



Campaspe Primary Care Partnership

Strategic Plan 2009-2012

May 2011 Review

Table of Contents

1. Summary of Key achievements for 2009 - 2010	pg. 1
2. Governance and Partners	pg. 2
3. Integration with Partners	pg. 5
4. Risk Management	
4.1 Financial viability post June 2012	pg. 7
5. Strategic Framework	pg. 8
5.1 Review of Priorities Progress	pg. 11
5.2 Review of Action Areas Progress	pg. 14
6 Attachment 1: Campaspe PCP Membership Model	pg. 17
7 Attachment 2: IHP Operational Plan, version 2 March 2011	
8 Attachment 3: Health Promotion Strategic Plan	

1. Summary of Key achievements for 2009 – early 2011

A productive 18 months has seen many quality improvement processes implemented in Campaspe PCP business;

- Advancement from a Memorandum of Understanding to a Partnering Agreement in July 2010
- Introduction of a new reporting process whereby partners self-assess their commitment to the PCP and their responsibility to implement the 2009 – 2012 Strategic Plan
- Integration of the Campaspe PCP Strategic Plan with the Shire of Campaspe Municipal Public Health and Wellbeing Plan 2009 - 2014
- Enhanced planning with use of a Wellbeing Profile providing health and wellbeing measures and indicators in addition to demographic information
- Hosting of the 'Our Wellbeing, Our Economy' Conference in Campaspe in October 2009 attended by 121 participants from various sectors
- Printing of 10,000 local health and community service directory booklets for consumers
- Facilitating access to secure messaging and referral practices between partner organisations increasing the average traffic from 30 per month in 2008 to 170 per month in 2011
- Finalising a three year Go for your life Health Promoting Communities project working with seven secondary schools across Campaspe in July 2010 on physical activity and nutrition
- Partnering with Njernda Aboriginal Corporation to instigate a local Aboriginal Health Partnership Group to support local Closing the Gap initiatives
- Updating of a Memorandum of Understanding between health promotion members that endorses the commitment and shared responsibility by the participating organisations to a collaborative partnership approach to catchment wide Integrated Health Promotion for the Campaspe PCP
- Promoting consumer participation with development of a resource guide for member organisations as well as providing training for a Place Making – Community Engagement Masterclass
- Promotion of volunteering with a successful application to build the capacity of partner organisations to support volunteering and promote Victoria's Volunteering Portal
- Continuing to complete regular partnership evaluations to monitor and track partnering progress
- Supporting partner organisations with local protocols to enhance care planning, particularly for the roles and responsibilities of key workers
- Dissemination of the Loddon Mallee Diabetes Pathways with local service access information to key stakeholders
- Ensuring consistent information is provided to people newly diagnosed with diabetes across partner organisations
- Encouraging delivery of self-management practice across partner organisations through a Self-Management Roles and Responsibilities Agreement as well as provision of licensing arrangements with Stamford University for the Better Health Self Management program

- Supporting health reform and ensuring partner organisations are informed and contribute to decision making about the reform developments through hosting of a regional forum with other Loddon Mallee PCPs
- Adaptation and coordination of the Farm Gate assertive outreach model to support flood relief efforts by partner organisations
- Supporting rural communities with access to Mental Health First Aid programs to improve mental health literacy
- Advocating the social impact of problem gambling resulting in development of a Gaming Policy for the Campaspe Shire.

2. Governance and Partners

Campaspe PCP advanced from a Memorandum of Understanding agreement to a Partnering Agreement in 2010. This move to a legally binding partnering agreement clarifies partner organisations roles and responsibilities by documenting 'the promise' that the partners make to each other. This change does not include PCPs becoming legal entities.

