

Southern Grampians & Glenelg Primary Care Partnership

Annual Progress Report

JULY 2008



Community Health Plan Implementation Agreement (CHPIA)



Endorsed by PCP Chair:

Name: Bruce du Vergier

Signature:

A handwritten signature in black ink, which appears to read 'Bruce du Vergier'. The signature is written in a cursive style.

Date: 31 July 2008

Southern Grampians & Glenelg Primary Care Partnership

Annual Progress Report

Deliverable 1: Partnership

July 2008

Community Health Plan Implementation Agreement (CHPIA)

Endorsed by PCP Chair:

Name: Bruce du Vergier

Signature:



Date: 31 July 2008

1. Capacity Building Plan Progress Report

1.1 Partnership – Strategic Plan

GOAL 1 – To consolidate and maintain our success to date

Goal	Strategies/Interventions	Estimated impact	Actual impact	Comments
1. To increase connection with senior managers in each Member Agency and other agencies by July 2009.	1.1 Seek Agency commitment to PCP MOU by May 2007 <i>- This is no longer relevant since a new Partnership Agreement is being developed.</i>	<ul style="list-style-type: none"> • PCP invited annually to Boards of member agencies 	<ul style="list-style-type: none"> • Presentation to Barwon SW CEOs and Board Chairs • Presentation to DHS Regional Executive Meeting • Arts Briefing to Southern Grampians Council • Climate Change Expert Panel has increased impact and influence with range state organisations: - DSE, DPI, VCOSS, Monash Uni, Melb Uni, DHS - Public Health and Social Policy 	<ul style="list-style-type: none"> • very positive comments received from Board members • very positive comments received from Central DHS and range external agencies • Credibility of SGG PCP reflected in: <ul style="list-style-type: none"> - invitation from DHS Public Health to participate in Heatwave Strategy - contact from Melb Uni for SGG PCP to be research partner - invitation to join Regional Mgr's Forum Climate Change working group (first external organisation invited to RMF committee)

Goal	Strategies/Interventions	Estimated impact	Actual impact	Comments
	1.2 Deliver PCP presentation to Board of each Member Agency annually/biannually	<ul style="list-style-type: none"> Positive annual result from senior managers of New York Partnership Tool 	<ul style="list-style-type: none"> Presentation to Boards of 3 member agencies (Kyeema, WDHS, Community Connections) Positive Partnership Tool results (see Section 3) 	<ul style="list-style-type: none"> considered appropriate that timing of PCP presentation to occur every 2 years not annually Board meetings will be scheduled in Yr 3 once Draft Partnership Agreement has been finalised.
	1.3 Provide monthly PCP update to CEOs of Member Agencies	<ul style="list-style-type: none"> Positive results using Network Analysis 	<ul style="list-style-type: none"> Production of quarterly 'PCP news' circulated to CEOs and Board members Positive Partnership Tool results (see Section 3) 	<ul style="list-style-type: none"> very positive comments received from CEOs. Re: 'PCP News'
	1.4 Formalise connection with key non-member stakeholders	<ul style="list-style-type: none"> New Associate Members – including representatives from education and natural resource sectors 	<ul style="list-style-type: none"> Consolidation of partnerships with natural resource agencies via drought and climate change work Progress towards the formal inclusion of non-health stakeholders as PCP partners – via Drafting of revised Partnership Agreement PCP invitation to attend Community Cabinet mtg in Dunkeld & Ministerial Roundtable at Stawell, 22 April. 	<ul style="list-style-type: none"> partnership with natural resource agencies strengthening, reflected by interest from DPI for collaborative project with Rural Futures Initiative (See Health Promotion – section 1) New Draft Partnership Agreement has been approved by Executive Committee. Approval from broad membership at AGM Sept 08.
2. To develop, implement and monitor a clear strategic direction	2.1 Develop and implement 3 year Strategic plan	<ul style="list-style-type: none"> Positive annual result of New York Partnership Tool with overall 	<ul style="list-style-type: none"> Positive Partnership Tool results (see Section 3) 	<ul style="list-style-type: none"> Discussion of direction for 2009-2012 commenced at planning

Goal	Strategies/Interventions	Estimated impact	Actual impact	Comments
for the next 3 years, 2006-09.		partnership rating of 8-10 and quality of partnership rated as High	<ul style="list-style-type: none"> • 	workshop with Alan Cartwright in April.
	2.2 Implement the New York Partnership Tool annually, commencing June 2007			
3. To implement a robust, well run organisation	3.1 Staff learning and development initiatives to include advanced mentoring	<ul style="list-style-type: none"> • Positive results of staff satisfaction survey 	<ul style="list-style-type: none"> • Team mentoring initiatives in place = quarterly coaching session with Alan Cartwright. Staff development workshop held with Alan April 08. • Staff survey – 100% report overall job satisfaction 	<ul style="list-style-type: none"> • Staff report high satisfaction with professional development/mentoring opportunities over last 12 months. Alan has been key enabler for learning. • 100% staff satisfaction achieved - see staff survey results in Quality Report (Attached)
	3.2 Business tools and systems improvement, with specific focus on PCP website in year 1			
	3.2 Decision making processes reviewed to ensure member involvement	<ul style="list-style-type: none"> • Decision making processes to be reviewed in Yr 2 		
	3.3 Refine Executive Committee, Working Group and member reporting processes	<ul style="list-style-type: none"> • Executive Committee and Member survey reports satisfaction with PCP Governance 	<ul style="list-style-type: none"> • New Integrated Planning Sub-Committee has been formed to improve communication between agencies. 	
				<ul style="list-style-type: none"> • Consultation on Draft Partnership Agreement will include review of decision making processes.

Goal 2: To grow our influence and impact

Goal	Strategies/Interventions	Estimated impact	Actual impact	Comments
1. To increase system capacity by July 2009	1.1 Liaise with the Acute CEO's Group, as needed	<ul style="list-style-type: none"> • System capacity able to meet service demand • Positive annual result from senior managers of New York Partnership Tool 	<ul style="list-style-type: none"> • Over last 12 months, PCP office has been invited as member of CEOs' Health Services Strategic Planning Group 	<ul style="list-style-type: none"> • Area Based Planning (ABP) has commenced using the CEO's Planning Group and additional members. PCP has inputted as member of ABP Network into Population Health Planning and soon to be involved in Service Configuration planning. • see Section 3 - Partnership Tool results
	1.2 Establish/host working groups to address specific capacity issues that surface from forums and mapping processes and identify suggested solutions. eg: workforce development		<ul style="list-style-type: none"> • Strategic Planning Group will act as network for discussion of key capacity issues, eg. workforce dev. 	
	1.3 Facilitate skills and knowledge transfer within and beyond the PCP		<ul style="list-style-type: none"> • Website, quarterly CEO's Newsletter & external presentations have continued to be key initiatives to facilitate knowledge transfer • Knowledge transfer initiatives include: <ul style="list-style-type: none"> ➢ Website ➢ Host forums ➢ Support for PCP members to attend conferences/training 	

Goal	Strategies/Interventions	Estimated impact	Actual impact	Comments
2. To disseminate PCP results to motivate & inspire others	2.1 Present PCP's success, purpose and future direction across decision maker groups	<ul style="list-style-type: none"> • Results of New York Partnership tool • Positive results using Network Analysis • Increased diversity of stakeholders involved 	<ul style="list-style-type: none"> • Dissemination has occurred via: <ol style="list-style-type: none"> i. Website ii. PCP news iii. Presentations iv. Circulation of key documents/initiatives: <ul style="list-style-type: none"> - Postcards - Farm Gate - Climate Change • Executive Officer has been invited to present on PCP initiatives in the following forums: <ol style="list-style-type: none"> i) BSW Region CEOs and Board Chairs meetings, Dec 07 ii) Rural Health Conference in Bendigo, May 08 – on climate change Framework iii) DHS Regional Executive meeting – on climate change Framework iv) State ICDM forum, June 08 v) National Population Health Congress, Brisbane July – DHS central office using SGG PCP as case study vi) Media hits – featured in local newspapers x 19, local radio, weekly PCP Bulletin, PCP website, school newsletters, printed flyers 	<ul style="list-style-type: none"> • see New York Model Partnership Self-Assesment Tool results (Quality Report attached) • Increased diversity has resulted from PCP convening drought committee. It will also result from PCP adopting lead role in arts development in SG Shire.

