Campaspe Primary Care Partnership

"Working together for healthy communities"

COMMUNITY HEALTH PLAN

2003

"Working together for healthy communities"

Murray Plains Division of General Practice

Index

Glossary of Terms

ABI	Acquired Brain Injury
ACAS	Aged Care Assessment Service
A&D	Alcohol and Drugs
ADASS	Adult Day Activity Support Service
BoD	Burden of Disease Study
BHCG	Bendigo Health Care Group
CAMHS	Child and Adolescent Mental Health Service
CCLLEN	Campaspe Cohuna Local Learning and Employment Network
CEO	Chief Executive Officer
CHERC	Collaborative Health Education and Research Centre
CHP	Community Health Plan
CVD	Cardiovascular Disease
DALY	Disability Adjusted Life Year
DHS	Department of Human Services
DoHA	Department of Health and Ageing
EFSCED	Effective Follow-up of Suicidal Clients presenting to Emergency Departments
GP	General Practitioner
HACC	Home and Community Care
HIC	Health Insurance Commission
HP	Health Promotion
ICT	Information Communications and Technology
IHP	Integrated Health Promotion
MCHN	Maternal and Child Health Nurse
MPDGP	Murray Plains Division of General Practice
MPHP	Municipal Public Health Plan
NSW	New South Wales
PAG	Planned Activity Group
PCP	Primary Care Partnership
PKI	Public Key Infrastructure
PMHEIT	Primary Mental Health and Early Intervention Team
PPPS	Practice, Process, Protocols and Systems
SAAP	Supported Accommodation Assistance Program
SC	Steering Committee
WHO	World Health Organisation
YIPEE	Youth Isolation Project
YLD	Years Lived with a Disability
YLL	Years of Life Lost

Foreward

Achieving better health outcomes for consumers in Campaspe and strengthening the primary care service system are critical to improving the quality of life for all. This has been the driving force behind all the activities of Campaspe PCP.

The PCP strategy has enhanced collaboration between agencies at the local and regional level. The PCP Steering Committees, agencies and their staff and the Department of Human Services are to be congratulated for their efforts and achievements over the last three years.

However, the Campaspe PCP is moving forward and further progressing priority tasks. Future initiatives and strategies will build on existing achievements as it has been reaffirmed that for primary health care reform to succeed in the long term, its principles need to be consolidated into the way our agencies operate.

The PCP Management Group in November 2002 outlined a plan to advance a sustainable model for the Committee. The commitment from agencies acknowledged the work done and members expressed their desire to continue with the 'way forward'. A new governance structure has been endorsed by agency CEOs and has 'in principle' support from the Management Group. The strategic and operational governance model encompasses portfolio roles, which involve advocacy, leadership and promotion of a key PCP area. This new governance structure is still being discussed, explored and investigated prior to formal adoption by the Management Group.

The 2003 Community Health Plan highlights the direction of the PCP and incorporates the planned synergies between the Municipal Public Health Planning process and the Community Health Plan. The basis of this readiness for integration of planning processes is the strength of partnerships and a common purpose within the Campaspe PCP. Sound partnerships exist both at an operational and management level and this is underpinned by an active community presence.

This was reflected in the development of the strategic directions of the Campaspe PCP for 2003-2004.

Cathie Halliday
Chairperson
Campaspe PCP Management Group

Context

The Campaspe Primary Care Partnership believe there are four integral, interdependent factors in achieving primary care reform; strong partnerships; community involvement with a focus on improved outcomes; a coordinated approach to the service system; and an integrated approach to health promotion. These factors have underpinned the Campaspe PCP since inception and continue to inform the work of the partnership.

The 2003 Community Health Plan builds on the work of the Campaspe PCP to date, sets the strategic directions and defines the next twelve months of operation for the partnership with the following as the visions, aims and objectives for the PCP initiatives;

Partnerships (Management Group)

Vision

Through teamwork, leadership and agency commitment for a sustainable partnership, the Campaspe PCP will create an accessible and quality health care service system enhancing the quality of life of the community.

Community Involvement

Goal

To support primary care agencies in their processes with community participation.

Service Coordination Vision and Objectives

Vision

The agencies within the Shire of Campaspe commit to providing a seamless system, enabling the consumer to access services with greater ease.

Objectives

- To involve consumers in all phases of service coordination development
- To maintain and enhance a sustainable basis for agencies to work collaboratively.
- To monitor, review and continually improve service coordination initiatives to support shared learning
- To support the facilitation of change in practice and culture of agencies
- To develop an infrastructure which will optimise agency and community engagement.

Health Promotion

Vision
Health promotion practice within the Shire of Campaspe takes a proactive approach to the health and well-being needs of the community.

Mission
To provide opportunities to integrate and coordinate a range of evidence based health promotion activities in an environment, which is supportive of continuous improvement and community involvement.

Values
The Health Promotion Steering Committee value the principles of the health promotion action frameworks for the Social Model of Health and the Ottawa Charter (WHO 1996).

We value the body of knowledge that exists within our network and its existing infrastructure, including its quality improvement practices.