A new membership model was introduced with the new Partnering Agreement for 2010 – 2012 which were signed by Level 1 members in July - August 2010. Invitations to potential Level 2 and 3 members were made in that period also. To date the following organisations have applied successfully for membership;

Level 1 Members: Members of the Campaspe PCP Management Group - Governing Board

Bendigo Health Care Group

Echuca Regional Health

Goulburn Valley Health

Kyabram and District Health Services

Murray-Plains Division of General Practice

Rochester and Elmore District Health Service

Shire of Campaspe

St Lukes Anglicare

Level 2 Members: Active Members participating in key PCP portfolio area

Community Living and Respite Services

Women's Health Loddon Mallee

Sports Focus

Echuca Specialist School

Goulburn Valley Division of General Practice

Loddon Campaspe Multicultural Services

Intereach (NSW)

Lockington and District Bush Nursing Centre

Greater Murray YMCA

EASE Inc
Benetas
Njernda Aboriginal Corporation
Kyabram Community and Learning Centre
Level 3 Members: Network and Information Sharing Member
Echuca Neighbourhood House
Department of Primary Industries
Rochester Secondary College
Lifeline Central Victoria and Mallee
Rochester Community House
Murray Shire Council (NSW)
St Joseph's College Echuca
Campaspe Cohuna Local Learning and Employment Network
Lockington and District Business Centre
Kyabram P12 College
Centrelink
Centacare
Tongala and District Memorial Aged Care Service Inc.

Shared Roles within PCP Partners

Campaspe PCP is committed to ensuring that no one partner organisation has more power over another. To implement this principle responsibilities are shared between partners;

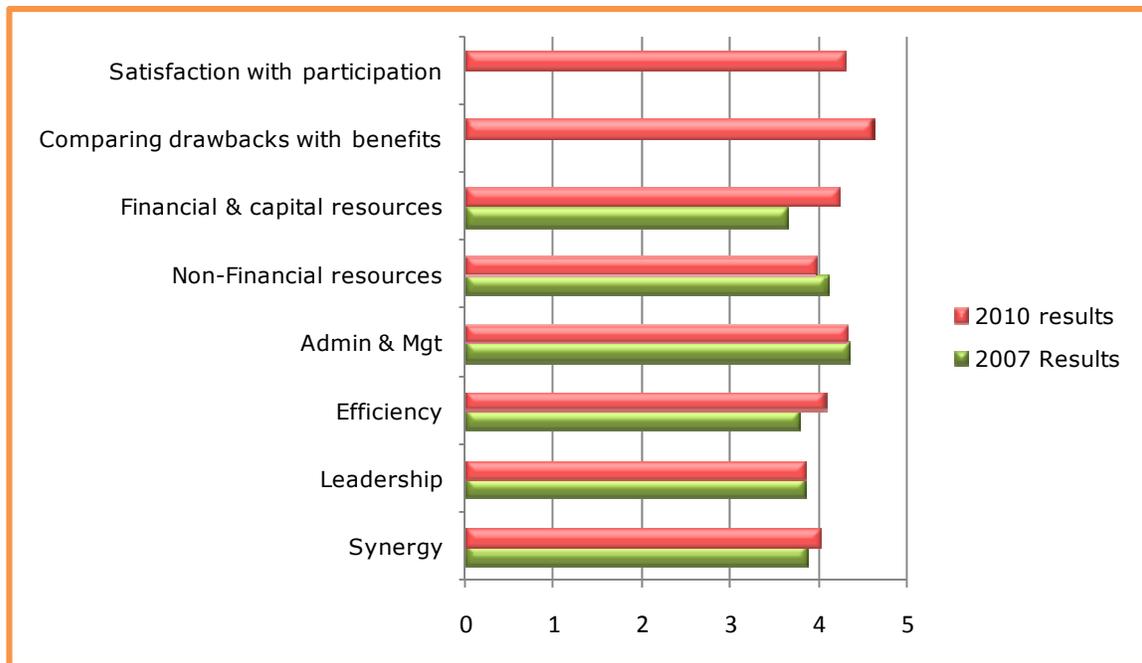
- **Governance Role**
All Level 1 Partner organisations are signatories to the Campaspe PCP Funding and Service Agreement (FASA) and therefore responsible for the partnership deliverables. Level 2 Partners are those that have capacity to participate and contribute to only one of the portfolio areas of Service Coordination or Health Promotion. Level 3 Partners captures organisations that may participate in PCP activities or projects but not necessarily in either portfolio area.
- **Portfolio Roles**
Two portfolios continue to support the operations of the Campaspe PCP and are led by a nominated and agreed partner organisation. They include;
 - Service Coordination, held by *Kyabram and District Health Services*
 - Health Promotion, held by *Echuca Regional Health*
 - Active participation of all Level 1 and 2 partner organisations is expected through participation in steering/working groups relevant to each portfolio.
- **Employing Organisation Role**
Rochester and Elmore District Health Service employ the PCP staffing group on behalf of the Campaspe PCP partners. The Campaspe PCP office is located at Rochester and Elmore District Health Service in Rochester.