Goal	Strategies/Interventions	Estimated impact	Actual impact	Comments
	2.2 Identify and implement other opportunities to recognise and acknowledge innovation and agency excellence eg awards, dinner, local govt, radio etc		<ul style="list-style-type: none"> • PCP has recognised agencies by: <ul style="list-style-type: none"> -funding for MHFA trainer, July -HP leader to attend National Population Health Congress in July. -PCP Chair attendance leadership training • New partnerships developing with range of agencies, organisations and community members as result of arts project – see Health Promotion Section. 	
3. To coordinate interagency activities in the event of urgent community issues, eg. drought, including with non health organisations	3.1 Facilitate or assist with the coordination of interagency partnerships to identify and address needs eg. Southern Grampians Drought Committee	<ul style="list-style-type: none"> • Satisfaction results report that PCP has been responsive to urgent community issues • Evaluation of interagency initiatives reports high satisfaction from participants 	i) Drought <ul style="list-style-type: none"> • Drought Committee members report high satisfaction. • PCP has taken leadership in development Strategic Framework for Climate Change as next phase for drought work. ii) Fluoride <ul style="list-style-type: none"> • PCP has coordinated progress towards water fluoridation in Hamilton/Tarrington/Dunkeld. Minister has directed water authorities to fluoridate in early 08. 	<ul style="list-style-type: none"> • See Attachment for Drought Committee satisfaction survey results (Quality Report). • Fluoridation issue had been discussed over many yrs in Hamilton. PCP successfully engaged local govt, private dentists, GPs and other health professionals to assist DHS fluoride team.
5. To improve service coordination and overall system configuration	Facilitate integrated planning between agencies, including early childhood services and youth.		<ul style="list-style-type: none"> • New Integrated Planning Sub-Committee established • PCP has commenced work with following networks: <ul style="list-style-type: none"> - Youth Network on service mapping and discussions on service delivery, referral 	Stakeholders report increase linkages between planning processes of agencies. - new developments include PCP input into Shire planning + agency IHP planning

Goal	Strategies/Interventions	Estimated impact	Actual impact	Comments
			pathways and protocols. - Alcohol & Drug services under A&D Plan - Merino/Digby 'place based' project, involving 10 services as model of service integration in small rural settings - ChildFirst agency discussions - Area Based Planning	

2. Statement for expenditure –

Has a statement for expenditure for PCP funds been provided?

Yes – PCP Financial Statement for year ended 30 June 2008 - **will be provided by end August**

No

3. Action Plan arising from the application of the New York Partnership Tool

A Partnership survey has been completed with members of PCP Executive Committee in May 08 using the New York Partnership tool. Results were positive (see attached Quality Report) with the score averaging in the work zone. The PCP will discuss the results in August and plan any actions.

Goal	Objective	Strategies/Interventions	Estimated impact
To enhance the partnership's efficiency and effectiveness.	To agree on actions arising from the New York Partnership Tool by November 2008	To consult with the PCP Executive Committee and other members of the PCP to better understand their needs under priority areas of the partnership.	Enhanced scoring under New York Partnership Tool

Southern Grampians & Glenelg Primary Care Partnership

Annual Progress Report

Deliverable 2: Integrated Health Promotion

July 2008

Primary Care Partnerships

Community Health Plan Implementation Agreement (CHPIA)

Endorsed by PCP Chair:

Name: Bruce du Vergier

Signature:



Date: 31 July 2008

1. Capacity building progress report

1. Organisational Development

Goal:	To embed health promotion into Member Agency organisational plans.		
Objective	To obtain commitment from 100% of PCP members to work collaboratively on at least one of the PCP IHP priorities by March 2007		
Est. Impact	<ul style="list-style-type: none"> 100% of Member agency Organisational Plans reflect their collaboration on at least one PCP IHP priority 60% of members report increased collaboration on IHP activities Both Shire Councils achieve integrated planning with their key health service (PDH or WDHS) 		
Objective	To disseminate information regarding IHP interventions across the catchment by May each year		
Est. Impact	100% agencies report increased knowledge of other agency's IHP priorities and initiatives		
Objective	To facilitate intensive HP support for one member agency per year to assist them with preparing an organisational HP plan		
Est. Impact	Key non-health services prepare organisational HP Plan, including disability, neighbourhood house		
Strategy	Stakeholders	Progress	Comments
Seek Agency commitment via signature to MOU to PCP IHP priorities and collaboration.	All members	-Agreement on IHP priorities completed. - MOU not progressed. Awaiting approval of new Partnership Agreement at AGM in September 08	

To present at least annually to Counsellors and staff of SG and G Shires on IHP	SG Shire G Shire	<p>Strong partnership development has occurred with the SG and G Shires over the last 12 months.</p> <p>This is reflected in both Shires keen for the PCP to support their planning processes.</p> <p>PCP Chair and EO have met with new CEO of Glenelg Shire and plan to engage with new CEO of SG Shire when he commences in Aug 08. PCP Arts Officer has attended SG Shire Council briefing and was received very well.</p> <p>PCP has been closely involved in Glenelg Shire MPHP and has been contracted to prepare MPHP. SG Shire has indicated they will contract PCP to facilitate MPHP in 09.</p> <p>PCP a finalist in the SG Powercor Business Awards for Community Enterprise category.</p>	<p>Deliberate strategy to build partnership with SG Shire has been successful. Including achieving partnership with SG Shire on:</p> <ul style="list-style-type: none"> - water fluoridation - PCP Arts Project - Drought work - Climate Change Framework <p>Positive feedback from staff and counsellors reflects increasing positive connection.</p> <p>Counsellors attend PCP initiatives and seek PCP input into shire projects.</p>
Circulate/make available all Agency IHP or organisational Plans to PCP members	-Initially, WDHS & PDH to circulate -other agencies	<p>Links to PDH and WDHS Plans now available via the PCP website.</p> <p>Links to other agency plans, once completed, will be included in Yr 2</p>	
Complete annual snapshot of IHP interventions across the catchment and make data available via website/bulletin/other	All members/associate members/others	Completed in May 08. Results reported under Section 2-Workforce Development and available on PCP website.	
Identify and implement agreed integrated planning process between Shire Councils and key health services	-Initially Local Govt & PDH, WDHS -other agencies	<p>-Integrated Planning Sub-Committee has been meeting since Oct 07, Chaired by SG Shire rep.</p> <p>-Focus of work is Alcohol and Drug Plan + Place Based Planning at Merino/Digby + input to Area Based Planning process + sharing of agency planning initiatives.</p>	<p>PCP has used Anita Thomas for facilitation of planning for Drug/Alcohol and Climate Change.</p> <p>Integrated planning workshop to use Health and Wellbeing Report from Area Based Planning and identify integrated approach to intervention.</p>

