reviewed and discussed the evidence-base and local issues, as well as began to develop goals and objectives PCP work in the catchment. These objectives were then further developed with support from the CWGPCP Health Promotion Worker.

Integrated Planning

In the new planning cycle, agencies have moved into a more cooperative and collaborative effort, as all members have committed to working together to achieve catchment goals, rather than just providing information on their individual activities. This approach will be facilitated and supported by the Integrated Planning Model that has been adopted separately by each municipality within the PCP. A separate approach for the Latrobe and Baw Baw areas was chosen due to many factors, including the wish to support the Municipal Public Health Planning process within each municipality, and the readiness of each LGA; however there will be many common areas where the two municipalities can join forces for greater impact. Examples of this include planning for food security, active workplaces and health promoting schools.

The Integrated Planning Model is discussed in greater detail in the Partnerships section of this plan but the most important aspects for health promotion are the priority areas and population working groups. Participating agencies have elected that

these working groups are a good way to enable joint planning and communication, with both municipalities endorsing the three priority areas. Also supporting this work is the series of population networks across the lifespan, with clear communication pathways created between the networks.

The model for Integrated Planning links closely with other key planning documents including the two Municipal Public Health Plans in the catchment which are integral to the work of an overarching Integrated Planning Committee within each LGA. The priority area/population working groups contribute to the overall direction of the Municipal Public Health Plans. Please refer to the Integrated Planning Framework for more information on this process.

Planning documents such as Early Year's Plans will be supported by that coinciding network. Other plans such as the Community Health- Health Promotion Plans will be key informants for project areas and strategy development of the networks. The PCP acknowledges its key capacity building role for the priority area working groups, as well as continuing to engage and support new partners to become involved in integrated health promotion.

Physical Activity & Active Communities

Goal: To build on the existing Active Communities Partnerships and further strengthen the capacity of current planning to address identified physical activity issues

Evidence clearly demonstrates that physical inactivity is a powerful predictor of disease and illness. It is the second leading contributor of disease and illness, only next to smoking. Type two diabetes, cancer, stroke and hypertension are all disease states that are highly influenced by levels of participation in physical activity¹. These diseases and illnesses are experienced at higher levels in Baw Baw and Latrobe than the Victorian average. Amounts of cancer, type two diabetes and stroke are all much greater, which is especially higher in Latrobe City².

There is substantial evidence to support the link between physical activity levels and the built environment and other determinants of health¹. Therefore in order to improve individual physical activity levels we need to look at these broader determinants of physical activity, including physical infrastructure such as footpaths and traffic control, as well as other aspects including public transport, facilities and opportunities to be active¹. Locally, we don't have measures or processes to capture the participation rates of physical activity across our community; only anecdotal evidence. There is a greater need to begin capturing this data to further support our health promotion efforts in the catchment and across Gippsland generally.

Healthy Eating & Food Access

Goal: To create partnerships and structures for better communication and planning to address healthy eating & food access/security issues within our catchment

Creating a local environment that supports communities and individuals to make healthy food choices is a key priority CWGPCP. One of the new areas for the catchment is to further investigate the local experience of food access/security. Whilst there are significant levels of evidence collected at national and state-wide levels, there is very little known about how food access/security is experienced in rural settings.

Food access/security is defined by VicHealth as the state in which all persons obtain nutritionally adequate, culturally acceptable and safe food on a regular basis through local non-emergency sources. When money is scarce, food choices can be discretionary, unlike fixed expenses such as rent and bills. This risk of obesity is 20-40 percent higher in women who have low incomes and are experiencing food insecurity³.

Locally, there is not a great deal of information available on food access and security issues, such as accessibility, affordability and range of the local food supply. However we can use other indicators as initial measures. Evidence tells us that there is a considerable degree of disadvantage within our catchment, with SEIFA indexes showing significant pockets of disadvantage within many towns. The majority of towns within Latrobe and Baw Baw also generally experience greater than average levels of disadvantage. The average household income for the majority (36 percent) of residents in Latrobe is less than \$400 per week and in Baw Baw this figure is 32.3 percent of household incomes are less than \$400. The average income for both LGAs is also below the Victorian average².

Food insecurity consists mainly of anxiety about having enough food to eat or running out of food and having no money to purchase more. There are many indicators and survey tools used to measure food security, including questions regarding occasions of running out of food, anxiety over budget and food, reported reduced intakes of food etc³.

The other aspect of healthy eating is to build upon the work already commenced within the primary school settings. Evidence shows that schools are an ideal setting for health promotion to take place and the World Health Organisation has developed a 'health promoting' schools framework, as a best practice model for work with schools⁴. Both Latrobe Community Health Service and West Gippsland Healthcare Group have done health promotion work with primary schools in the previous planning cycle, which includes the core elements of the health promoting schools framework. In this new 2006-09 period, there is new opportunities and partners to become involved in these strategies and the PCP will work with a range of stakeholders to support a collaborative approach across the catchment. Latrobe City will become a new partner in this work after being successful in receiving funding from Go for Your Life and other sources for work in children's settings.

Mental Health & Wellbeing

Goal: To strengthen networks to enable agencies to work collaboratively for a common vision of improving mental health and well being in the community

Locally, mental health and wellbeing is a serious issue that has been highlighted by both local workers and the Burden of Disease statistics. There has been very little work done to address this issue and there is a great need to look at the broader determinants of mental health as defined by VicHealth. These determinants are social inclusion, freedom from discrimination and violence and access to economic resources⁵. Both LGAs experience higher levels of mental illness than the Victorian average, especially depression. Suicide and intentional injuries are also higher than the state average, which is alarmingly higher in Latrobe City. Levels of suicide are particularly greater in males, whilst in females depression is the most predominant mental illness².