Strategic Objectives

The five strategic objectives have the scope to be aligned with a portfolio holder in the planned PCP Governance Structure.

1. Moving Forward Together

Objectives;
To develop and implement a sustainable model of governance for the Campaspe PCP Management Group

To develop and support agency commitment for sustainable community involvement processes.

Rationale;
The Management Group planning day in November 2002 outlined a way forward for a sustainable model for the Group. The commitment from agencies acknowledged the work done over the previous three years and members expressed their desire to continue with the 'way forward'.

A draft document outlining a new governance structure has been endorsed by agency CEOs and has 'in principle' support from the Management Group. A portfolio document with suggested responsibilities has been produced and has assisted discussion towards adoption. Each portfolio role is planned to involve advocacy, leadership and responsibility for each area.

> *In order to ensure that the interests of different population groups, service users and service providers are taken sufficiently into account members of the Campaspe PCP Management Group Committee may, in addition to their other responsibilities, be allocated a portfolio responsibility. In this role they will be guardian and advocate for the issues within their portfolio and their views in this area will be deemed to carry particular weight. This does not imply a veto of power but the right to call for further consideration of an issue and the opportunity to fully present arguments on support of the matters being raised.*
>
> *The Campaspe PCP Management Group may consider, create and withdraw portfolio responsibilities at any time. In so doing its aim should be to protect minority interests, ensure equity and fairness and provide checks and balances in a complex process. (Campaspe PCP Memorandum of Understanding, 2001).*

The Campaspe PCP Community Steering Committee has identified the need for direction to support the primary care reform in Campaspe. The recommendation to revisit priorities from the committee's inception and to focus on agency community consultation processes has given a tangible base upon which to plan from.

The Community Steering Committee has endorsed the recommendation for future direction. The aim is to revisit priorities from 2001 and plan for involving member agencies to investigate their community consultation processes.

Key Actions for 2003-04;

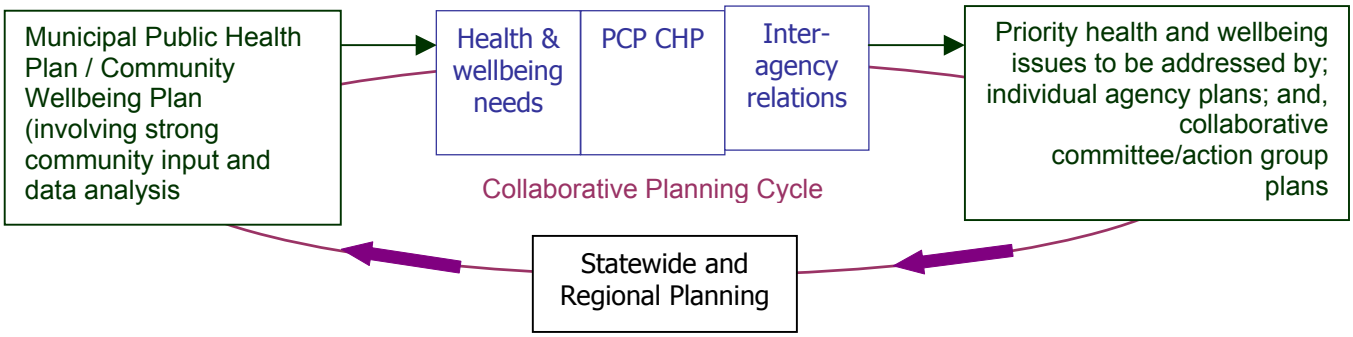
Management Group;	Community;
• Continue representative committees	
• Develop portfolio areas and responsibilities	• Endorse role and responsibility of each agency in community participation to ensure long-term sustainability
• Review and revise Memorandum of Understanding document in line with new Governance structure	• Workshop future objectives and develop workplan
• Develop and implement Service Agreements to prioritise work that agencies have agreed to conduct on behalf of the partnership.	• Revise Terms of Reference for committee to reflect objectives
• Consolidate Community Charter of Rights and Responsibilities	
• Engage with agencies to encourage community participation processes	
• Broader agency and community involvement	
• Explore future options for funding that support the reform process.	• Work with agencies to enhance community involvement
• Review Campaspe's strategic directions in relation to DHS Strategic Directions 2004-2006 Discussion Paper	
• Involvement at regional and statewide activity.	

2. Integrated Planning

Objective;
To develop and support an integrated planning framework, incorporating local government's Municipal Public Health Plan as a strategic focus and the Community Health Plan as the operational support. From this framework agencies will define their collaborative and agency specific work.

Diagram 1: Campaspe Collaborative Planning Cycle outlines the role of the MPHP in defining the PCP health and wellbeing needs to inform the CHP and individual agency plans thus reducing duplication of processes.

Diagram 1: Campaspe Collaborative Planning Cycle



Rationale;
Implementation of Campaspe's Integrated Health Promotion projects highlighted particular issues when planning. It was discovered that many planning processes are duplicating each other yet planning is essential for all projects. A more streamlined and coordinated approach is essential to maximise the planning processes that occur in Campaspe so that each compliment a broader planning framework.