Support one member agency/year to develop an organisational HP Plan	Mulleraterong Disability Service	Arrangements are in place for Jacki Carmody, PDH to provide organisational support to Mulleraterong to develop IHP in late 08. PCP	Jacki worked effectively in Kyeema – will transfer this model to Mulleraterong
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2. Workforce Development

Goal:	A skilled and knowledgeable workforce with capacity to plan, implement, evaluate and disseminate information on integrated health promotion		
Objective 2	To provide a range of HP professional development opportunities to meet agency needs		
Est. Impact	90% of HP practitioners participating in forums report knowledge and skills as a result of PCP forums		
Strategy	Stakeholders	Progress	Comments
Map workforce development needs	HP Reference Group members	HP Snapshot Survey in May 08 are consistent with results identified that additional knowledge/skills in the following areas is required: <ul style="list-style-type: none"> - sourcing data for planning - engagement of other sectors - community engagement - HP planning/interventions The preferred method of increasing knowledge/skills is via training/workshops. (see full results Quality Report)	

Annual Progress Report

Deliverable 2: Integrated Health Promotion

<p>Host training forums to meet development needs:</p> <ul style="list-style-type: none"> i) Evaluation forum – Social Network Analysis (SNA) tool (completed Yr 1) ii) Nutrition Forum iii) Manager development (completed Yr 1 and Yr 2) iv) Community Participation <p>Additional forums than originally planned:</p> <ul style="list-style-type: none"> i) pilot Indigenous Cultural Awareness Training (completed Yr 1) ii) Climate Change IHP planning (completed Yr 2) iii) Drug and Alcohol IHP planning (completed Yr 2) 	<p>PCP members + others-</p>	<ul style="list-style-type: none"> i) Climate Change Forum – 2 workshops held (Nov 07 and Feb 08) with HP practitioners from SGG and other PCPs. Facilitated by Anita Thomas. High satisfaction from participants. See Attachment for evaluation ii) Drug and Alcohol Forum held (April 08). Facilitated by Anita Thomas. High satisfaction from participants. See Attachment for evaluation. iii) Nutrition Forum – deferred until climate change framework is complete. Forum to have focus on food security in light of CC. iv) Manager Development – Staff workshop held with Alan Cartwright, April 08. High satisfaction. See evaluation Attachment. v) Community participation – DSE training scheduled for Aug 08. 	<ul style="list-style-type: none"> • Training forums/workshops continue to receive high ratings of participant feedback.
<p>Facilitate SNA support group until members confident with skills</p>	<p>PCP members</p>	<p>Despite various attempts, no support could be obtained for the PCP to develop further skills in SNA. Recent discussions have indicated that Deakin Uni is developing skills locally and could potentially provide support in future.</p>	
<p>Explore other strategies to meet workforce development needs and continual learning, such as mentoring as directed by the IHP Reference Group</p>	<p>IHP members</p>	<ul style="list-style-type: none"> - Alan Cartwright's 'return' in 2008 has provided mentoring for PCP agency staff; - PCP funding support for 1 agency staff member to attend Population Health Congress in July used as workforce development strategy. - Discussions underway with external IHP consultant to attend HP Ref Group in mentoring role – potentially to commence Aug 08. 	

<p>Revise PCP website to enhance knowledge sharing, particularly on population health data & IHP Snapshot data</p>	<p>PCP staff to implement</p>	<p>Recent developments include:</p> <ul style="list-style-type: none"> - DHS preparation of Health and Wellbeing Report for SGG catchment provides summary data. This will be available on PCP website once finalised. - Shire Councils use of id.com with summary social demographic data - this has been linked to the PCP website. 	<p>Area Based Planning process has assisted in raising awareness of agencies to data available on population health. This should be valuable process for agency planning.</p> <p>Next step – process for maintaining the data to be discussed.</p>
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3. Leadership

Goal:	HP leaders are identified and supported		
Objective 1	To facilitate agency leadership to fill any IHP gaps in their agency plans by Dec 2007, as appropriate to their planning cycle		
Estimated Impact	<ul style="list-style-type: none"> • Shared PCP agreement on IHP gaps • Agency leaders responsible for addressing priority IHP gaps 		
Objective 2	To implement a recognition process for local IHP champions by July 2007 – local case studies		
Estimated Impact	Local HP practitioners present findings at conferences/forums/in publications		
Strategy	Stakeholders	Progress	Comments
Map current mix of interventions for IHP across PCP catchment via 'Annual IHP Snapshot'	All members	Completed for 08. Results of Snapshot included on website.	Key results: - all agencies (except 1) report that HP is a goal in their organisation's strategic plan or it will be in future; - agencies regard their community engagement as moderate/very high; - wide range of non-health sector organisations are being engaged.
To identify gaps in IHP interventions by June 2007	All members	Completed Yr 1 - Gaps identified via May 07 Snapshot, include: i) Risk assessment/screening was a limited focus for mental health, nutrition and oral health. All other interventions appear well represented across the HP priorities.	Progress is being made on mental health via ICDM work and project underway with drought counsellors and Primary Mental Health Team. This will assist with increased assessment/screening. Changes to dental services have the potential to build greater scope for screening, where therapists more available.
Obtain agreement from PCP Executive Committee of key gaps in integrated health promotion interventions.	Executive Committee members	Gap data to be presented to Executive Committee by September 07	Progress has been deferred until Integrated Planning workshop in early 09.
Obtain commitment from key agencies to take leadership to address priority gaps, including: i) dental health in indigenous communities ii) physical activity infrastructure – walking strategy in Southern Grampians Shire	Senior Mgrs of relevant agencies	i) Dental Health – PCP Office has taken leadership in coordinating water fluoridation in Hamilton/Tarrington/Dunkeld Outcome – this work has been successful in seeking Ministerial direction for supply to be fluoridated ii) Physical Activity Infrastructure –	- change to dental services will enable potential focus on indigenous communities. PCP to progress after July 08. -'Go For Your Life' project is generating momentum for SG Shire walking/cycling strategy.

		progress underway in SG Shire as a result of linkages between workplaces seeking walking/cycling access under the 'Go For Your Life' project. SG Shire has invited input into planning process.	
Increased mix of interventions and gaps 'closed' in 3 yr snapshot	IHP Reference Group members	Progress underway to close gaps. Dental Health services being transferred to community health will provide opportunities.	
Advocate on key issues, as agreed, to State and Federal Government	PCP Executive Committee	<ul style="list-style-type: none"> - Successful advocacy for water fluoridation – complete. -over last 12 months, positive advocacy has commenced for service access approaches for smaller more isolated communities who will be increasingly impacted by Climate Change. - Advocacy commencing on alcohol issue to local govt. 	<p>-Positive indications for funding, research and collaborative response to small town access issue from DPI, Regional DHS, local agencies and University of Melbourne.</p> <p>- PCP discussions on alcohol issue are encouraging new policy responses by local govt policy. Vic Police is key partner in this discussion.</p>
To review membership of HP Reference Group as a network for IHP leaders by July 2007	IHP Reference Group members	-Completed: Terms of Reference agreed in Sept 07	
Assess use of coordinated PCP media strategy in local press and radio	PCP Executive Committee members	- Media hits – PCP featured in local papers 19 times over last 12 months. Radio coverage not monitored.	Initial discussions held with marketing company to design initiative for radio.
Implementation of recognition strategies for IHP leaders, eg. use of local case studies; invite agency reps to represent PCP at external events	IHP Reference Group members	<p>The following strategies have been implemented to recognise agency good practice:</p> <ul style="list-style-type: none"> -inclusion of articles in 'PCP News'. This is circulated quarterly to CEOs and Boards; -front page of PCP website; -letters to CEO recognising staff. This has recently occurred with PDH staff; -'sponsorship' of staff to attend conferences or training to recognise good practice. This occurred with PCP funding the registration cost of the Population Health Congress, July. 	<p>Lessons learnt:</p> <ul style="list-style-type: none"> - agencies have been very appreciative of recognition.