To begin to address these issues will require the developing partnerships with relevant agencies, gathering more local data and evidence on the determinants, reviewing evidence-based strategies and interventions and most importantly working with the local community. Outlined in the problem definition sector are a series of strategies for the PCP, which will enable agencies to work together and improve environments for mental health and wellbeing.

2.3 Solution generation (mix of interventions to be used by PCP member agencies)

Physical Activity & Active Communities

This priority area will be a continuation of the objectives set by the two 'Active Communities' networks, one in Latrobe City and the other in Baw Baw Shire. These two networks have both developed three-year strategic plans, which can be found as attachments to this document.

Both the Active Communities Networks were assisted in 2005 to development strategic plans for physical activity in their municipality, through the Gippsland Evaluation Capacity Building Project. Up until this time the networks managed several projects but mainly consisted of agency networking. Whilst networking between the agencies was seen as a key aspect of Active Communities, it was recognised that in order to have a great impact, they needed to set some strategic direction and goals. A series of workshops were held with each network, supported by the Regional Health Promotion Advisor, which involved agencies planning together to develop a series of objectives; these objectives have been set out in the DHS evaluation reporting grids.

A mix of strategies has been applied within the plans with the following objective areas:

- Incorporating physical activity into member agency's key plans and strategic documents.
- Creating active workplaces.
- Supporting organisations to become active workplaces.
- Physical activity education and awareness raising.
- Walking and other community projects.

It was acknowledged that to create sustainable change, agencies needed to make an ongoing commitment to key physical activity goals, which could be demonstrated by incorporating this into policy and plans; this will continue to be a major project area. The other aspect of the networks is the combined agency projects and each network has a series of projects that they have received funding for or have collaboratively contributed to.

Environments for physical activity involve assessing and improving the walk-ability of our communities and towns, as well as working with key settings which includes workplaces and primary schools. Many of these intervention types are based on other successful projects and available evidence. There are also a series of community capacity building and individual behaviour change projects, some of which the network has received funding for and others led by member agencies. All of

these projects prioritise working in partnership with agencies and the community and aim to provide sustainable opportunities for physical activity.

The PCP aims to further support the Baw Baw and Latrobe Active Communities Networks to further increase the use of research and evidence for future planning activities. Both of the Active Communities Networks have used a mix of interventions in their strategic plans, which includes looking at improving our local environments for physical activity, advocacy and education for change right up to programs and activities that enables individual behaviour change. However to date, this has not been a structured process, to carefully chose the range of interventions. In order to formally acknowledge the use of a 'mix of interventions' the PCP will facilitate information and training to improve knowledge and skills in this area. There has also been no structured review or gathering of evidence to incorporate into the strategic plans. In order to increase the evidence base to support the network's plans, the PCP has set an objective to increase the member's capacity to consult, gather and develop evidence based reports to inform the selection of physical activity strategies.

The 2004-06 evaluation of the network highlighted that; whilst the objectives within the plan are measurable, to date there has been no process to measure the outcomes of the plans or of the network itself. There needs to be further consideration of the ongoing reflection and development of this partnership, which will be discussed further in the PCP capacity building table.

Healthy Eating & Food Access

Developing partnerships for healthy eating and food access is a priority for CWGPCP member agencies. Both community health services have nominated to be key drivers of the nutrition working group within the Integrated Planning process and have included key objectives and strategies to address this priority within their own organisational plans. (Please refer to the Latrobe Community Health Service and West Gippsland Healthcare Group Health Promotion Plans). Part of the work to be done by the PCP and community health agencies will be to engage the relevant players who have a role in healthy eating and food access. As this is such a big issue, it is anticipated that this will be a lengthy process. Within this priority there are two main project areas:

Health Promoting Schools

- In the previous two year period there has been major development in nutrition health promotion. Each of the community health services has a Health Promoting Primary Schools project with a range of strategies. Strategies include school policy development, professional development workshops, classroom activities and vegetable gardens. However, there are still many further opportunities in the schools setting, with many more primary schools to engage,

as well as all secondary schools and other children's settings. Specific school's strategies have been identified in the Community Health - Health Promotion Plans. A further opportunity and partner is Latrobe City, who have received Kids Go For Your Life funding, a project which seeks to further support and build on established primary school approaches in the municipality. The PCP planning process identified a need to establish a coordinated approach to health promotion within school and education settings across the catchment and to build our partnerships and capacity to work in new schools.

Food Security/ Access

- This is a very new area for our catchment and to date there are only a few projects with a food access/security focus, please see outline below. The PCP will work with the nominated driving agencies to develop new partnerships for food access/ security and to collect local evidence and facilitate future planning with a view to developing a catchment-wide vision and objectives to address local food access/security issues.

Summary of key agency contributions to these project areas:

- Latrobe Community Health Service: is undertaking Community Kitchens in neighbourhood renewal areas of Latrobe to improve the food security of local residents. Other initiatives include working with four services that provide meals to improve the nutritional content of meals. This work shall occur at both a policy and practical level. LCHS also plan to work with Boolarra to improve the residents' access to fresh food following identification of access issues previously. LCHS shall continue to work with local primary schools in developing nutrition policy and school vegetable patches.
- Latrobe Regional Hospital: will maintain its accreditation with The Baby Friendly Health Initiative (BFHI – formerly known as Baby Friendly Hospital Initiative), the World Health Organisation and UNICEF project that aims to give every baby the best start in life by creating a health care environment where breastfeeding is the norm and practices known to promote the health and wellbeing of all babies and their mothers are followed.
- West Gippsland Healthcare Group: have prioritised the extension of work from the previous planning cycle with the health promoting schools project. The health promoting schools project is based on the World Health Organisation's health promoting schools model that includes core elements such as the school ethos and environment; professional development and support and policy development. This work will aim to engage clusters of primary schools to facilitate this process, aiming to have 75 percent of primary schools participating in this model by the end of 2009. They have also prioritised assisting the PCP to form new partnerships for addressing food access and security, with scope for a nutrition network to be established.