Agencies are committed to plan together as they have in the past – consolidation will further the planning effort and promote broader sector involvement.
The Shire of Campaspe in conjunction with the Murray Shire (NSW) received Best Practice funding for the development of their health plans in 2002. The key aim for Campaspe is to integrate with the PCP planning process giving Campaspe the capacity to operationalise the plan in a collective manner. Further opportunities will be explored to support cross border collaborative implementation.

2003/2004 Integrated Health Promotion resources have been designated to the establishment of the Campaspe planning framework that will support all future integrated health promotion activity.

Key Actions for 2003-04;
- Formalising the links and planning process of the Municipal Public Health Plan to inform future PCP Community Health Plans.
- Consolidation of priority needs determination via community consultation, data analysis and reference to statewide and regional planning processes
- Development of a collaborative planning framework including policy, guidelines and protocols for planning in the Campaspe region
- The MPHP informing collaborative committee/action group plans (and vice versa)
- The Community Health Plan directly informing Integrated Health Promotion initiatives throughout Campaspe.
- The Community Health Plan directly informing individual agency plans
- The Community Health Plan directly informing agency Health Promotion plans
- Defined population health and wellbeing needs informing future funding opportunities
- Identifying further opportunities for implementing a coordinated planning framework.

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3. Consolidating and Monitoring Primary Care Reform

Objective;
To consolidate and monitor Service Coordination and Health Promotion processes and further support integration.

Rationale;
The Campaspe PCP Service Coordination Steering Committee in May 2003 as part of a strategic planning workshop identified the future direction for Service Coordination to be a process of consolidation. Agency accountability for implementation of Service Coordination and continual improvement of their internal and external Practices, Processes, Policies and Systems were the key priorities.

The Service Coordination Trainers and project team involvement has developed agency 'change drivers' who will be supported in their role within agencies. Service Directory and electronic referral uptake will also support the integration of Service Coordination.

The Campaspe Health Promotion Steering Committee identified a strong need to have a planning framework that allows agencies to take a proactive approach to integrated health promotion (or population health) practice. With the development of this framework, health promotion opportunities can be fully maximised with the support of Shire wide priority definition to then allow a collaborative approach.

Prior Health Promotion projects will continue to be implemented with sustainability a key focus. Although the Isolation Issues for Young People project (YIPEE) has an expected completion date of January 2004 and the Work Smart for Heart project's completion is expected in October 2003, both have implemented strategies to enhance sustainable practice and provide longer term outcomes.

Supporting non PCP Health Promotion initiatives is also essential in the reform process and contributes to the uptake of an integrated approach to health promotion activity, for example Falls Prevention.

The Campaspe Health Promotion Steering Committee will continue to guide the collaborative efforts of the PCP finalising the Campaspe PCP Health Promotion Strategic Plan for 2003 – 2005. In addition this role will maximise health promotion practitioner's contribution with workforce development opportunities. This supports DHSs capacity building focus allowing for consolidation of efforts.

Key Actions for 2003-04;

Service Coordination;	Health Promotion;
• Continue to focus on consumer involvement and outcomes • Continue representative Steering Committees	
• Monitoring of agencies implementation, further support and resources clarified.	• Support opportunities for interagency service planning in turn supporting a common goal/priority approach to Integrated Health

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Service Coordination;	Health Promotion;
	Promotion practice
• Service Directory training utilisation/Carelink model for data maintenance	
Workforce Development	
• Service Directory; Service Coordination Tool implementation; Electronic Referral; Health Promotion principles and practice	
• General Practice – electronic referral project • Njernda Service Coordination implementation • Acute/ Primary Care interface	• Advocate and promote HP/Community wellbeing/population health as a responsibility of all service providers • Health Promotion Short Course attendees supported to implement learning's from course
• Provide support for existing programs/projects	
• Broader agency participation	
• Identify and grasp opportunities for further integration within the catchment.	

4. Aboriginal Communities

Objectives;
To continue to link and support Campaspe Aboriginal communities with the work of the Primary Care Partnership.

- To implement Service Coordination within the broader program areas of Njernda Aboriginal Corporation
- To foster and strengthen relations between mainstream services and the Kyabram Aboriginal Community
- To strengthen agency responsiveness to the needs of Aboriginal communities

Rationale;
Njernda Aboriginal Corporation has identified the need for consistent Service Coordination practices within their organisation. The PCP funded Women's Health project is to be extended to enable other program areas to adopt the Service Coordination philosophies in a culturally specific way.
The Service Coordination Train the Trainer sessions involved seven Njernda staff who will be supported to develop the Service Coordination model.

As a result of the Kyabram Aboriginal Community Needs Project, the Kyabram Aboriginal Community Steering Committee continue to strive to achieve improved outcomes for their community. Advocacy and support for this group is paramount to achieve more services being available for Kyabram Aboriginal people and for mainstream services to deliver culturally appropriate/relevant services.