<p>Facilitate development or support for existing networks, eg. Youth, Early Childhood Services</p>	<p>PCP + non health agencies</p>	<p>-support for Youth Networks in SG and G continues. Key focus is on the facilitation of service coordination processes and practices with youth services. PCP contracted by Brophy to consult on and develop local model in SG Shire the Headspace submission being prepared by Brophy.</p> <p>- PCP has taken leadership to ensure SGG PCP involved in discussions being hosted by Brophy regarding the Communities that Care program commencing in Warrnambool. SGG PCP has successfully advocated for this to be applied beyond Warrnambool.</p> <p>PCP staff have worked with the early childhood network and other services working with children in Glenelg re referrals for vulnerable children and their families. This includes support for service coordination approach to Child FIRST arrangements, and development of referral pathways for high, medium and low risk clients.</p> <p>-PCP to encourage similar early childhood services network to be formed in SG.</p> <p>-Family Violence networks: PCP has represented local issues/services at Integrated FV Sub-committee meetings and participated in the Steering Committee for the IFVS Regional Coordinator, the resources/brochures working group and the schools FV prevention working group.</p>	<p>Strong partnership underway with Brophy via Headspace consortium.</p> <p>Strong links developed between Community Connections' coordination of Childfirst and PCP service coordination.</p> <p>PCP is starting to identify proposal for early childhood prevention work, consistent with State Govt Discussion Paper on early childhood. PCP keen to encourage greater role/resourcing for PCPs to work in this area and have discussed with Minister for Women.</p> <p>PCP staff have advocated for and obtained agreement from the statewide manager of the Family Violence Risk Assessment & Risk Management Framework for the Glenelg work to be incorporated into statewide rollout commencing in BSW region in mid 2008</p> <p>- To occur in conjunction with the rollout of the Family Violence Risk Assessment & Risk Management Framework.</p> <p>Family Violence lessons learnt: i) need for consultation mechanisms other than central meetings for regional participation (eg. Warrnambool based network meetings are not working for agencies based away from Warrnambool; ii) a range of strategies, flexibility and considerable time building trust is crucial for progress.</p> <p>-Pilot FV Assessment and Referral Package has been incorporated into vulnerable children work.</p>
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<p>Coordinate action on urgent community issues, eg. Drought, arts, fluoride.</p>	<p>PCP + non-health agencies as relevant</p>	<p>i) Drought PCP Office has continued to coordinate and Chair the SGG Drought Committee. The Committee has met 6 times in last financial year. Representatives include: -DPI, Glenelg Hopkins CMA, Centrelink, veterinarian, SW Rural Financial Counsellors, SG and G Shires, WDHS, Rural Skills Industry Training (RIST), VFF, Otway Division of General Practice.</p> <p>PCP Office has also established a Drought Counsellors Network that has met 5 times since October 07.</p> <p>Drought Committee satisfaction survey reports high levels satisfaction – see Attachment.</p> <p>Outcomes include: - 6 MHFA courses held between Jan 07 – July 08. See report. - 2 Gardening Workshops held (evidence based need identified) with 180 people attending. Highly successful – 100% report as excellent. See Attachment. - PCP Drought Post-card initiative held 3 times since December 06, covered by Stateline Dec 07. Includes 20,000 farmers and coordination 14 PCPs. - Farm Gate model piloted, evaluated between Nov-Dec 07. Ongoing program continues with range agency input, resources, coordination. - PCP coordinating 'funnel approach' to mental health referral in collaboration with Primary Mental Health Team.</p> <p>2. Water fluoridation for Hamilton - as previously reported.</p> <p>3. Community Arts - PCP successfully obtained funding from Arts Victoria and SG Shire for 2 yr project to enhance community arts development. Project Officer</p>	<ul style="list-style-type: none"> - on all issues reported here, the PCP has facilitated action where gaps exist or where other organisations are reluctant to act. This leadership action reinforces the PCP as relevant and credible. - New partnerships (eg. with natural resource management agencies) require working together on practical tasks which build trust before partnership links can be formalised. - some of these issues have been awaiting action for many years for coordinated and strategic action, eg. water fluoridation and community arts development. As a result, stakeholders have expressed their appreciation and high regard for the work being done by the PCP.
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		<p>commenced Oct 07. This is the first Arts Officer for the Shire in 8 years hence a major gap filled.</p> <p>Outcomes after 6 months:</p> <ul style="list-style-type: none"> -strong partnership with SG Shire Council staff and counsellors - Monthly arts newsletter - Arts Network established - Project commenced Aug 08 	
Support regional and local initiatives to develop more effective and coordinated services.	<p>Forums attended by June 07 80% of key agencies engaged.</p> <p>Consultation completed end August 07</p>	<ul style="list-style-type: none"> - Represented local issues/ services at Integrated Family Violence Sub-committee meetings, participated in the Steering Committee for the IFVS Regional Coordinator, the schools FV prevention working group and the resources/brochures working group. <p>PCP staff have worked with the early childhood network and other services working with children in Glenelg re referrals for vulnerable children and their families. This includes support for service coordination approach to Child FIRST arrangements, and development of referral pathways for high, medium and low risk clients.</p> <ul style="list-style-type: none"> - PCP is facilitating the link between Headspace and the SG Youth Network and other key players in the implementation of the project. 	<p>Lessons learnt:</p> <ul style="list-style-type: none"> -need consultation mechanisms other than central meetings for regional participation. <p>- PCP staff have advocated for and obtained agreement from the statewide manager of the Family Violence Risk Assessment & Risk Management Framework for the Glenelg work to be incorporated into statewide rollout commencing in BSW region in mid 2008</p>

<p>To develop the skills and capacity of services to work effectively with Indigenous agencies and clients.</p>		<ul style="list-style-type: none"> -Invitations made and taken up by a number of IFVS non-Indigenous committee members (including PCP staff) to two Indigenous events held. -PCP staff attended a 2 day Cultural Respect Training to assess appropriateness for broader group of local agency staff. - Further training planned for 2008/09 through IFV Sub-Committee and Indigenous FV Regional Action Group. - Facilitating links between Indigenous and non-Indigenous agencies through projects eg The Torch and the IFVS meetings and process. 	<p>Lessons learnt:</p> <ul style="list-style-type: none"> -a range of strategies, flexibility and considerable time to build trust between key stakeholders are crucial for progress, this includes but it not limited to formal training.
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2. Resource allocation