- **Fund Holder Role**

The *Shire of Campaspe* hold the PCP funds on behalf of the partnership.

Partnership Evaluation

A Partnership Self Assessment Survey was conducted in August 2010. This was the same survey as that conducted in July 2007. A response rate of 66% was gained which is lower than the 2007 response rate of 100%. In comparison, improvements have been made to the category areas of synergy, efficiency, financial and other capital resources. The categories of leadership, effectiveness of administration and management remained the same as per results in 2007. A slight decline was experienced for the category non-financial resources.



Overall when comparing benefits with drawbacks in participation of the partnership, members reported a high level of satisfaction along with overall satisfaction with the partnership.

3. Integration with Partners

A Statement of Commitment was signed by all Level 1 partners in November 2009. The purpose of this statement was to confirm partner's commitments to undertake the relevant actions detailed in the Campaspe PCP Strategic and Operational Plan for 2009 - 2012.

The Campaspe PCP Management Group have implemented an annual statement of performance reporting process whereby partners report to each other on their implementation of the PCP Strategic and Operational Plan for 2009 - 2012.

All eight Level 1 Partners reported on their participation and contribution to partnership activities from November 2009 – November 2010. Meeting participation was also monitored in this period and reported back to the Campaspe PCP Management Group. A summary of outcomes is provided below;

Meeting groups/steering committee participation

- Level 1 Partners participation and contributions are generally occurring as agreed in November 2009. Exceptions to this have occurred where staff turnover has left the organisation without capacity to attend and participate.
- Level 2 Partners participation is not well reflected in the core portfolios of PCP activities. Groups such as the One and All project, our best school coordinators group, Bullying project and the Aboriginal Health Partnership Group are predominantly where these organisations affiliation with Campaspe PCP has been to date.
- Level 3 Partners are in a similar position to Level 2 Partners with participation in associated activities rather than core portfolios.
- Generally only three to five organisations have stated that participation in the PCP meetings are a priority for their organisation ~50% only.

Contribution to delivering the key areas and objectives of the 2009-2012 plan (Level 1 Partners only)

Service Coordination actions

- A realistic report of member's progress has been portrayed for the key Service Coordination activities. Majority have reported partly meeting the objectives which recognizes the progress to date and that there is more yet to do. One organisation has reported that a key area is no longer applicable to them.
- In relation to Integrated Chronic Disease Management, seven organisations have stated that this key area is relevant to them compared to five in November 2009/at time of sign off indicating an increased level of relevance.
- All members participated in the 2010 service coordination audit survey which is also an indication of PCP participation.

Integrated Health Promotion actions

- Physical activity and nutrition key area progress is being met by the organisations who signed up to progress this work and was appropriately reflected in their reports.

- Mental Health support for rural communities' key area results show a withdrawal of participation from members with only two L1 Partners progressing this work.
- All three members who committed to working on problem gambling have advanced this key area.
- Little progress has been made on the Social connectedness and inclusion for young males key area by all six organisations to date.
- Aboriginal health progress and support from members has been appropriately reported also.

Other member's contributions

Contribution from other members (either Level 2, 3 or other) occurs in many other meeting groups. Of particular note are;

- One and All project with Echuca Specialist School,
- Aboriginal Health Partnership Group (along with respiratory and mental health working groups), and
- Rural Recovery Support Network.

Participation from members has been strong in the following forums and/or workshops also;

- Annual Service Coordination Forum
- Mental Health First Aid course
- Place Making Masterclass
- Reach Foundation workshops
- Framework for Understanding Poverty workshop.