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Key Actions for 2003-04;

- Service Coordination trainers from Njernda Aboriginal Corporation will be supported in developing and implementing the Service Coordination Model across program areas of Family and Children's Services, HACC, Women's Health and the Medical Clinic
- Continue involvement and support of the Kyabram Aboriginal Needs Steering Committee
- Advocate for improved services and aboriginal liaison funding
- Promote the cultural identity by increasing cultural awareness
- Increasing access to services particularly those provided by mainstream agencies
- Increase opportunities for Aboriginal communities to participate within the wider community.

5. Information Communications and Technology

Objective;
To provide representation and support the implementation of the Loddon Mallee region ICT plan.

Rationale;
Loddon Mallee Region Information Communication and Technology Strategic Plan was completed early 2003.

'Growing Victoria Infrastructure Reserve' funds allocated for 2001-02 and 2002-03 will be used to progress implementation of the regional ICT Strategic Plan and the connectivity of PCP member agencies that are key participants in service coordination implementation. Agencies prioritised for connectivity were identified as part of the funding submission assessment process undertaken by the DHS.

Campaspe agencies (across eleven sites) prioritised for connectivity in the Loddon Mallee region;

- Bendigo Health Care Group
- Echuca Regional Health
- Goulburn Valley Health - Waranga Campus
- Kyabram & District Health Services
- Lockington & District Bush Nursing Centre
- Njernda Aboriginal Corporation
- Rochester & Elmore District Health Service
- Shire of Campaspe

Key Actions for 2003-04;

- Loddon Mallee Region whole of health governance structure implemented
- Facilitate links with Service Coordination model
- Support agency involvement in regional ICT implementation
- Identify further opportunities for ICT funding

Community & Service Profile Summary

Table 1 details a summary of Campaspe population data and key services relevant to each population group. Population data has been updated with relevant 2001 Census data. Table 2 lists the key health and wellbeing issues and the service gaps.

The process for review of Tables 1 and 2 will be further enhanced and aligned with local government's Municipal Public Health Plan (MPHP). Campaspe PCP have been involved with the development of the MPHP for Campaspe which is due for completion in August 2003. This document will inform the CHP Community & Service Profile and Key Issues and Gaps for 2004 with the provision of reviewed community issues and data analysis based on extensive community and service provider consultation.

Priorities for Action

Priority Areas for PCP Work for 2003-2004 are outlined in Table 3. These have been determined by;

- Key priorities of DHS
- Community consultation,
- Campaspe's Community & Service Profile (tables 1 and 2)
- Steering Committee directions, and
- Collaborative opportunities that support the PCP strategic directions

Strategies

The actions required for each Priority Area for PCP work will be further expanded in Tables 4- 10. Each table will outline;

- What action is to occur (in relation to the relevant context ie. Partnerships, Consumer Participation, Service Coordination & Integrated Health Promotion)
- Estimated impact of each action (Estimated Impacts, Qualitative &/or Quantitative - planning requires the development of impact indicators to measure the achievement of program objectives.)
- Relevant stakeholders, and
- Timelines for each action.

Table 1: Community & Service Profile Summary

PRIORITIES/ PROGRAM AREAS	Children & Young people	Older people	Mental Health issues	Alcohol & Drug issues	DisAbility issues	Hospital Demand Management	Aboriginal Health
Population Data[1]	Children 0-9 years = 15.3% 2001 Young people 10-24 years = 19% 2001 Families with children <15 years 33.2% Single Parent Family 12.7% 'Couples with children' account for 45.5% of the total family households 2001	Older people 60-100+ years = 19.8% 2001 Aged pension benefits 11.4% Higher than state average growth rate for older persons (13.3%)	Dementia is Campaspe's highest cause for YLD 1996 Depression is ranked 2nd for YLD 1996	A&D Service utilisation for primary drug use 41.9% for alcohol use, 19.4% for cannabis use Lung cancer is Campaspe's 3rd highest cause of death 1996 Alcohol abuse/dependency is ranked 10th as YLD 1996	Total of 7,149 people in Campaspe with disability 1996 Disability Support pension 3.9% of total population 2001 Disability support pension rate is 12.9% of total Centrelink payments	1999/00 Campaspe has the highest asthma admission rate in Victoria (4.03/1000) Angina admission rates are the 2nd highest in Vic. (5.18/1000) BoD (1996) highest cause of DALY & YLL= Ischaemic Heart Disease (25% of total deaths also) Hospital admission rates 1997/98 for circulatory diseases were highest in Vic	560 Indigenous people in Campaspe 2001 Reduced life expectancy for males and females A&D Service utilisation for primary drug use 39.5% for alcohol use, 39.5% for cannabis use
Key Services	GPs, M&CH, Child Care, Pre schools, Youth Outreach Program, Community Health, Allied Health, Public Dental, CAMHS, Family support, SAAP, Foster care, Intensive Family Support, Early Intervention, Parent Resource, Health Promotion, Womens' Health	GPs, HACC, ACAS, ADASS/PAG, respite, Community Health, Allied Health, Aged Care, Acute, Aged Persons Psychiatric Service, Attendant care, Nursing, Carer Support services, Care Management, Housing support, Womens' Health	GPs, Community Mental Health Service, Psychiatric Disability Support Service, Nursing, Carer support, care packages, Triage Housing support	GPs, Counselling, casework and continuing care, Drug withdrawal, Methadone maintenance treatment, Drink driver program, Drug Diversion program, Needle Syringe Program, promotion and prevention, housing support	GPs, Attendant care, Nursing, HACC, ADASS/PAG, Aged care, ABI programs, Carer support, Care Management, Specialist primary school	GPs, Acute hospitals, Post Acute Care, HACC, Hospital in the Home, Hospital to Home, Victorian Aids & Equipment program, District Nursing, Allied Health, Community health/ primary care services	GPs, HACC, Nursing, Child care, Housing support, Family support, Emergency relief, A&D counselling, Womens' Health,