Actual Integrated Health Promotion (IHP) PCP resource allocation

Priority goal: Physical Activity

Capacity building components	Actual DHS PCP IHP funding	Member contributions-estimate
Partnership development	\$10,000	\$25,000
Leadership	\$10,000	\$25,000
Planning	\$5,000	\$15,000
Evaluation and dissemination	\$2,000	\$15,000
Workforce development	\$3,000	\$35,000
Total	\$30,000	\$115,000

Priority goal: Nutrition/Oral Health

Capacity building components	Actual DHS PCP IHP funding	Member contributions-estimate
Partnership development	\$10,000	\$25,000
Leadership	\$10,000	\$20,000
Planning	\$3,000	\$15,000
Evaluation and dissemination	\$2,000	\$12,000
Workforce development		\$25,000
Total	\$25,000	\$97,000

Priority goal: Mental Health

Capacity building components	Actual DHS PCP IHP funding	Member contributions-estimate
Partnership development	\$10,000	\$30,000
Leadership	\$10,000	\$30,000
Planning	\$2,000	\$10,000
Evaluation and dissemination	\$3,000	\$15,000

Workforce development	\$5,000	\$25,000
Total	\$30,000	\$110,000

Additional Integrated Health Promotion Resources

Funding source/project	Links to catchment priority	Funding
Footholds on Safety completed 06/07	Physical Activity	\$50,000
HALS complete 06/07	Physical Activity	\$20,000
'Go For Your Life' – SG Shire project	Physical Activity/Healthy Eating	\$600,000 (WDHS lead) over 4 yrs
Regional DHS & Rural Industry Skills Training	Mental Health	\$20,000
Totals		\$690,000

New in 2007/2008

Funding source/project	Links to catchment priority	Funding
Arts (Arts Victoria)	Mental Health	\$80,000 over 2 years
Gardening (local sponsors/wholewoman grant)	Mental Health	\$5,000
MHFA (local sponsor)	Mental Health	\$10,000
Totals		\$95,000

3. Catchment progress

Priority goal: Physical Activity

- To increase the level of activity amongst those 'at risk' of chronic illness and those who are socio-economically disadvantaged.

Objective(s):	<ul style="list-style-type: none"> To increase the agency interventions to increase the level of activity of 'at risk' and disadvantaged clients 				
Progress towards impacts¹ (qual/quant) for objectives	<ul style="list-style-type: none"> Active Script program implemented in Portland and sustained in Hamilton Major funding received to support activity in SG shire = Go For Your Life rural pilot Fitness Instructor Network sustained via PCP support Agreement by Mulleraterong to receive PCP support to develop an HP Organisational Plan to ensure improved activity for clients 				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
Active Script enabler model	PDH, WDHS, Otway Division GP	Sedentary adults, generally older	Launch of Portland service in Sept 06	21 referrals in last 12 months	\$26,000
Fitness Instructor Network	SWSA, YMCA, Vitality Gym (Portland), 12 local fitness instructors trained under PCP's Falls Prevention project.	12 Fitness instructors		12 instructors	\$5,000
Community Based strength/balance and Tai Chi	WDHS, Casterton Memorial Hospital, Dartmoor BNC, community coalitions	Older adults (65+)		Approx.250 older adults attend weekly sessions Positive impact on health – see Falls Prevention Report	\$50,000
Go For Your Life -policy -structural planning -educ/awareness -screening	SG Shire, WDHS, workplaces	Employees of local workplaces	Project Officer employed June 07	250 individuals first yr 13 workplaces	\$10,000
Organisational Development	Mulleraterong Disability	Agency clients		Planning stage only	\$1,000
Total budget per objective⁵: \$92,000					
Total budget per goal⁵: \$92,000					

Priority goal: Nutrition/Oral Health

- To increase the proportion of the community who are meeting recommended daily intake levels for fruit + vegetables.
- To increase the agency interventions targeting parents of children under 5 years to implement effective oral health habits

Objective(s):	<ul style="list-style-type: none"> • To increase the agency interventions to increase healthy eating of 'at risk' and disadvantaged clients • To increase the agency interventions to target parents of children under 5 years to enhance oral health habits 				
Progress towards impacts¹ (qual/quant) for objectives	<ul style="list-style-type: none"> • Major funding received to support activity in SG shire = Go For Your Life rural pilot • Agreement by Mulleraterong to receive PCP support to develop an HP Organisational Plan to ensure improved activity for clients • Coordination of Smiles4Miles program, funded by DHSV (now delivered by PDH) • Leadership taken to commence action on water flouridation for Hamilton 				
Summary of mix of interventions²	Key implementation partners³ Community reps, community health, women's health, local government GPs and Divisions, alcohol and drug services, hospitals etc	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
'Go For Your Life' SG project -policy -structural planning/access -educ/awareness -screening	SG Shire, WDHS, SW Sports Assembly, workplaces, local food reps/businesses, RMIT, GPs	Employees of local workplaces	Project Officer employed June 07	250 individuals first yr 13 workplaces	\$10,000
Smiles4Miles -preschool policy -education	PDH, WDHS, Shire, preschools	Parents of children under 5 yrs Preschool teachers	NA	6 preschools by Dec 07	\$5,000
Organisational Development Advocacy	Mulleraterong Disability Community Connections	-Lower socio-economic -People with disabilities	-Mulleraterong to commence HP Org Plan by Sept 07 -Community Connections Board endorses recommendation to include focus on prevention in	Planning stage	\$1,000 \$2,000

			Strategic Plan		
Water Flouridation -Structural change	SG Shire, dentists, GPs, Greater Health, WDHS Board, RMIT	Communities receiving reticulated water from Hamilton, includes Dunkeld and Tarrington	Minister directed fluoridation by written authority, Feb 08	Potentially 15,000 people	\$2,000
Total budget per objective⁵:					
Total budget per goal⁵: \$19,000					

Priority goal: Mental Health

- increase the number of workplaces with strategies to foster positive mental health of their employees
- increase mental health literacy
- assist in the prevention of family violence.
- To facilitate the sustainable co-ordination of community arts in the Southern Grampians Shire.

<p>Objective(s):</p>	<ul style="list-style-type: none"> • To implement workplace mental health initiatives in 6 workplaces. • To increase peopled trained in mental health first aid. • To implement healthy relationships program in 6 secondary schools • To establish and co-ordinate a sustainable Arts Partnership across Hamilton and smaller towns of the Southern Grampians Shire between local artists, non arts organisations and the community. • To implement collaborative community arts initiatives, including professional development. 				
<p>Progress towards impacts¹ (qual/quant) for objectives</p>	<ul style="list-style-type: none"> • Workplace mental health checklist was developed by working group of the HP Reference Group. Checklist is now being trialled as part of PDH’s workplace HP initiatives; • Plans are in place for 5 Mental Health First Aid Training courses between July and Nov 07. Funding has been sourced to offer courses at subsidised rate to community members. Potential for 100 people to be trained; • Funding submission to School Focused Youth Service (Brophy Family & Youth Services) for healthy relationships program was successful. Program development completed May 08 and program to be implemented in two schools in July/ Aug 08. • Mapping of current activities, workforce development needs, and opportunities to engage with non arts organisations, completed. • Arts Partnership (known as SG Art Network), established. 				
<p>Summary of mix of interventions²</p>	<p>Key implementation partners³ Community reps, community health, women’s health, local government GPs and Divisions, alcohol and drug services, hospitals etc</p>	<p>Population target group(s):</p>	<p>Actual timelines (optional)</p>	<p>Actual reach⁴</p>	<p>Actual member resources per intervention⁵</p>
<p>Mental Health workplace model development</p>	<p>Casterton MH, PDH, Primary Mental Health Team</p>	<p>Employees workplaces</p>	<p>Feb 07</p>	<p>NA</p>	<p>\$10,000</p>
<p>Mental Health workplace Model trial</p>	<p>PDH</p>	<p>PDH employees</p>	<p>Currently being trialled</p>	<p>All PDH staff</p>	<p>\$2,000</p>
<p>MHFA -Educ/Training</p>	<p>PDH, ASPIRE, SGG Drought Committee</p>	<p>Community members, agency staff (specifically agric extension etc)</p>	<p>2 courses being held in June and July 08</p>	<p>30 people trained - expected</p>	<p>\$3,000</p>