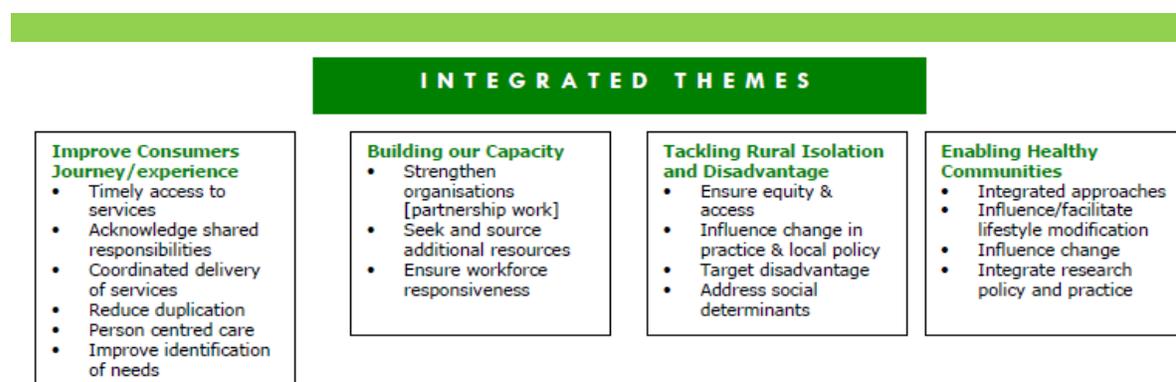
4. Risk Management

4.1 Financial viability post June 2012

The current number of personnel at Campaspe PCP is 4.2 EFT; combined with general operating costs (financial fees, office lease, vehicles, etc), Campaspe PCP currently has an average operational expenditure of \$504,000 for 2010/2011. The grant from the Department of Health for 2010/2011 is approximately \$242,000 which leaves an operating deficit of \$262,000. Due to Campaspe PCP having been successful in the past for other project funds and careful management of funds and resources in previous financial years, the shortfall in grant income has been bridged. In addition, Campaspe PCP is fortunate to have auspice arrangements that allow for low overhead fees and for interest to be earned on savings.

Whilst this funding shortfall has been met in the past there is concern that this will not be able to be met into the future. This will have an impact on future planning and the operating positions at Campaspe PCP which will have a direct impact on what can be delivered and achieved from 2012.

5. Strategic Framework – Review and Progress



The following theme areas are the principles that Campaspe PCP apply to the work the partnership undertakes. These principles are integrated into the planning and design of initiatives for Campaspe and are demonstrated by the achievements to date.

Improve the Consumers Journey/experience

Service coordination has been a priority area of work for the partnership since inception and is based on the DHS policy and operational framework document 'Better Access to Services'. The context of this framework means creating effective systemic links between primary care providers based on common practices, to assist people to gain access to those services and reduce duplication. The key areas to improve on for 2009-2012 are;

- Timely access to services
- Acknowledge shared responsibilities
- Coordinated delivery of services
- Reduce duplication
- Provide person centered care
- Improve identification of needs.

Building our Capacity

Capacity building involves the development of sustainable skills, organisational structures, resources and commitment to health improvement to prolong and multiply health gains many times over.¹

Campaspe PCP acknowledges that service provider and organisational capacity needs to be built in the following areas;

- Strengthen organisations partnership work
- Seek and source additional resources
- Ensure workforce responsiveness.

¹ Department of Human Services, Integrated Health Promotion Resource Kit, June 2003.

New Developments:

- Involvement in Health Reform has been a critical factor for Campaspe PCP member organisations and critical to ensuring capacity to be involved in future arrangements for primary health care.
- Volunteer e-Connect project through the Department of Planning and Community Development - this initiative will support local health and community services in Campaspe to develop their volunteering options and Build the organisational capacity to support volunteering.

Tackling Rural Isolation and Disadvantage

There are marked inequalities in health between different groups of people in Victoria, including differences in rates and patterns of death and disease and life expectancy. Victorians who have particularly poor health include people from lower socio-economic groups, Indigenous people, people from refugee backgrounds and those with disabilities. People who live in low-income areas also have poorer health².

In support of adopting this focus, Campaspe PCP endeavor to;

- Ensure equity & access
- Influence change in practice & local policy
- Target disadvantage
- Address social determinants

New Developments:

- Closing the Gap has provided a significant opportunity to maximise the partnerships members have with Njernda Aboriginal Corporation. A local Aboriginal Health Partnership Group has been established with Njernda providing a leadership role for this group supported by the Campaspe PCP staffing group. Needs identification and planning determined creation of an additional three working groups
 - Respiratory and Smoking Working Group
 - Mental Health Working Group
 - Maternity Services Working Group.