Mental Health & Wellbeing

This is a very new area of health promotion for our PCP catchment and will require an initial focus on partnership development, capacity building of stakeholders, as well as collecting local evidence and other best-practice data.

In Baw Baw there is a current health and wellbeing network, which has traditionally involved networking to meet other agencies, however this group has decided to look towards a more planned approach, specifically to address mental health and wellbeing issues. This group will become the 'mental health' working group within the Baw Baw Integrated Planning Model. There are currently several mental health projects in Baw Baw, however further work needs to be done to incorporate them as part of a planned approach to mental health promotion.

Latrobe is in the early stages of establishing its organisational partnerships for mental health and wellbeing. This process is occurring as part of the Latrobe Integrated Planning and is being driven by Latrobe Community Health Service. Additional planning links may also be established across the catchment, led by the Central West Gippsland Division of General Practice.

The PCP integrated health promotion planning workshop findings further supported the need to expand partnerships for mental health, as well as to develop processes to engage the community to identify local needs. Whilst there are no current mental health promotion plans, there is overall support within both LGAs to develop strategic planning for this priority. However other relevant PCP member agency contributions to mental health within the Integrated Planning Framework are outlined below.

Summary of key agency contributions to mental health & wellbeing:

- Latrobe Community Health Service: is developing a variety of strategies to address mental health and wellbeing. One strategy is a workplace depression recognition program that can be used in workplaces and other settings. Other strategies include promotion of mental health week. In conjunction with PCP and Integrated Planning steering committee developing a Mental Health service providers network, and to develop strategies to improve social connectedness in disadvantaged groups such as Kooris and those with chronic illness.
- West Gippsland Healthcare Group: will continue to facilitate their Community Kitchens project across the Baw Baw Shire. This project has been included in their mental health and wellbeing priority after evidence from evaluations of other Community Kitchens Projects revealed that they have substantial benefits both for social and mental wellbeing, which featured more prominently than improved nutrition outcomes. They will continue to provide a structured approach to the eight current kitchens by providing support in the areas of training, networking, recognition and promotion, as well as facilitating new groups. WGHG has also prioritised working with the PCP to develop a planned and coordinated approach to mental health promotion across the PCP catchment.

References

¹ VicHealth (2006) *FACT SHEET: Physical Activity*, website:

<http://www.vichealth.vic.gov.au/assets/contentFiles/Physical_Activity_Fact_Sheet.pdf>

² Department of Human Services (2006) *Burden of Disease: LGAs and regions 2001*,

<http://www.health.vic.gov.au/healthstatus/bod/bod_reg.htm>

³ VicHealth (2006) *FACT SHEET: Food Security*, website:

<http://www.vichealth.vic.gov.au/assets/contentFiles/Food_Security_Fact_Sheet.pdf>

⁴ Deschensnes, Martin et al. (2003) *Comprehensive approaches to school health promotion: how to achieve broader implementation?* Health Promotion International, Vol 13 (3), p223-235

⁵ VicHealth (2005) *A Plan for action 2005-2007: Promoting Mental Health and Wellbeing*, website:

<<http://www.vichealth.vic.gov.au/assets/contentFiles/VH%20action%20plan-web.pdf>>

2.4 Capacity building

Physical Activity & Active Communities

- **Priority goal: To build on the existing Active Communities Partnerships and further strengthen the capacity of current planning to address identified physical activity issues**

Theme	PCP capacity building objectives	Interventions	What would potentially be changed/different? Impacts
<i>Organisational development</i>	<ul style="list-style-type: none"> ▪ By June 2007, 80% of members will have signed their commitment to the Active Communities Networks ▪ By June 2008, 50% of objectives in each plan are achieved 	<ul style="list-style-type: none"> ▪ Organisations asked to sign a Memorandum of Understanding to commit to Integrated Planning Model- specifically physical activity ▪ Create template & systems to regularly review objectives in strategic plan ▪ Yearly evaluation report ACN strategic plans 	<ul style="list-style-type: none"> ▪ 80% of current members signed up ▪ 50% of objectives achieved
<i>Partnerships</i>	<p>In June 2008, the Active Communities Networks endorse the:</p> <ul style="list-style-type: none"> • continuation of the partnership and • the new 2008-2011 strategic plan in place 	<ul style="list-style-type: none"> ▪ Early 2008, PCP to facilitate new strategic planning process ▪ Evaluate ACN partnerships yearly using VicHealth Partnership Analysis Tool & modify & engage new partners as required 	<ul style="list-style-type: none"> ▪ 90% of members endorsement of the Partnership ▪ 90% of members endorsement of the new plan.

<p><i>Leadership</i></p>	<ul style="list-style-type: none"> ▪ By June 2008 Active Communities will have increased its dissemination of successful phprojects 	<ul style="list-style-type: none"> ▪ Showcasing of ACN or member agency projects at monthly meeting ▪ Support networks to identify showcasing & presentation opportunities to broader partners and health promotion sector ▪ Work with ACN on delivering presentations 	<ul style="list-style-type: none"> ▪ Doubled the number of presentations beyond the active communities networks from 3 (in 04 – 06) to 6. ▪ (monthly) Local projects & case studies are showcased back to partners & other stakeholders on regular basis
<p><i>Workforce development</i></p>	<ul style="list-style-type: none"> ▪ By June 2007, the PCP will increase the skills and confidence of the ACN in the selection of evidence based strategies ▪ By June 2009, to have increased knowledge & skills of ACN members to deliver selected evidence based strategies 	<ul style="list-style-type: none"> ▪ To hold a workshop/s on developing evidence based health promotion strategies ▪ To provide or access at least 3 training opportunities to improve knowledge base of identified evidence based strategies, including training needs analysis 	<ul style="list-style-type: none"> ▪ The plans amended to show the selection of evidence based strategies. ▪ Provided at least 3 training opportunities to ACN members & 80 percent of partisipants report increased skills to implement ACN strategies