Advocacy via funding bid for Healthy Relationships Pilot program	Links with PDH, WDHS, DHS School Nurses, Brophy, school welfare officers and counsellors, domestic violence service, CASA, women's health	Commitment from 2 schools for pilot program with Yr 9 students.	Bid successful. Program development phase completed May 2008. Teacher training to occur in June 08. Pilot program to be implemented in 2 schools in July/ August 2008.	An estimated 70 students to complete pilot program and six teachers/ facilitators to complete teacher training.	\$31,000 estimated
Drought Post-cards Service access information Community action	15 SGG Primary schools 14 other rural PCPs	Farmers Primary school children	Dec 06 event June 06 statewide event Dec 07 event	-Dec event = 9 primary schools with 1,000 farmers receiving cards -June event = 15 local primary schools with 1,000 farmers receiving cards Wimmera approx 5,000 -June event = 14 statewide rural PCPs with approx. 20,000 farmers receiving cards	\$1,000
Community Arts Project	- SG Shire - RMIT - LLEN - SWSA - artists	- Artists, organisations, arts workers.	- Oct 07 – Jan 08 Monthly newsletter launched. - Feb 08 Arts Network established - April 08 ongoing Links to come - June 08 Collaborative Project	- approx 80 artists and 20 organisations surveyed - 50 people in attendance meeting 1, 35 meeting 2 - Workshops between visual artists and respiratory disease group Enthusiasm from Arts network for collaboration project	

			idea	with visiting artist Ian Pidd.	
			- Oct 08	- Arts News reaches approx 200 people.	
Total budget per objective⁵:					
Total budget per goal⁵: \$17,000					

Southern Grampians and Glenelg Primary Care Partnership

Annual Progress Report

Deliverable 3: Service Coordination

July 2008

Primary Care Partnerships
Community Health Plan Implementation Agreement (CHPIA)

Endorsed by PCP Chair:

Name: Bruce du Vergier

Signature: _____



Date: 31 July 2008

Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
<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>Objective 1.1 To enhance the knowledge of the BATS framework with 8 new agencies in the sub region by July 2009</p>	<p>Group training provided for key agency staff by regional coordinator</p>	<p>8 agencies in the sub region report enhanced skills and knowledge of BATS framework</p>	<p>Key personnel in</p> <ul style="list-style-type: none"> • Mulleraterong - Disability Services • Kyeema – Disability Services • Community Connections – Child and Family Services • Brophy Family Services Reconnections program • DHS Disability Services • SW Mental Health Services • MIND Recovery and Rehab. Service <p>have participated in individual SC discussions, and have indicated an improved understanding of the service coordination strategy</p>	<p>The target of 8 agencies is in the context of the sub regional approach</p> <p>Timeline for 3 agencies across the sub region - August 2007.</p> <p>4 agencies specified are sub regional agencies</p> <p>Mulleraterong and Kyeema are located in the SGGPCP</p>
	<p>Objective 1.2 To facilitate 8 new agencies to implement the ICI, INI and referral components of service coordination 80% of the time by July 2009</p>	<p>Work with agencies to develop agency implementation plan which would include agency use of SCTT and adoption of IC, INI and Referrals aspects of the Statewide Practices and processes</p>	<p>SCTT used for 80% of all referrals</p> <p>IC, INI, Referral PPPS followed 80% of the time</p>	<ul style="list-style-type: none"> • Mulleraterong is considering using the SCTT as part of internal documentation • Kyeema is looking at ways of integrating the SCTT and 	<p>Child and Family Services have previously agreed to accept SCTT from generalist primary care services. It is anticipated that with the revised SCTT incorporating Child</p>

				<p>PPPs and client individual care plans</p> <ul style="list-style-type: none"> • Community Connections Child and Family Services personnel are participating in the statewide development of a Child and Family Services profile and SCTT revision • DHS Disability Services have indicated that they are using SCTT for referral • A mental health/ PCP SC protocol is being developed • MIND Recovery and Rehab. has integrated SC principles and SCTT into organisational systems 	<p>and Family Services use of SCTT will increase.</p> <p>Communication Connections plan to trial the new Child and Family Services profile form</p> <p>The SW Mental Health protocol will include information on catchment area and description of various services , referral pathways methods and contact numbers. Mental Health is using the SCTT in one program area and is awaiting electronic referral to extend use of SCTT.</p>
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	<p>Objective 1.3 To facilitate 100% uptake of the Initial Contact, Initial Needs Identification and Referral elements of the BATS framework in the 23 agencies currently involved in the service coordination strategy by July 2009 Scope - Mandated Agencies – 13 in SWPCP, 9 in SGGPCP, 1 sub regional service</p>	<p>Conduct a review of current agency service coordination activity to establish status quo and to identify agency support needs</p>	<p>Baseline includes all 23 agencies (9 from SGG and</p> <p>Agency support needs are identified in all 23 agencies</p>	<p>Baseline established for 9 agencies in the sub region (40%)</p> <p>Agency support needs identified in 9 agencies in the sub region (40%)</p>	<p>Timeline March 2007.</p> <p>Activity partially complete –other 14 agencies still to complete survey – aim to achieve by October 2008</p>
Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
		<p>Provide training and change management in the areas of SCTT use and PPS according to review feedback.</p>	<p>SCTT used for all referrals</p> <p>All (23) agencies conduct IC, INI and Referral according to Statewide Standards</p>	<p>SCTT used for 80 % of all referrals</p> <p>7 agencies who participated in SC survey report practicing IC, INI and referral within statewide standards > 50% of the time</p>	<p>Timeline March 2008</p> <p>Actual impact confirmed in 2008 DHS snapshot survey – 7 out of 9 mandated agencies in SGGPCP participated</p> <p>Respondents to the survey have received support via individualised and group training</p>