[1] Sourced from; Department of Human Services *Community Health Plan Data Sets February 2003*, Campaspe Primary Care Partnership *Primary Care Community and Service Profile for Campaspe June 2002,* Campaspe Primary Care Partnership *Community Health Plan 2002*, Campaspe Primary Care Partnership, *Community Health Plan 2001*

Table 2: Key Issues and Service Gaps

PRIORITIES/ PROGRAM AREAS	Children & Young people	Older people	Mental Health issues	Alcohol & Drug issues	DisAbility issues	Hospital Demand Management	Aboriginal Health
Key Health & Wellbeing Issues	Isolated young people (physical, social and emotional) Unemployment Road traffic accidents Abuse of drugs and alcohol	Challenges associated with an ageing community Access and knowledge of services	High prevalence of Dementia High disease burden for Depression Cross border barriers Drought affected communities	Illicit drug use (eg amphetamines, cannabis) Safety issues relating to road trauma etc. Abuse of drugs and alcohol by young people Family violence Alcohol and tobacco use	Universal access Inclusiveness of people with a disability	High levels of Asthma hospital admissions High admission rates for Angina Incidence of Ischaemic heart disease	Alcohol and drug use (particularly injecting drug use) Family violence Young peoples issues (eg unemployment, education)
Service Gaps	Lack of Health Promotion resources						
	Recruitment and retention of staff working with children and young people (particularly specialist services, such as early intervention eg Speech Pathology) Access for young people (eg transport, & services) Lack of supports for family services such as early intervention, youth outreach, family violence, specialist services and generalist counselling	Need for enhanced Service Coordination to assist access, needs identification, assessment and care coordination Demand on aged care services and the relationship of this demand with GPs Recruitment and retention of staff for aged care Lack of Respite Demand on Allied Health services	Cross border issues creating barriers Increasing demand on Mental Health services Limited access to generalist counselling	Lack of appropriate supports (as per priority for Children and Young People such as access to generalist counselling) Lack of Family Support regarding violence services Lack of youth oriented A&D counselling services	Lack of availability of age appropriate respite Need for advocacy training for service providers Providing appropriate services for people with disabilities Increased need for care coordination Infrastructure costs to implement universal access Demand on Allied Health services	Better access to primary care services Lack of research into hospital admissions for Campaspe Lack of accessible and available respite	Lack of Koori Health Workers Need workforce development in relation to cultural sensitivity for mainstream service providers Kyabram Aboriginal Community Needs Project recommendations (priority to have a liaison position) Need for extra Family Support services
	Equitable distribution of information communication technology systems (eg compatible software and hardware systems)						

Table 3: PCP Priority Areas

PRIORITIES/ PROGRAM AREAS	Children & Young people	Older people	Mental Health issues	Alcohol & Drug issues	DisAbility issues	Hospital Demand Management	Aboriginal Health
Campaspe PCP Priorities/ Areas of work Refer to Operational Plan	Facilitate use of Service Directory						
	Development of Governance Model for Partnerships and Consumer Involvement						
	Development of Integrated Planning Platform						
	To reduce the issues of isolation for young people (YIPEE) project (continued implementation) • Leadership/ Mentoring Program • Youth Friendly Services • Youth participation • CCLLEN youth involvement initiatives Best Start M&CHN Project	*HACC/ACAS Integrated Assessment Project (consolidation)* Older Persons Falls Prevention Project	Effective follow- up of suicidal clients presenting at emergency departments Project (continued implementation – DoHA funded) PMHEIT Priorities & Primary Mental Health Training Drought Social Recovery	*Campaspe's Drug & Alcohol Action Plan* Emerging Hot Spots Project Alcohol and Drug service providers - SC tools uptake and implementation	*Campaspe Access and Inclusion Plan*	Effective follow- up of suicidal clients presenting at emergency departments (refer to Mental Health) *Reducing Cardiovasular disease in the Workplace project (continued implementation)* Coordinated approach to Asthma Management inclusive of Health Promotion and Service Coordination initiatives	Strengthen relationships between mainstream agencies and the Kyabram Aboriginal Community Njernda Service Coordination project
	Information Communications and Technology strategy implementation GP Electronic Referral Project						

Table 4: Children and Young People

Program Goals: **To reduce the issues of isolation for young people (YIPEE)**
To link practitioners who work with 0 – 6 years with Service Coordination model

Population Target Group/s: Isolated young people between 14-20 years of age
Children 0 – 6 years and their families