A Campaspe Aboriginal Wellbeing Profile has also been developed to aid data collection and mapping of current health and wellbeing status which provides a starting point to measure against future statistics also.

Enabling Healthy Communities

- Health promotion
- Integrated approaches
- Influence/facilitate lifestyle modification
- Influence change

² VicHealth, Position Statement Health Inequalities, 2005

- Integrate research policy and practice

New Developments:

- Continuation of the integration with planning particularly with local governments Municipal Public Health and Wellbeing Plan 2009 – 2014 along with an expectation that partner organisations prioritise the PCP priority areas also.
- Development by local government for a Gaming Policy as well as implementation of Healthy Urban Design principles into the planning scheme.
- The Campaspe Wellbeing profile resource has provided members with key health and wellbeing data to improve service planning and needs identification.
- Promotion of integrated approaches was the focus of the ‘Our Wellbeing Our Economy’ conference building local connections for a healthy & sustainable community by offering a broader view of health and creating common language for health and sustainability paradigms.

2009 - 2012 PRIORITIES

<p>Service Coordination</p> <ul style="list-style-type: none"> • Improve inter agency communication and practice • Increase common tool uptake • Support uptake of service coordination and care planning practice • Implement good practice pathways 	<p>Diabetes</p> <ul style="list-style-type: none"> • Increase self management capacity • Implement Models of Care • Increase physical activity participation and access to nutritious foods • Create supportive environments • Influence change 	<p>Social Connectedness/ Mental Health Promotion</p> <ul style="list-style-type: none"> • Increase mental health awareness and literacy • Support drought affected communities • Reduce the harm and impact of problem gambling • Support and encourage social inclusion
--	---	---

Service Coordination, Diabetes and Mental Health were the priorities agreed in 2009 by partner organisations and continue to be the focus of the Campaspe PCP for 2011 – 2012. The following table provides a summary of the activities undertaken from July 2009 – April 2011.

Service Coordination	Diabetes	Social Connectedness/ Mental Health Promotion
<p>Inter-agency communication & practice:</p> <ul style="list-style-type: none"> - Local Care Planning Roles and Responsibilities protocol developed - Encouragement of shared care planning practice – professional development provided at Service Coordination Forum - 	<p>Self Management Capacity:</p> <ul style="list-style-type: none"> - Self-Management Roles & Responsibilities Agreement signed by 7 Level 1 Partners - Implementation of 1 Better Health Self Management program - 6 year license agreement with Stamford University to deliver BHSM - 5 partners actively delivering Lifestyle Modification programs 	<p>Mental Health awareness and literacy:</p> <ul style="list-style-type: none"> - 5 Mental Health First Aid programs conducted with 59 participants - 2 Rural mental health BeyondBlue - ‘No Bull Support’ programs conducted - Bridges out of Poverty training for 60 participants - Reach Foundation workshop with 37 participants <p>Refer also to IHP plan report</p>
<p>Common tool use/uptake:</p> <ul style="list-style-type: none"> - 37% use of SCTT for referrals 	<p>Implement models of care:</p> <ul style="list-style-type: none"> - MBS in Community Health project at Kyabram and District Health Services - Establishment of Lifestyle Modification Programs in Campaspe – access available in Rochester, Kyabram, Rushworth and Echuca - 2 partners undertaking 	<p>Support rural communities:</p> <ul style="list-style-type: none"> - 8 partners actively engaged in the Rural Recovery Support Network - 6 partners actively supporting Farm Gate-assertive outreach style for flood affected areas