Healthy Eating & Food Access

- **Priority goal: To create partnerships and structures for better communication and planning to address healthy eating & food access issues within our catchment**

Theme	PCP capacity building objectives	Interventions	What would potentially be changed/different? Impacts
<i>Organisational development</i>	<ul style="list-style-type: none"> ▪ By Dec 2007, to have at least 15 new organisations aware of food access/security and the needs/issues for the catchment ▪ By, June 2009, to have increased the number of new organisations working towards catchment goals for food access/security 	<ul style="list-style-type: none"> ▪ Implement food access/security survey of partners with key driving organisations ▪ Workshop/forum to discuss and plan food access/security for our catchment, supported by driving organisations ▪ PCP to facilitate planning to address local issues 	<ul style="list-style-type: none"> ▪ In Dec, 15 new organisations will have identified their relationship to local food access/security issues ▪ In June 09, of the 15 organisations, 6 of these will have become involved in catchment planning & strategies to address food access/ security
<i>Partnerships</i>	<ul style="list-style-type: none"> ▪ By Dec 2007, to have increased collaboration by 80 percent of organisations who have a role in health promoting schools ▪ By Dec 2008, to have a common vision for food security and have 50 percent of identified agencies contribute to strategic planning 	<ul style="list-style-type: none"> ▪ PCP to facilitate networking between 'health promoting school' organisations ▪ PCP to facilitate planning for a catchment-wide approach to HPS work ▪ Support development of catchment-wide strategic plan to address food access/security 	<ul style="list-style-type: none"> ▪ In Dec 07, a collaborative plan for HPS will have been established, by at least 80 percent of identified partners ▪ In Dec 08, a strategic plan for food access/security to have been developed in collaboration by at least 50 percent of identified partners

<p><i>Leadership</i></p>	<ul style="list-style-type: none"> ▪ By Dec 2007, to have increased the dissemination of successful local healthy eating & food access/security projects ▪ By Dec 2007, the PCP to have increased the local evidence base for food access/security to inform strategic planning <ul style="list-style-type: none"> ○ research report produced ○ report used to inform the development of strategic planning 	<ul style="list-style-type: none"> ▪ Mapping of all healthy eating & food access/security projects in catchment ▪ Dissemination of a variety of projects to local stakeholders via forums, workshops etc ▪ Plan for an ongoing process to disseminate healthy eating & food access projects 	<ul style="list-style-type: none"> ▪ Dec 07 , a minimum of four projects presented to stakeholders across the catchment ▪ In Dec 07, a dissemination process planned & in place for 2008-09. ▪ By Dec 07, PCP research project completed and presented to partner agencies ▪ By Dec 08, research evidence will have been used to inform strategic planning
<p><i>Workforce development</i></p>	<p>By June 2009 to have increased knowledge & capacity of identified partners to address food access/security issues</p>	<ul style="list-style-type: none"> ▪ Food access/security training needs analysis, highlighting needs from strategic objectives ▪ Training plan developed & hold a workshop/s to improve knowledge & capacity to address food access/security issues 	<ul style="list-style-type: none"> ▪ By June 2008 to have engaged a minimum of ten organisations in capacity building activities for food access/security strategies ▪ 80 percent of organisations report improved capacity to implement strategies identified to food access/security strategic plan

Mental Health & Wellbeing

- **Priority goal: To strengthen networks to enable agencies to work collaboratively for a common vision of improving mental health and well being in the community**

Theme	PCP capacity building objectives	Interventions	What would potentially be changed/different? Impacts
<i>Organisational development</i>	<ul style="list-style-type: none"> ▪ By Dec 2007, to have increased commitment to mental health & wellbeing partnerships for the catchment 	<ul style="list-style-type: none"> ▪ All organisations asked to sign MOU for Integrated Planning & identify mental health as priory working group ▪ MH&W networks established & meet on a regular basis, supported by PCP 	<ul style="list-style-type: none"> ▪ In Dec 07, 70 percent of identified agencies have signed their commitment to mental health & wellbeing partnerships in MOU ▪ Regular attendance by 70 percent of members at MH&W network meetings
<i>Partnerships</i>	<ul style="list-style-type: none"> ▪ By June 2008, a to have 80 percent of MH&W member agencies contribute to a common vision & strategic plan for their LGA 	<ul style="list-style-type: none"> ▪ PCP to facilitate strategic planning process with assistance from driving organisations 	<ul style="list-style-type: none"> ▪ In June 08, a strategic plan for MH&W has been developed & contributed to by 80 percent of member agencies ▪ By Dec 09, all member agencies to identify their contributions to strategies in the strategic plan
<i>Leadership</i>	<ul style="list-style-type: none"> ▪ By June 2009, the PCP will have improved the capacity of MH&W networks to evaluate their network partnerships & strategic plans to produce: <ul style="list-style-type: none"> ○ Partnership evaluation report ○ Interim evaluation of strategic plan 	<ul style="list-style-type: none"> ▪ PCP to support networks to use partnership analysis tools, via workshops etc ▪ Faciliate/ access workshops/training on developing evaluation skills 	<ul style="list-style-type: none"> ▪ In June 09' the MH&W members will have: <ul style="list-style-type: none"> ○ Relfected & reviewed their partnership collaboration ○ Completed an interim evaluation of their strategic