Program Objectives	Solution Generation Interventions & activity required	Estimated Impacts	Stakeholders responsible	Timelines
Partnerships	Work with other youth sectors to ensure youth participation principles are reflected in programs/services available for young people (eg. CCLLEN, Youth Network, etc.)	Increased opportunities for youth participation	PCP, contracted agency MOU agencies, CCLLEN	Ongoing
	Apply management group governance model; HP Portfolio holder to advocate for YIPEE; service agreements to reflect participation in YIPEE	Increased strength of the partnership Enhanced advocacy and leadership for portfolio holder	Management Group	Ongoing - June 2004
Consumer Participation	Young people to be involved in Leadership/Mentoring sustainability structure Young people to participate in aspects of youth friendly services development	Improved linkages between service providers and young people	Contracted agency, PCP MOU agencies	Ongoing – January 2004
	Increase opportunities for young people to have a voice	Increased knowledge of young people's needs	Contracted agency, PCP	January 2004
	Encourage consumer participation processes to include young people	Increased opportunities for youth participation	Community SC, PCP	Ongoing
Service Coordination	Link service coordination model to support health promotion opportunities eg – referral to Mentoring/Leadership program	Improved links between Service Coordination and Health Promotion – agencies involved in referring to program	PCP, contracted agency	December 2003
	ICT - Facilitate use of Service Directory with Youth agencies/services (eg. Schools, school nurses, libraries, community houses etc.)	Improved access to primary care services	PCP, Youth Services, DHS	June 2004
	To involve practitioners who work with 0 – 6 years with Service Coordination model (Service Coordination tools & service directory)	Increase in children's services adopting Service Coordination model	PCP, Children's Services	June 2004

Strategies

Program Objectives	Solution Generation Interventions & activity required	Estimated Impacts	Stakeholders responsible	Timelines
Integrated Health Promotion	Link with other Campaspe mentor projects to establish a bank of skilled/trained mentors (in conjunction with CYPRASS) Continue to strengthen Campaspe's youth voice by supporting youth participation in agencies Implement youth friendly services and enhance service provider skills in working with young people Develop sustainable structures to maintain the Youth Isolation project as agency core business – partnering agreement Encourage workforce development for youth related service providers in HP Refer to 2000/2001, 2001/2002 & 2002/2003 Health Promotion Program Plans	Increased service provider knowledge and skills for working with young people	Contracted agency, Youth Projects committee, CYPRASS project committee	January 2004
	Develop Planning framework to support HP with Young people	Improved integration of HP activity in Campaspe	PCP, Health Promotion Steering Committee	March 2004

Table 5: Population Target Group/s: Older People (over 65 years)

Program Goals: **To strengthen and consolidate service coordination model with older persons services (HACC, ACAS, Carer Support, GPs, Carelink etc)**
To support the Campaspe Falls Prevention Project

Program Objectives	Solution Generation Interventions & activity required	Estimated Impacts	Stakeholders responsible	Timelines
Partnerships	Apply management group governance model; SC & HP Portfolio holders to advocate; service agreements to reflect participation	Increased strength of the partnership Enhanced advocacy and leadership for portfolio holder	Management Group	Ongoing - June 2004
Consumer Participation	Enhance and maintain consumer participation processes for older people (eg. Continue consumer representation on PCP steering committees)	Increased consumer participation in decision making	Management Group, Community SC, PCP	Ongoing – June 2004
	Work towards sustainable consumer participation processes	Strengthened processes for consumer involvement	Management Group, Community SC, PCP	Ongoing – June 2004
Service Coordination	Consolidate the Service Coordination model (PPPS) Support and facilitate electronic referral between agencies (eg. GP to HACC)	Streamlined processes		
	Improve referral linkages from services to HP opportunities (eg. Strength Training classes)	Increased service provider knowledge of health promotion opportunities	PCP Health Promotion and Service Coordination SC	June 2004
Integrated Health Promotion	Encourage collaborative planning processes for agency integration of HP activity eg. Falls Prevention as a priority	Improved integration of HP activity in Campaspe	PCP, Management Group, Health Promotion practitioners/SC	March 2004
	Link regional HACC planning and funds allocation to the broader planning framework development	Streamlined and improved planning processes	PCP, Management Group and steering committees, DHS	March 2004

Table 6: Population Target Group/s: Mental Health

Program Goals: **Effective Follow-up of Suicidal Clients presenting to Emergency Departments Project (EFSCED)**
Primary Mental Health & Early Intervention Team initiative
Drought Social Recovery Strategy