Service Coordination	Diabetes	Social Connectedness/ Mental Health Promotion
	<p>Plan Do Study Act Model for Improvement project through Department of Health</p>	
<p>Service coordination & Care Planning practice:</p> <ul style="list-style-type: none"> - Service coordination principles are integrated into consumer feedback systems; 71% fully integrated - Consumers provided with information about services available in response to their inquiry within 1 working day of making contact; 66% - Consent completed for referrals requiring the disclosure of personal information; 85% - Initial Needs Identification being conducted within 7 days of initial contact; 29% - Acknowledging urgent referrals within 2 days of receipt; 32% - Acknowledging routine or low referrals within 7 working days of receipt; 37% - Reviews for care planning occurring within 1 month of the date listed for review; 24% - Documented Care Plans for consumers with multiple or complex needs receiving services from more than one organisation; 24% - GP's being provided with a copy of the consumers Care Plan; 41% 	<p>Increase physical activity participation and access to nutritious foods:</p> <ul style="list-style-type: none"> - Strength and Balance program promotion across Campaspe; access to programs available in 10 locations - B ur best project: Go for your life initiative increasing physical activity and healthy eating and promoting healthy weight for 12-18 year olds across the Shire of Campaspe <ul style="list-style-type: none"> o working in 7 secondary schools 	<p>Reduce harm and impact of Problem Gambling:</p> <ul style="list-style-type: none"> - Policy developed by local government addressing EGM numbers - Research project currently being implemented to determine user demographic for EGMs in Campaspe - Gamblers Help service promotion at Service Coordination forum in 2010; - Specific Gamblers Help education to workers conducted by 3 organisations - Gamblers Help screening question promoted to drug and alcohol, social work and nursing practitioners

Service Coordination	Diabetes	Social Connectedness/ Mental Health Promotion
<p>Implement good practice pathways:</p> <ul style="list-style-type: none"> - Member of Diabetes Pathway steering committee - Promotion and dissemination of Regional Diabetes Pathway <ul style="list-style-type: none"> ○ 41 practitioners attended local workshop ○ Localized pathway sent to 42 GP practices and private providers; e-copies sent to public providers ○ Presentation at annual Service Coordination forum 	<p>Create Supportive Environments:</p> <ul style="list-style-type: none"> - Consistent consumer information packages to people newly diagnosed with diabetes applied across 4 partner organisations - Njernda Respiratory and Smoking Working Group actions to reduce diabetes impacts - 	<p>Support Social Inclusion:</p> <ul style="list-style-type: none"> - Local Aboriginal Health Partnership Group established with Njernda Aboriginal Corporation as lead; meeting regularly – 8 meetings held to date - Smoking and Respiratory working group established; Mental Health working group established - Aboriginal Wellbeing profile developed - Social Inclusion conference in conjunction with VicHealth being held in May 2011 between Southern Mallee, Northern Mallee and Campaspe PCPs

ACTION AREAS / APPROACHES

<p>Service Coordination</p> <ul style="list-style-type: none"> • Care planning • Service Coordination practice • Reduce duplication of consumer information collection • Increase initial needs identification uptake • Encourage referral acknowledgement • E-communication • GP engagement and involvement 	<p>Integrated Chronic Disease Management</p> <ul style="list-style-type: none"> • Organisational support • Diabetes pathway • Increase self management • Indigenous focus • Rural/disadvantage access • GP engagement and involvement • Lifestyle modification support 	<p>Integrated Health Promotion</p> <ul style="list-style-type: none"> • Physical activity • Nutrition • Mental Health Promotion <p>Target groups</p> <ul style="list-style-type: none"> • Young people • Adults • Aboriginal Community <p>Settings</p> <ul style="list-style-type: none"> • Workplaces • Young people based settings – schools etc • Rural/disadvantage • GP engagement and involvement
--	--	--

The following table provides a summary of the partnership platforms and mechanisms that the priority areas are implemented through;