<p><i>Workforce development</i></p>	<ul style="list-style-type: none"> ▪ By June 2008, to have increased knowledge of determinants of mental health & integrated health promotion of at least 60 percent MH&W network partners 	<ul style="list-style-type: none"> ▪ Conduct baseline training needs analysis of all agency staff involved in MH&W partnerships ▪ Facilitate/ access workshops/training on mental health promotion &/or IHP 	<ul style="list-style-type: none"> ▪ In June 08, 60 percent of MH&W partners will have participated in capacity building strategies ▪ All participants will report an improved knowledge & capacity of mental health promotion & IHP
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2.5 Evaluation

Planning for quality health promotion practice *(please see separate evaluation plan)*

- **Yearly PCP capacity building report.** In July each year the PCP will produce an overall evaluation report on their capacity building processes achieved to date in line with the IHP evaluation plan. This evaluation will be presented to the PCP business meeting on a yearly basis in July/August. The PCP team will facilitate a discussion with member agencies to gain feedback on this report.
- **Each network to have its own evaluation plan.** In each of the priority working groups, evaluation will be an essential component. As per the capacity building objectives, the PCP has set out to assist each working group/network to develop a strategic plan for their priority and an evaluation plan as a part of this process. This has been demonstrated in the current Baw Baw and Latrobe Active Communities Plans, where they have set out the strategic objectives in the DHS evaluation planning grids. These planning grids are in each of the plans referred to in this document.
- **Yearly review workshop for each network.** To support the planning and evaluation processes of each working group/network, the PCP will facilitate or will support key leaders to deliver a yearly review/evaluation process. This will involve a workshop to review strategies and look at what was done well, what could be improved and directions for the future. The plans will be amended/improved as per the outcomes from this process. Dates for this process will vary with each working group, however all review processes will be documented in each of their plans.
- **PCP to review effectiveness of network partnerships.** The role of the PCP will also be to evaluate and review the effectiveness of the working group/network partnerships. This process will occur at twelve month intervals for each priority area. Strategies to do this will involve using the VicHealth Partnership Analysis Tool or similar, as well as surveys/discussions with individual agencies and facilitating discussions at network meetings. A brief report will be produced and included with the network's yearly evaluation review.
- **Yearly review of achievements within Integrated Planning.** The Integrated Planning models within Baw Baw and Latrobe have incorporated a yearly forum into their structures to identify local achievements and set directions for the following year.

- **Impact evaluation process to be held with each network in three years.** In 2009 the PCP will facilitate the third round of evaluations with all working groups to report upon achievement of impacts from their plans over the three year period, as well as with the yearly integrated planning forums. This information will be collated and produced into the final PCP 2009 evaluation report on impacts achieved across the catchment. The integrated planning forums are also a key planning and evaluation tool for the two municipal public health plans.

Evaluation tables will be submitted in a separate document.

2.6 Applying an Integrated Disease Management 'lens' to IHP planning

- **Health Promotion Interventions preventing or delaying chronic illness.** Through our Integrated Planning Model we are engaging more organisations, and a greater representation of staff, across the various working groups, all of which play a role in planning to address protective factors and the determinants of health. This has strengthened both local and catchment approaches to addressing disadvantage and health equality through a wide range of Integrated Health Promotion initiatives, including those that seek to reduce barriers to participation such as chronic disease. As a further example, the current emphasis on physical activity evident in a number of organisational plans was a direct response to the alarming increase in numbers of type 2 diabetes in the catchment.
- **Specific chronic conditions and underlying social determinants being addressed.** Data for the catchment indicates above average rates of diabetes, heart disease and mental illness, as well as high levels of obesity (particularly in Latrobe City). Responding to these, CWGPCP members are looking at addressing barriers to and encouraging participation in physical activity, and increasing the options available for this. Active Schools and Active Workplaces projects also address underlying social determinants of these chronic conditions, targeting the community in key settings. Member agencies also offer a range of strategies to encourage compliance with healthy eating guidelines, including Community Kitchens, community awareness raising, and the Munchies project.
- **Barriers to participation, inclusion and wellbeing being addressed.** The PCP Chronic Disease Management Model roll out and the Gippsland CDM education and training strategy include a focus on addressing health inequality barriers to CDM, including specific training modules on this aspect. As evident in this Plan, a wide range of strategies to address barriers to participation, inclusion and wellbeing are built into all working group objectives and strategies.
- **Broader impacts of chronic illness in our catchment.** Some of the broader impacts of chronic illness seen in the Central West Gippsland catchment area include increased demand on services and especially on GPs (already in short supply in rural areas), increased pressure on carers, fewer people available to provide volunteer support, loss of extended family support, increased disability and dependence, loss of community spirit, and increased demand on acute services leading to higher healthcare costs overall.
- **Strategies to encourage an 'upstream' approach.** Through our CWGPCP capacity building processes, organisations are encouraged to look at upstream versus downstream approaches, and to explore how they could take a more upstream approach. The Integrated Planning Models also encourage identification of broader social issues and more strategic thinking and planning to address need.

2.7 PCP IHP Catchment Resource Summary Tables

Estimated Integrated Health Promotion (IHP) PCP resource allocation

Capacity building components	DHS funded PCP IHP	Member contributions
Partnership development	\$74,409.54	*
Leadership	\$ 71,071.74	
Organisational development	\$71,071.74	
Planning for evaluation and dissemination	\$30,845.70	
Workforce development	\$61,058.34	
Estimated Total PCP resource/budget allocation	\$308,457.00	

**CWGPCP member agencies felt it was inadequate to measure individual agency contributions in monetary terms. However evaluation and partnership analysis tools will be designed to capture to nature of agency contributions to the partnership.*

Additional Integrated Health Promotion Resources

Funding source/project	Links to catchment priority	Funding
Falls Prevention Projects	Physical activity & active communities	Community Project - \$75,000 (06/07) Outreach Project - \$53,300 (06/07); - \$49,000 (07/08)
Healthy & Active Living for Seniors	Physical activity & active communities	\$20,000 (06/07)
Supporting Physical Activity in Neighborhoods	Physical activity & active communities	\$80,000 (06/07)

Deliverable 3: Service Coordination

The CWGPCP is committed to improving the quality of care and quality of life of people living in Gippsland through a coordinated, collaborative region wide approach to service coordination.