	Objective 1.4 To facilitate the 23 agencies already involved in Service Coordination to participate in 2 DHS snapshot surveys by 2009	Provide training in the use of survey database and survey completion	80% participation in snapshot surveys	77% of mandated agencies participated in snapshot survey	Trial of the survey conducted and tips for completing passed on to other agencies
Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
	Objective 1.5 To facilitate local agency input into statewide assessment (Inter-Rai trial) and care planning initiatives by July 2008	Nominate 2 PCP agencies to participate in the DHS common assessment tool Inter-Rai trial	Local agencies regarded as active advocates in statewide discussions	South West ACAS (sub region) and South West Healthcare HARP were active participants in the Inter-Rai trial and report being actively involved in statewide discussions and evaluation.	In particular ACAS was identified as a strong participant and was involved in an evaluation process over 5 days
		Building on work done in 2004-5 when local Service Coordination Plan guidelines were developed - Nominate 1 PCP agency staff member to participate in the DHS care planning group	20% of local care planners ideas incorporated in common care planning principles SW sub region regarded as active advocate in statewide discussions	SW HARP Manager has participated in Care planning group and reports >50% of ideas incorporated in care planning principles	Many providers across the sun region participated in and contributed to Local Care planning forum
2. Improve communication about clients (especially those with chronic disease and complex needs) with general practice, leading to	Objective 1 To facilitate the use of the SCTT in 34 GP clinics across the sub region by	Install ARGUS technology in GP clinics and chronic disease management services, to support secure transmission (encryption)	34 GP clinics report use of e-referrals in 80% of referrals	Sub regionally 10 GP clinics have ability to e-refer. Where facility is available between	Timeline for achievement of objective - 2009.

Annual Progress Report

Deliverable 3: Service Coordination

<p>more active GP participation with other service providers involved in the client's care.</p>	<p>July 2009</p>	<p>of clinical information using the Victorian Statewide Referral form</p>		<p>referring partners, e-referral is used for referrals.</p> <p>In SGGPCP Argus has been installed in 3 locations – Hamilton – GP and Dental Service) Casterton and Coleraine and 1 practice is targeted for Portland.</p> <p>In Hamilton ARGUS supports CDM at Western District Health Service facilitating referral between GPs, Allied Health and Community Health. At this stage referral using ARGUS is <50%</p>	<p>Sub Regionally ARGUS is installed in 10 GP clinics and 8 referring partners</p> <p>Due to the variability of GP clinic IT set up, installation of technology is slow. Once technology is established much follow up is required to facilitate e-referral</p> <p>While requests for ARGUS are increasing, the target of 34 clinics may have been ambitious over the timeframe</p> <p>The PCPs and the Otway Division of General Practice will continue to progress</p>
		<p>Provide 'one to 'one training in the use of ARGUS and in the use of the Victorian Statewide Referral Form</p>	<p>As above</p>	<p>As above</p>	<p>'One to one training' is provided at each installation.</p> <p>Future strategy is to train additional IT personnel in ARGUS installation.</p> <p>In addition, at Western district Health Service in Hamilton, additional training has been provided for IT support staff to address any issues</p>

Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
3. Successful implementation of the Victorian Service Coordination Practice Manual and subsequent versions of the Service Coordination Tool Templates.	Objective 3.1 To facilitate access by all mandated agencies to the statewide manual and its content by March 2007	Conduct workshops on the new Statewide manual and SCTT version2	100% mandated agencies have access to manual and SCTT version 2 100% participants at workshop report they have a clear understanding of manual content and SCTT 2 requirements	All mandated agencies have access to SCTT2006 and have been given copies of the Victorian Service Coordination Manual and Continuous Improvement Framework All resources have been made available on a number of websites 30% of attendees at workshop stated a clear understanding of information on manual and SCTT (06 – 07 data)	Workshop provided introductory concepts re Victorian Service Coordination Manual. Planned post workshop survey deferred due to the release of the DHS snap shot survey. Outcomes of this survey will be used to provide more detail in uptake of SC practice.
		Conduct workshops on subsequent versions of SCTT	100% mandated agencies have access to manual and SCTT version 2 100% participants at workshop report they have a clear understanding of new SCTT requirements	Nil	Awaiting subsequent versions

Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments				
4. Change management support for implementation of e-referral.	To increase numbers of e-referrals sent by 20% following baseline count in July 2007	Provide training in e-referral according to review feedback	20% increase in referrals sent	<p>Baseline Count for PJB (Health Agencies) e-referrals in SGG</p> <table border="1"> <tr> <td>06/07</td> <td>07/YTD</td> </tr> <tr> <td>1494</td> <td>1406</td> </tr> </table> <p>Projected increase in referrals - 15%</p> <p>No baseline for LGA e-referral activity however Feb - May 2008 – 59 e-referrals reported for Glenelg Shire</p>	06/07	07/YTD	1494	1406	<p>Informal reinforcement training provided on request.</p> <p>e-referral training across the sub region was conducted in August 07</p> <p>52 (21 in SGGPCP) participants were largely from Allied Health, District Nursing and HARP</p>
06/07	07/YTD								
1494	1406								
5. Improved amount and accuracy of information to support referral through the Human Services Directory.	Subject to improvements in the functionality of the Human Service Directory (HSD), to increase number of agencies with up to date information on the directory by 40%	Work with agencies to develop an internal process for updating and maintaining service information on the HSD	40 % more PCP agencies with a process for updating and maintaining service information on the HSD	In SGG, 85% of agencies have responded to service update requests resulting in information updates within the past year.	<p>Information gleaned from the HSD.</p> <p>Locally a hardcopy service directory is produced by mpower – a local agency. Mpower conducted a survey on service directory use in October 2007 and found that 65% of respondents (24% response rate) prefer the hardcopy over internet format however 96.5% were prepared to update their information on the HSD.</p> <p>Anecdotally, agencies express frustration with technical aspects</p>				

					of directory updating.
6. Leadership and Change Management for local service coordination improvement opportunities.	To identify 2 opportunities for improved service redesign	Survey agencies to identify opportunities	2 agencies requiring assistance	1 agency/program currently receiving SC support – CDM @Western District Heath Service	Resurvey agencies post July 2008
		Work with identified on process redesign and process implementation	2 agencies providing more streamlined and accessible services	Work in progress: Introduction of shared care plans under CDM at Western district Health Service will change the way services are delivered	

Southern Grampians & Glenelg Primary Care Partnership

Annual Progress Report

Deliverable 4: Integrated Chronic Disease Management

July 2008

Primary Care Partnerships

Community Health Plan Implementation Agreement (CHPIA)

Endorsed by PCP Chair:

Name: Bruce du Vergier

Signature:



Date: 31 July 2008

Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
1. Completion of a mapping of self-management interventions (provided by agencies within the catchment). Facilitate planning processes to develop self-management interventions within member agencies that respond to gaps identified in the mapping process.	<p>1.1 To map current self management interventions with health agencies by Feb 2008-</p> <p>1.2 To identify gaps and barriers to self management interventions with agencies by April 2008.</p>	<ul style="list-style-type: none"> ▪ Facilitate the completion of mapping survey via face to face/phone interviews with health agencies & completion of DHS survey hardcopy. ▪ Identify gaps and barriers with key stakeholders of each agency by April 2008. 	<ul style="list-style-type: none"> ▪ All health agency members to have completed mapping exercise by Feb 2008 ▪ Gaps and barriers identified in all project areas by April 2008 	<ul style="list-style-type: none"> ▪ Mapping survey implemented with 12 agencies completing survey. 	<ul style="list-style-type: none"> ▪ Outcomes of survey identified a number of key challenges ranging from access to training & cost to organisation systems change to implement self management approaches
2. Facilitation of a process for agencies to define their roles and responsibilities, especially acute and community health services, in relation to providing self-management interventions for people with chronic disease.	<p>2.1 To facilitate share agreement on roles and responsibilities regarding self management interventions with agency stakeholders according to phased response – Yr.1 Hamilton project area – includes Balmoral</p> <ul style="list-style-type: none"> - Yr. 2 Casterton - Yr. 3 Portland 	<ul style="list-style-type: none"> • Engage Otway Division of General Practice re: involvement in ICDM project • Establish local Steering Committee Meeting or Network group – Hamilton & Portland 	<ul style="list-style-type: none"> ▪ Otway DGP engaged and participating on local Network and/or Steering Committee 	<ul style="list-style-type: none"> ▪ ODGP endorsed operational plan for GP engagement – Portland and Hamilton ▪ Hamilton GP Clinic to facilitate GP engagement & Practice Nurse engagement ▪ Member of Portland Steering Committee & Hamilton CDM Network ▪ Member of Hamilton CDM Network 	<ul style="list-style-type: none"> ▪ Type 2 diabetes funding allocated to PDH – reassignment of time lines and alignment of ICDM strategy with diabetes strategy ▪ PCP ICDM aligned with WDHS HARP & GP Rural Initiative Project and PCP Service Coordination Strategy ▪ implementation plan currently being drafted for HARP to commence at PDH July 2008. Broader CDM network to be aligned with HARP implementation

Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
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.	3.1 To implement BATS framework within each project area	<ul style="list-style-type: none"> Facilitate ICDM Network and WDHS HARP Steering Committee to address implementation of BATS framework, as appropriate to each project area. 	<ul style="list-style-type: none"> Relevant sections of BATS being used by each agency and their referring partners in each project area. Coordinate with PCP e-referral project to ensure local GPs equipped to implement e-referral 	<ul style="list-style-type: none"> WDHS HARP Guidelines endorsed to include use of SCTT for client/patient screening & referral Hamilton General Practice endorsed use of e-referral system. Secure electronic mailing system (Argus) implemented PDH – endorse uptake of SCTT by local GPs as part of type 2 diabetes/ICDM project. Plans to pilot introduction of Argus to a Portland GP clinic in progress 	<ul style="list-style-type: none"> Hamilton ICDM Network – includes Project Managers of HARP, GP Rural Initiative, Otway DGPs – IT & PCP Service Coordination IT Managers, local gym Vitality Rehab & Psychologist DHS CDM Industry Advisor appointed for 12 months (ending Feb 2009) to support networking of CDM approaches across Barwon SW region.
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.	4.1 To define agreed systems/processes to identify clients requiring cross disciplinary/multi-agency care planning in each project area – Hamilton – COPD, Cardiac Rehab & type 2 diabetes Portland – type 2 diabetes	<ul style="list-style-type: none"> Facilitate discussions by Steering Committees to agree on systems/processes to identify clients requiring comprehensive assessment. 	<ul style="list-style-type: none"> Agreed system/processes for identifying comprehensive assessment needs to each project area. At least 2 GPs in each project area engaged in agreeing to common system/processes 	<ul style="list-style-type: none"> WDHS HARP & Rural GP Initiative Steering Committee endorsement – communicated to PCP 1 GP engaged at Hamilton 1 GP engaged at Portland 	<ul style="list-style-type: none"> ODGP participation in project – engaging GPs & Practice Nurses at local areas as part of ICDM Successful implementation of integrated T2DM clinic model of care at Hamilton clinic

Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
		<ul style="list-style-type: none"> To consult with consumers for input into agreed systems /processes 	<ul style="list-style-type: none"> Consumer participation – Steering Committee or Advisory Group -Hamilton -Portland 	<ul style="list-style-type: none"> Hamilton – Consumer Consultation undertaken – Cardiac and COPD Rehabilitation Groups Portland – Consumer Participation - 2 diabetes support group members of Steering Committee for type 2 diabetes project 	
<p>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.</p>	<p>5.1 To define agreed systems/processes to identify clients requiring multi-disciplinary care planning in each project area June 2007- Hamilton</p>	<ul style="list-style-type: none"> Facilitate discussions by Steering Committees to agree on systems /processes to identify client requiring cross agency/multiagency care planning DHS CDM Industry Advisor appointed till Feb 2009 	<ul style="list-style-type: none"> Agreed system/processes for identifying cross-disciplinary/multi-agency care planning in each project area At least 2 GPs in each project area engaged in agreeing to common system/processes 	<ul style="list-style-type: none"> WDHS – Hamilton HARP endorsed clinical management guidelines 1 GP engaged at Hamilton 1 GP engaged at Portland 	<ul style="list-style-type: none"> WDHS HARP project steering committee independent decision – SCTT & GAP identification of programs Stanford Self Management program commenced Jan 2008 Gap identified – opportunities for Indoor walking program. Despite attempts, PCP has been unable to overcome risk management issues identified by Shire Council for access to

Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
					local gym.
		<ul style="list-style-type: none"> Consult with consumers for input into agreed system/processes 	<ul style="list-style-type: none"> Consumer participation – Steering Committee or Advisory Group -Hamilton -Portland 	<ul style="list-style-type: none"> Identification of service gaps at Hamilton – Indoor Walking Group Mental Health Program Planning with SW Mental Health Services – Better Health Self Management (Stanford) 	<ul style="list-style-type: none"> Consumer consultation undertaken with 'Hamilton Walkers' community group & endorsed support
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.	6.1. To define agreed systems/processes to initiate and coordinate care planning in each project area <ul style="list-style-type: none"> - Hamilton June 2007 - Portland 	<ul style="list-style-type: none"> Facilitate discussions by Steering Committees to agree on systems/processes to initiate and coordinate care planning To consult with consumers for input into agreed system/processes 	<ul style="list-style-type: none"> Agreed system/processes for initiating and co-ordinating care planning in each project area. At least 2 GPs in each project area engaged in agreeing to common system/processes 	<ul style="list-style-type: none"> WDHS – HARP project clinical management guidelines – screening & referral processes PDH to implement HARP project July 2008 	<ul style="list-style-type: none"> PDH – amendment to timelines – ICDM & type 2 diabetes funding alignment

Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
<p>7. Strengthened approaches to address disadvantaged and health equality in Integrated Health Promotion initiatives, including barriers to participation such as chronic disease.</p>	<p>7.1. To identify health promotion needs of chronic disease clients by: April 2007 – Hamilton June 2007 - Portland</p>	<ul style="list-style-type: none"> • Consult with Steering Committee and consumer reps to identify self management needs of chronic disease clients • Survey diverse range of organisations to identify local options for accessible physical activity and mental health promotion initiatives - strength training, tai chi, community arts, walking • Include CDM as standing agenda item for PCP Integrated Health Promotion Reference Group 	<ul style="list-style-type: none"> • Gaps in accessible self management options reduced in each project, such that every project area has at least three (3) accessible physical activity options 	<ul style="list-style-type: none"> • Consultation with Hamilton HARP & GP engagement initiative & Active Script – identification of service gaps • Hamilton – Mental Health Worker/psychologist represented at CDM Network - Gap: Self management program • ST, Tai Chi & Indoor Walking Program identified + ongoing training needs of local Fitness Instructors. 	<p>Hamilton HARP & Community Arts Liasion Officer coordinated implementation of Art therapy for respiratory support group June 2008</p> <p>Plans to investigate promotion of Active Script via Practice Nurses June 2008</p> <p>Discussion to plan coaching support to health professionals working with clients with mental health issues</p>