Program Objectives	Solution Generation Interventions & activity required	Estimated Impacts	Stakeholders responsible	Timelines
Partnerships	Support regional partnering agreement for EFSCED Continue to participate in regional EFSCED project management group	Development of regional model for effective follow-up of suicidal clients	Loddon Mallee PCPs, contracted agencies	Ongoing – March 2005
	Strengthen links between PCP and PMHEIT by supporting Primary Care Mental Health Training Project	Increased knowledge of mental health issues for non medical primary care	Primary care services PMHEIT, Bell Street Medical Centre for Community Mental Health	2003 – December 2005
	Apply management group governance model; SC & HP Portfolio holders to advocate; service agreements to reflect participation	Increased strength of the partnership Enhanced advocacy and leadership for portfolio holder	Management Group	Ongoing - June 2004
Consumer Participation	Continue consumer participation on regional EFSCED project management group	Strengthened processes for consumer involvement	Loddon Mallee Regional EFSCED Management Group, contracted agency, Community SC	Ongoing – March 2005
	Maintain and continue participation in Community Mental Health Working Group	Strengthened processes for consumer involvement	Community SC	Ongoing 2004
Service Coordination	Implement EFSCED project with partnering hospitals in Campaspe	Consistent practice in Campaspe hospitals	Campaspe hospitals, contracted agency, mental health service, BHCG - CHERC	Ongoing – March 2005
	Implement workforce development to support implementation of EFSCED project	Increased knowledge of agency staff re EFSCED model		
	Strengthen links with mental health services and the Service Coordination model	Increase in mental health service providers adopting Service Coordination model	PCP, mental health service	
Integrated Health Promotion	Continue involvement in external evaluation process for EFSCED project	Increased understanding of evaluation processes	Contracted agency, Loddon Mallee Regional EFSCED Management Group, external evaluators, DoHA	
	Encourage collaborative planning processes for agency integration of HP activity eg. Drought as a priority	Improved integration of HP activity in Campaspe	PCP, Health Promotion practitioners/SC	March 2004

Strategies

Program Objectives	Solution Generation Interventions & activity required	Estimated Impacts	Stakeholders responsible	Timelines
	Establish links between broader planning framework and Community Mental Health Working Group to encourage collaborative and integrated planning & implementation	Streamlined and improved planning processes	PCP, Management Group and steering committees	March 2004
	Link with PMHEIT planning and implementation	Streamlined and improved planning processes across the PMHEIT catchment	PCP, PMHEIT, DHS	Ongoing

Table 7; Population Target Group/s: Alcohol and Drugs
Program Goals: **Stronger links for Alcohol & Drug practitioners to the Service Coordination model**
Support Emerging Hot Spots Project

Program Objectives	Solution Generation Interventions & activity required	Estimated Impacts	Stakeholders responsible	Timelines
Partnerships	Apply management group governance model; SC & HP Portfolio holders to advocate; service agreements to reflect participation	Increased strength of the partnership Enhanced advocacy and leadership for portfolio holder	Management Group	Ongoing - June 2004
Consumer Participation	Investigate representation and feedback options for consumers of A&D services	Strengthened processes for consumer involvement	Management Group, A&D service, Community SC	June 2004
	Link consumers involved in Emerging Hot Spots project to YIPEE project young people's participation strategies		Contracted agency, PCP	Ongoing – January 2004
Service Coordination	Workforce development to support the implementation of SC tools with A&D service	Increased uptake of service coordination tools	PCP, A&D service	
	Continue involvement for A&D service in EFSCED project	Increased awareness of EFSCED by A&D practitioners	Contracted agency/A&D service	Ongoing – March 2005
Integrated Health Promotion	Link the Campaspe Alcohol & Drug Action Plan to the broader planning framework development	Streamlined and improved planning processes	PCP, Management Group and steering committees	March 2004
	Encourage collaborative planning processes for agency integration of HP activity eg. A&D as a priority Link Loddon Mallee regional A&D plan to the broader planning framework development	Improved integration of HP activity in Campaspe	PCP, Management Group, Health Promotion SC, DHS	March 2004
	Link YIPEE project activities to Emerging Hot Spots project's young people's participation strategies		Youth Projects Committee	Ongoing – January 2004

Table 8; Population Target Group/s: DisAbility Issues
Program Goal: **Support the development and implementation of the Campaspe Access and Inclusion Plan**

Program Objectives	Solution Generation Interventions & activity required	Estimated Impacts	Stakeholders responsible	Timelines
Partnerships	Apply management group governance model; SC & HP Portfolio holders to advocate; service agreements to reflect participation	Increased strength of the partnership Enhanced advocacy and leadership for portfolio holder	Management Group	Ongoing - June 2004
	Continue to support the Rural Access Project and Access & Inclusion Plan	Inclusive practice adopted by all primary care agencies	PCP, primary care agencies	Ongoing
Consumer Participation	Formalising and enhancing the links between consumer participation in disability services and the Community Steering Committee structure	Strengthened processes for consumer involvement	Community SC, Access Committee	Ongoing – March 2004
Service Coordination	Broader implementation of SC tools in disability agencies Facilitate uptake and use of the Service Directory	Increase in Disability service providers adopting Service Coordination model	PCP, St Luke's, Murray Human Services	Ongoing – June 2004
Integrated Health Promotion	Link the Access Committee with broader planning framework	Streamlined and improved planning processes	PCP, Management Group and steering committees	March 2004

Table 9; Hospital Demand Management

Program Goals: **Asthma - To develop a coordinated and collaborative approach to the implementation of asthma interventions**
CVD – Work Smart for Heart
Seamless Care (Acute Service Coordination implementation)