The CWGPCP is committed to strengthening the capacity of the Gippsland health care providers to further the coordinated regional approach to Service coordination.

The Central West Gippsland Primary Care Partnership, in conjunction with the three other Gippsland PCPs, has developed joint service coordination and integrated chronic disease management plans.

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

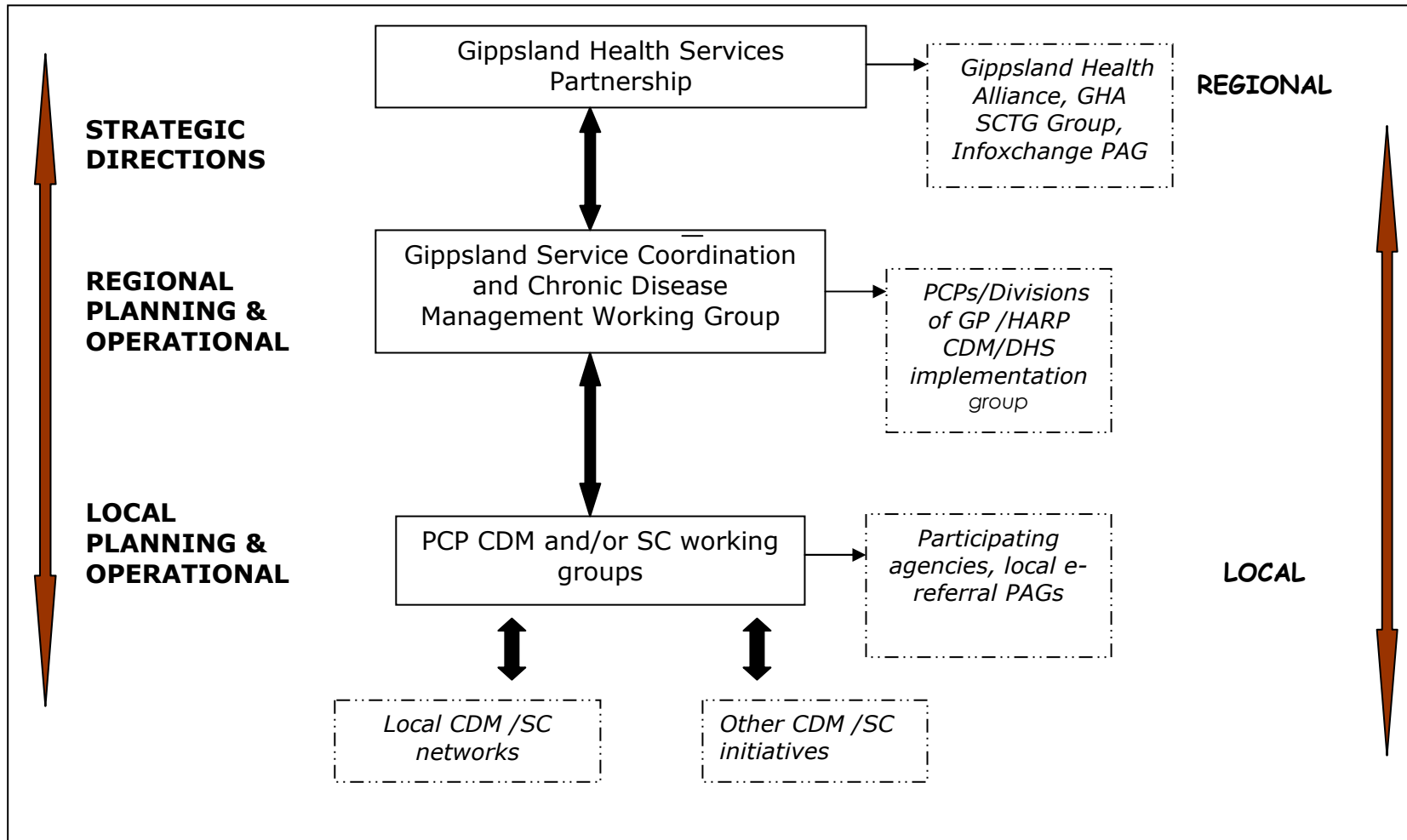
These plans build on outcomes from the Better Health Care in Gippsland Project and have been developed and signed off through the Gippsland Service Coordination and Chronic Disease Management Working Group, which in turn reports to the Gippsland Health Services Partnership.

The structure on the following page shows the relationship and roles of the different levels of the regional approach.

In regard to achieving greater uptake of service coordination across the catchment area, the following agencies will be targeted over the next three years:

- Agreement to service coordination protocols – acute, drug and alcohol, disability, mental health and palliative care services and general practices.
- Participation in S2S roll-out – West Gippsland Healthcare Group (acute and community health), Latrobe Community Health Service, Latrobe Regional Hospital, Baw Baw Shire Council, Latrobe City Council, GARSS, Richmond Fellowship and general practices.