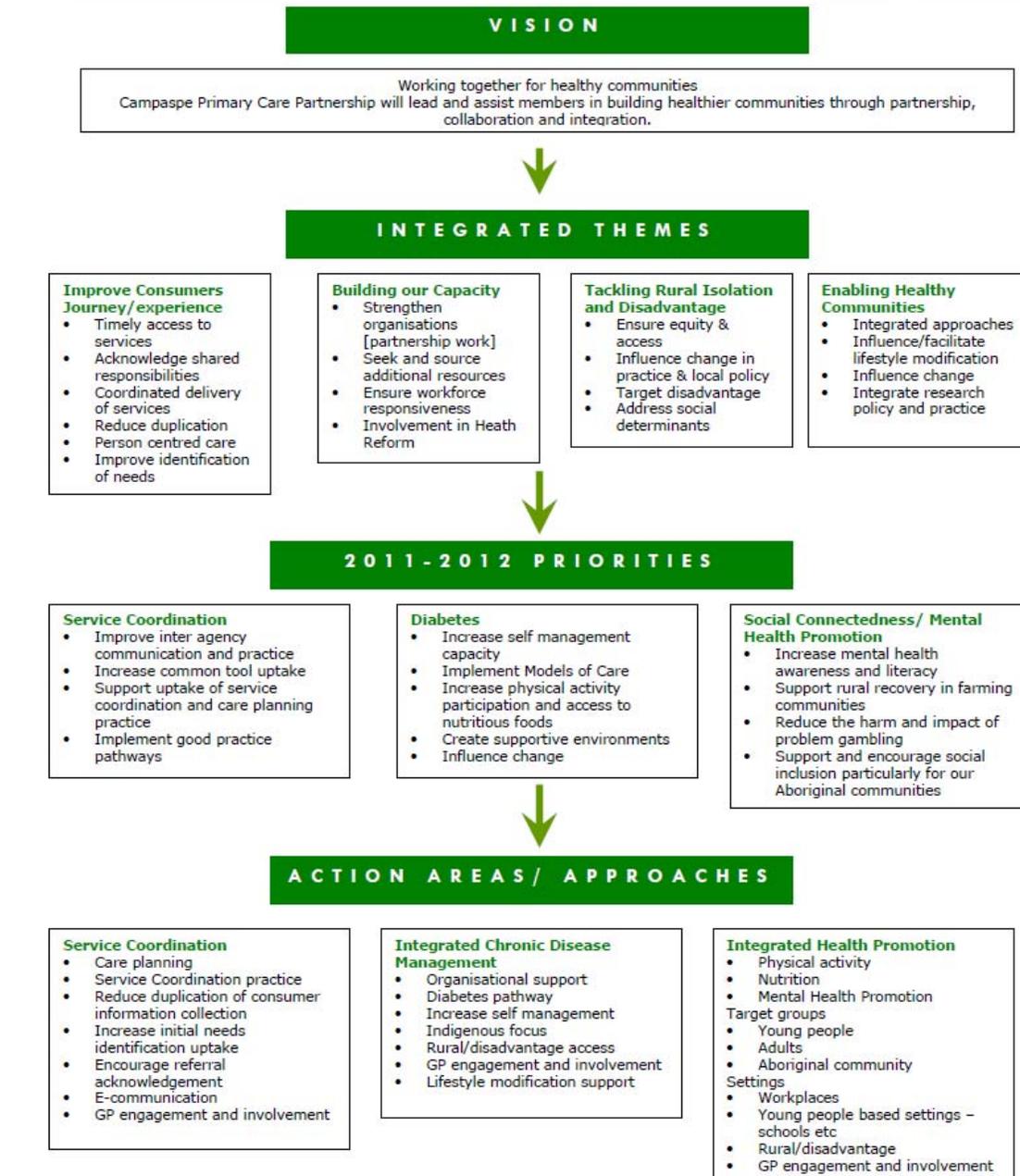
Service Coordination	Integrated Chronic Disease Management	Integrated Health Promotion
<ul style="list-style-type: none"> - 16 partners actively engaged in Service Coordination Steering Committee - 41 programs/services participated in annual Service Coordination survey/audit - 85 organisations are listed on the electronic service directory across 93 sites and 350 service listings - 125 services in Campaspe are e-referral capable - Average of 170 secure messages/referrals sent every month - Shift in focus for service coordination activity support – model to be applied for 2011 – 2012 will see focus at an organisational level rather than an overseeing/PCP level <ul style="list-style-type: none"> ○ Member organisations to 	<ul style="list-style-type: none"> - 16 partners actively engaged in Service Coordination Steering Committee - 11 organisations delivering 17 programs participated in annual ICDM survey/audit - 2 LMPs service listings on electronic service directory - 3 practice integration meetings held with PCP and DGP staff - Smoking and respiratory working group established led by Njernda Aboriginal Corporation - Aboriginal Mental Health working group established led by Njernda Aboriginal Corporation 	<ul style="list-style-type: none"> - 6 partners actively engaged in Health Promotion Leadership Group - 10 partners actively engaged in Physical Activity and Nutrition partnership group - 7 partners actively engaged in ‘One and All’ project - ‘b ur best’ project - 12 members actively engaged in the Campaspe Murray Mental Health Network - ‘HP for Managers’ training conducted for 2 member organisations involving 16 manager level staff - ‘HP Workforce Development program’ x 4 workshops conducted for 21 health promotion staff across 6 organisations - 27 attendees at