Population Target Group/s: Children 0-12 years living with Asthma
Males at risk of CVD

Program Objectives	Solution Generation Interventions & activity required	Estimated Impacts	Stakeholders responsible	Timelines
Partnerships	Apply management group governance model; SC & HP Portfolio holders to advocate; service agreements to reflect participation in projects	Increased strength of the partnership Enhanced advocacy and leadership for portfolio holder	Management Group	Ongoing - June 2004
	Strengthen partnerships between acute and primary care	Improved collaboration between acute and primary care services	MOU agencies, DHS	Ongoing – June 2004
	ICT Strategic Plan implementation to support collaboration between acute and primary care Provide input into ICT governance structure development and support representative processes Identify further opportunities for ICT funding	Enhanced connectivity between agencies	Management Group, Service Coordination SC, DHS	2005 and ongoing
Consumer Participation	Link consumer participation processes in acute facilities	Improved consumer consultation processes	Management Group, Community SC, acute facilities	Ongoing – June 2004
	Involve consumers in asthma project reference group and via focus groups	Improved opportunities for consumer involvement	PCP, Asthma Reference Group	October 2003
Service Coordination	Implementation of Service Coordination model with GPs enhanced by electronic referral	Strengthened Service Coordination pathways with enhanced IT support Agencies have PKI	Service Coordination SC, MPDGP, GPs, Primary Care agencies, DHS, HIC	June 2004
	Develop GP/Primary Care model of care (including PPPS and service directory uptake) for asthma management Develop and implement PPPS asthma agreements for Emergency Department presentations and hospital admissions with primary care agencies (refer to clinical pathways) Streamline HP opportunities post acute admission	Reduced asthma related hospital admissions Increased use of Service Coordination tools	PCP, Asthma Reference Group, GPs, MPDGP, Primary Care	December 2003
	Acute facilities implementing Service Coordination model (eg. Discharge planning, reception staff etc) Training in use of Service Directory	Increased use of Service Coordination tools and service directory	Acute facilities, Service Coordination SC	June 2004

Strategies

Program Objectives	Solution Generation Interventions & activity required	Estimated Impacts	Stakeholders responsible	Timelines
Integrated Health Promotion	Asthma - Identify opportunities for interventions to be designed and implemented with pharmacists, GPs etc. Support Asthma Friendly Schools initiative with primary schools, kindergartens & childcare services Investigate options for pooling asthma program resources/model Identify factors within the 'system' that hinder the wellbeing of people with asthma	Improved consumer access to asthma related HP opportunities Increased accredited asthma friendly schools/children's services Improved opportunities for consumer involvement Improved identification of issues specific to Campaspe	PCP, Asthma Reference Group	October – December 2003
	CVD – trial checklist with GPs and promote uptake with employee medical Support uptake of Work Smart for Heart Model	Increased use of checklist by GPs Increased number of health promoting workplaces	Contracted agency, GPs, workplaces	October 2003
	To support integrated Health Promotion approaches in Campaspe To develop and support an integrated planning framework Finalise Campaspe HP Strategic Plan, influence agency plans Support agencies in adopting IHP policy Refer to Program Plan 2003/04 for more details on complementing strategies	Improved integration of HP activity in Campaspe	PCP, Management Group, Health Promotion practitioners DHS	March 2004

Table 10; Population Target Group/s: Aboriginal Health

Program Goal: To continue to link and support Campaspe Aboriginal communities with the work of the Primary Care Partnership.

Program Objectives	Solution Generation Interventions & activity required	Estimated Impacts	Stakeholders responsible	Timelines
Partnerships	Continue to foster and strengthen relations between mainstream services and the Aboriginal Communities - strengthen agency responsiveness to the needs of Aboriginal communities Continue to advocate for aboriginal liaison position in Kyabram	Service utilisation increased for the Kyabram Aboriginal Community Health and wellbeing needs being addressed Improved service accessibility for the Kyabram Aboriginal Community Kyabram Aboriginal Community have increased opportunities for participation in agency activities Formal structures developed to support participation by the Kyabram Aboriginal Community	MOU agencies Njernda Kyabram Aboriginal Community SC	Ongoing – June 2004
Consumer Participation	Continue to support Kyabram Aboriginal Community Steering Committee and work towards increasing opportunities for Aboriginal communities to participate within the wider community		Kyabram Aboriginal Community SC Management Group & Community SC DHS	Ongoing – June 2004
Service Coordination	Implement Service Coordination within the broader program areas of Njernda Aboriginal Corporation ICT Plan to support Njernda Aboriginal Corporation Facilitate use of Service Directory	Enhance identified needs of Aboriginal people	Njernda PCP	June 2004 2003 onwards
	Prioritise future objectives of Koorine project	Increased access and knowledge of women's health		September 2003
Integrated Health Promotion	Link the actions of the Kyabram Aboriginal Community Steering Committee to agencies activities	Agencies to support the actions of the Needs/Recommendations report	Kyabram Aboriginal Community SC Management Group, DHS	Ongoing
	Link the Kyabram Aboriginal Community Steering Committee plans to the broader planning framework	Streamlined and improved planning processes		March 2004