Gippsland Service Coordination and Chronic Disease Management Strategy 2006/09



Goal	Objective	Strategy	Estimated Impacts
<p>1. Implement the Better Access to Services (BATS) framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by member organisations.</p>	<p>Progress BATS framework across the region</p> <p>Maintain regional standards and protocols for service coordination</p>	<p>Satisfactory completion of the Service Coordination element of the Community Health Plan</p> <p>SC Audit completed including annual reviews of Gippsland PPPS Manual</p> <p>Provide ongoing training as required on the regional standards and protocols</p> <p>Maintain the BHCiG webpage on the GHA website to ensure only current standards are available.</p> <p>Establish a process for monitoring implementation of service coordination standards.</p>	<p>Increase in the number of agencies/ programs signatories to Gippsland PPPS Practice Manual</p> <p>Gippsland PPPS manual updated to reflect changes resulting from annual reviews and SC audit</p> <p>Gippsland PCP SC training plan developed, implemented and evaluated annually</p> <p>Gippsland PCP SC Manual updates available on GHA website</p> <p>Increase in number of agencies/program using e-referral platform as identified in audit</p> <p>Increase in number of agencies using agreed processes and standards as identified in sc audit</p>
<p>2. Improve communication about clients (especially those with chronic disease and complex needs) with general practice, leading to more active GP participation with other service providers involved in the client's care.</p>	<p>Strengthen links with Divisions of General Practice</p> <p>Increase GP involvement in care planning</p>	<p>Establish regional Service Coordination Working Group including representation of GP Divisions</p> <p>Develop and implement GP SC engagement strategy project including communication strategy, e-referral, PKI, care plans and improved discharge planning processes</p>	<p>Annual increase in number of Enhanced Primary Care MBS Items</p> <p>By Dec 2007 every Gippsland hospital electronically notifies GPs and other community based agencies when one of their patients is admitted to hospital.</p> <p>By June 2009 80% of GP practices have PKI certificates to encrypted email messages about their clients.</p>

3. Successful implementation of the Victorian Service Coordination Practice Manual and subsequent versions of the Service Coordination Tool Templates.	Progress statewide SC standards and tools across the region	Victorian SC Practice manual Training Plan developed and evaluated Review Gippsland PPPS Manual standards following the completion of the Statewide Service Coordination Manual.	Increased level of knowledge by health service staff of the Victorian SC Practice manual Gippsland PPPS manual updates reflect Victorian SC Practice Manual
4. Change management support for implementation of e-referral.	Roll out e-referral across Gippsland	Gippsland PCPs, Divisions of General Practice and member agencies actively participate in Regional Gippsland Infoxchange PAG and PCP PAG's Gippsland agencies, in consultation with GHA and Infoxchange, develop and implement agency e-referral implementation plans Gippsland PCPs develop support strategy for agencies to develop e-referral implementation strategies	Annual increase in the number of e-referrals sent By June 2008 all Gippsland health and welfare services use e-referral to manage their external agency referrals By June 2009, 20% of General Practices use e-referral to make referrals to state funded health and welfare services.
5. Improved amount and accuracy of information to support referral	Build up e-referral information	Gippsland PCPs support agencies to update the Human Services Directory and the Infoxchange Service Seeker Directory.	Agencies service information listed on the Statewide Human Services Directory current and accurate.

Deliverable 4: Integrated Chronic Disease Management

The CWGPCP is committed to improving the quality of care and quality of life of people living in Gippsland through a coordinated, collaborative region wide approach to integrated chronic disease management.

The CWGPCP is committed to strengthening the capacity of the Gippsland health care providers to further the coordinated regional approach to service coordination and extend the roll out of the Chronic Disease Management Model.

The Central West Gippsland Primary Care Partnership, in conjunction with the three other Gippsland PCPs, has developed joint service coordination and integrated chronic disease management plans.

This approach provides the capacity to coordinate strategies at a regional level while implementing at a local catchment level. The CWGPCP Integrated Chronic Disease Management Plan also includes strategies relating to the Latrobe Community Health Service Early Intervention in Chronic Disease Initiative.

In regard to achieving greater uptake of service coordination in chronic disease management across the catchment area, the following agencies will be targeted over the next three years:

- Agreement to service coordination protocols – acute, drug and alcohol, disability, mental health and palliative care services and general practices.
- Participation in CDM roll-out – Central West Gippsland Division of General Practice and general practices, Latrobe Community Health Service, Latrobe City, Latrobe Regional Hospital and West Gippsland Healthcare Group.

All PCPs

Goal	Objective	Strategy	Estimated Impacts
1. Completion of a mapping of self-management interventions (provided by agencies within the catchment). Facilitate planning processes to develop self-management interventions within member agencies that respond to gaps identified in the mapping process.	Identify gaps in relation to self-management	Satisfactory completion of the Integrated Chronic Disease element of the Community Health Plan, which complies with DHS frameworks, and addresses identified ICDM foci Self management mappings completed Provide self-management training as required	Gippsland PCP Training and education strategies reflect findings from self management audit Increased level of evidence based self management education knowledge by health service staff
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.	Roll out of chronic disease management strategy/model across Gippsland	Establish regional CDM Working Group Develop BHCiG CDM Training Kit Roll out and evaluate BHCiG CDM training Support CDM model in local areas	Increased level of staff knowledge and confidence in implementing CDM models Increase in the number of member organisations that are actively involved in implementing integrated chronic disease management models

Goal	Objective	Strategy	Estimated Impacts
<p>3. Successful implementation of the Better Access to Services (BATS) framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by member agencies, particularly as it relates to people with chronic disease.</p>	<p>Incorporate BHCiG CDM Model into PPPS Manual and SC systems</p>	<p>Inclusion of CDM model in the BHCiG PPPS which identifies the specific roles and responsibilities of organisations such as acute and community health services in the provision of self management interventions, and a process for determining the most suitable self management intervention for clients, including where and by whom the intervention is best delivered.</p> <p>Inclusion of content relating to integrated chronic disease management in PPPS, including cross disciplinary/multi organisation, (including GP) care planning (annual)</p>	<p>Gippsland PPPS Manual updated to incorporate CDM model</p>