Service Coordination	Integrated Chronic Disease Management	Integrated Health Promotion
<p>be provided resources to focus on improvements within organisation</p> <ul style="list-style-type: none"> ○ Initiatives to support learning and uptake/cross fertilization with other members - Service system developments with provision of annual Service Coordination Forum that promotes local best practice examples and professional development - Creation of 'good practice' awards initiative to acknowledge and support organisations 		<p>'Placemaking Masterclass' providing skill development in community development and engagement</p> <ul style="list-style-type: none"> - 6 health promotion staff supported to attend national health promotion conference (3 x each year) - 53 workers attended 'A Framework for Understanding Poverty' workshop - 5 partner organisations signed Memorandum of Understanding for achieving Integrated Health Promotion in Campaspe to support catchment wide approach to all HP workers and activities - 121 attendees at local 'Our Wellbeing Our Economy' conference -

Revised Strategic Framework for 2011 – 2012

The Campaspe PCP Management Group on review of the 2009 – 2012 strategic framework in May 2011, have made minor changes to the framework that reflect current work areas. The integrated themes and strategic priorities continue to remain same for the 2011 – 2012 period.

Campaspe PCP 2011 – 2012: Strategic Framework



6. Campaspe PCP Membership Model, March 2011

Membership	Roles/ Responsibilities	Eligibility Requirements	Entitlements	Organisations currently Members
<p>Level 1: Campaspe PCP Management Group/ Governing Board</p>	<p>Implementation and monitoring of mutual partnership agreement responsibilities Actively contributes to the key strategic priorities and direction of the PCP Potential to act as Portfolio holder as determined by the Management Group Accountable for Funding and Service Agreement</p>	<p>Signatory to Funding & Service Agreements and to the PCP Partnering Agreement Contributes to both Service Coordination and Integrated Health Promotion Portfolios Actively contributes to the development and implementation of the PCP Strategic Plan</p>	<p>Strategic decision making/ Influence Governance/ Management Group position Entitled to act as lead agency for partnership projects Able to hold PCP brokerage funds Able to access PCP grants Access to training and workforce development opportunities</p>	<p>Bendigo Health Echuca Regional Health Goulburn Valley Health Kyabram & District Health Services Murray-Plains Division of General Practice Rochester & Elmore District Health Service Shire of Campaspe St Lukes Anglicare</p>
<p>Level 2: Active Members</p>	<p>Active participation related to one (or more) of the PCP strategic priorities and directions Be consulted and participate in dialogue/ discussion on local issues, planning and problem solving</p>	<p>Signatory to PCP Partnering Agreement Capacity to contribute to at least one Portfolio area of either SC or IHP Actively contributes to the development and implementation of the PCP Strategic Plan Participate in some partnership projects/ activities</p>	<p>Able to hold PCP brokerage funds Able to access PCP grants Access to PCP membership information Access to training and workforce development opportunities</p>	<p>Community Living & Respite Services EASE Inc Echuca Specialist School Goulburn Valley Division of General Practice Intereach (NSW) Lockington Bush Nursing Centre Loddon Campaspe Multicultural Services Sports Focus Womens Health Loddon Mallee YMCA Greater Murray Centre Against Sexual Assault Njernda Aboriginal Corporation Benetas Kyabram Community & Learning Centre</p>
<p>Level 3: Network & Information Sharing Members</p>	<p>Stakeholders who wish to receive information about PCP activities/ be kept informed Be consulted and participate in dialogue/ discussion on local issues and problem solving</p>	<p>Participate in some partnership projects/ activities</p>	<p>Not able to hold PCP brokerage funds or PCP grants Access to PCP membership information Access to training and workforce development opportunities</p>	<p>Campaspe Cohuna Local Learning & Employment Network Centrelink CentaCare Department of Primary Industries Echuca Neighborhood House Kyabram P12 College Lifeline Central Victoria & Mallee Lockington & District Business Centre Murray Shire Council (NSW) Rochester Secondary College Rochester Community House St. Joseph's College Echuca Tongala & District Memorial Aged Care</p>