Goal	Objective	Strategy	Estimated Impacts
<p>4. Developed and defined local agreements and systems to identify clients with chronic disease who require comprehensive assessment, or cross-disciplinary/multi-agency (including GP) care planning by working with PCP member agencies, particularly GPs.</p>	<p>Adoption of Chronic Care Model by GHSP, PCP's and Divisions of General Practice as the basis for work to improve chronic disease management</p> <p>The development of more formal partnerships between PCP's and Divisions of General Practice including the agreement to roles and responsibilities of GP Divisions and PCP staff in relation to each of the Chronic Care Model components</p>	<p>Establishment of local/catchment CDM Working Group</p> <p>Gippsland Divisions of General Practice and Primary Care Partnerships develop a Regional Chronic Disease Management training calendar for 2006-09 based on key components of the Chronic Care Model and this plan is jointly implemented by July 2009</p> <p>Implement GP engagement project</p>	<p>20% of all Gippsland GP Practices have active membership in a CDM local cluster/ project by July 2009</p> <p>All Gippsland Primary Care Partnerships and Divisions of General Practice have in place jointly developed local catchment Chronic Care Model implementation work plans based on BHCiG Chronic Disease Management Resource Kit by December 2007</p>
<p>5. Strengthened approaches to address disadvantage and health equality in Integrated Health Promotion initiatives, including barriers to participation such as chronic disease.</p>	<p>Gippsland PCP CDM strategies include focus on addressing health inequality barriers to CDM</p>	<p>Gippsland CDM education and training strategy includes modules on health inequality barriers</p>	<p>Increase in staff knowledge of addressing health inequality barriers to CDM</p> <p>Local CDM projects include strategies addressing health inequality barriers to CDM</p>

The CWGPCP is committed to supporting the work of Latrobe Community Health Service, funded under the Early Intervention in Chronic Disease Initiative

Goal	Objective	Strategy	Estimated Impacts
6. Successful implementation of workforce development strategies for self-management, particularly for community health services and GPs.	Support workforce development in relation to self-management	Develop and roll out training plan as part of the CDM Model Target community health service staff and GPs to participate in training	Increased level of evidence based self-management education knowledge by community health service staff and GPs
7. Successful implementation of communication and marketing strategies (developed in conjunction with the Divisions of General Practice) that promote the benefits and availability of local self-management interventions to GPs.	Engage GPs in self-management training	Work with the Central West Gippsland Division of General Practice to market the CDM model and self-management training and processes in particular	Increased level of evidence based self-management education knowledge and benefits of this approach by GPs

Goal	Objective	Strategy	Estimated Impacts
8. Improved communication and collaborative care planning (by working closely with the Divisions of General Practice) between GPs and community health services.	<p>Adoption of Chronic Care Model by the PCP, LCHS and the Division of General Practice as the basis for work to improve chronic disease management</p> <p>The development of more formal partnerships between LCHS and the Division of General Practice including the agreement to roles and responsibilities of GP Divisions and PCP staff in relation to each of the Chronic Care Model components</p>	<p>Establishment of local CDM Working Group</p> <p>LCHS, Divisions of General Practice and Primary Care Partnership develop a Chronic Disease Management Action Plan for 2006-09 based on key components of the Chronic Care Model and this plan is jointly implemented by July 2009</p> <p>Implement GP engagement project</p>	<p>20% of all Central West Gippsland GP Practices have active membership in a CDM local cluster/ project by July 2009</p> <p>LCHS, CWGPCP and CWGDGP jointly develop local catchment Chronic Care Model implementation work plans based on BHCiG Chronic Disease Management Resource Kit by June 2007</p>
9. Development and adoption of disease-specific care pathways to ensure that clients get the right care in the right place, regardless of where they enter the service system.	Adoption of Chronic Care Model as the basis for work to improve chronic disease management	Roll out BHCiG CDM Kit and training, including adoption of disease-specific pathways	Increase in services and GPs using CDM Model and disease-specific pathways

Goal	Objective	Strategy	Estimated Impacts
10. Support for change management provided to agencies, particularly community health services, which are implementing new systems or strengthening existing systems to provide proactive care rather than reactive care for clients with chronic disease.	Roll out of chronic disease management strategy/model across Gippsland	Establish CDM Working Group Roll out and evaluate BHCiG CDM training (train-the-trainer model) Support CDM model in local areas	Increased level of staff knowledge and confidence in implementing CDM models Increase in the number of member organisations that are actively involved in implementing integrated chronic disease management models
11. Facilitation of a process for agencies to develop and implement consistent approaches to the use of decision support tools to support ICDM.	Incorporate BHCiG CDM Model into PPPS Manual and SC systems	Inclusion of CDM model in the BHCiG PPPS which identifies the specific roles and responsibilities of organisations such as acute and community health services Inclusion of content relating to integrated chronic disease management in PPPS, including cross disciplinary/multi organisation, (including GP) care planning (annual);	Gippsland PPPS Manual updated to incorporate CDM model
12. Dissemination of transferable change management lessons in relation to ICDM.	Share learnings from CDM project implementation	Gippsland Divisions of General Practice and Primary Care Partnerships develop a Regional Chronic Disease Management project evaluation model and process for sharing findings	Findings available via a range of sources including BHCiG website, statewide meeting, and relevant conferences and journals Findings used to further develop CDM kit and model
13. Completion of the statewide evaluation tools for EIiCD.	Complete the statewide evaluation tools for EIiCD	Successful completion of the statewide evaluation tools for EIiCD	Statewide evaluation tools for EIiCD completed