



# Strategic Plan 2017 - 2021

Campaspe Primary Care Partnership

## Contents

Vision	1
About Campaspe PCP	1
About the plan	5
Strategic directions and partnership priorities	5
Prevention and Health Promotion - Strategic plan 2017 – 2021	10
Prevention and Health Promotion - Operational plan	16
- Healthy eating active living	19
- Preventing family violence through gender equity	23
Equity, Access and Service Integration – Operational plan 2017 - 2019	26
- Equity	30
- Access	31
- Service Integration	33

## Acknowledgement of Country



The Campaspe Primary Care Partnership respectfully acknowledges the traditional Aboriginal owners of country and pay our respects to them, their living culture and Elders past, present and future.

## Vision

### Working together for healthy communities

Campaspe Primary Care Partnership will lead and assist members in building healthier communities through partnership, collaboration and integration.

## About Campaspe PCP – who we are and what we do

Campaspe PCP is one of 28 PCPs in Victoria — we are a robust and diverse partnership of providers that deliver services in the Campaspe catchment. Our membership reflects the social determinants of health with 44 member organisations representing the health, community services and the education sectors. Our local partnership has a proven track record for driving primary care service integration and collaboration on significant local health and wellbeing issues.

Campaspe PCP is governed by the Management Group who is responsible for the governance and management of the Primary Care Partnership as it relates to the municipality of Campaspe and is accountable to the voluntary partnership members. The Partnership is supported by a Partnering Agreement which details the partnership governing rules.

Campaspe PCP members have shared responsibilities through a portfolio structure related to the the domain focus areas of Prevention and Health Promotion; and Equity, Access and Service Integration.

## Member organisations

<b>Level 1: Campaspe PCP Management Group members</b>	
<b>L1 Members list</b>	<b>Roles &amp; responsibilities</b>
Bendigo Health Campaspe Shire Council Community Living & Respite Services Echuca Regional Health Goulburn Valley Health Kyabram District Health Service Rochester and Elmore District Health Service Women's Health Loddon Mallee	Campaspe PCP Management Group/board member  Signatory/accountability to Funding & Service Agreements and to the PCP Partnering Agreement  Implementation and monitoring of mutual partnership agreement responsibilities  Actively contributes to the key strategic priorities and direction of the PCP and to the portfolio areas
<b>Level 2: Active Members</b>	
<b>L2 Members list</b>	<b>Roles &amp; responsibilities</b>
Anglicare Campaspe Cohuna Local Learning and	Signatory to PCP Partnering Agreement  Capacity to contribute to at least one Portfolio

<p>Employment Network  Centre for Non Violence  Echuca Specialist School  Kyabram and Community Learning Centre  Lifeline Central Victoria  Lockington &amp; District Bush Nursing Centre  Murray Shire Council  Murray Human Services  Murray Primary Health Network  Njernda Aboriginal Corporation  Victoria Police</p>	<p>area</p> <p>Actively contributes to the development and implementation of the PCP Strategic and operational/annual plans</p> <p>Participate in some partnership projects/ activities</p>
<p><b>Level 3: Network &amp; Information Sharing Members</b></p>	
<p><b>L3 Members list</b></p> <p>ACSO  Benetas  Bendigo Regional YMCA  Crossenvale Community House  Catholic Care Sandhurst  Echuca Community for the Aged  Echuca Moama Family Medical Practice  Echuca Neighbourhood House  HAVEN Home Safe  Interchange Loddon Mallee  Intereach  Ian Collie Pharmacy  N8 Health Echuca  Rochester Community House  Rochester Secondary College  Rushworth Community House  Save the Children  Sports Focus  St Augustine's College Kyabram  St Joseph's College Echuca  Tongala Community Activities Centre  Tongala &amp; District Memorial Aged Care Service Inc  Uniting Age Well  Vision Australia</p>	<p><b>Roles &amp; responsibilities</b></p> <p>Stakeholders who wish to share and receive information</p> <p>Participate in dialogue/ discussion on local issues and problem solving</p>

## Our Catchment

The Campaspe PCP catchment covers one local government area of Campaspe Shire Council with a total land area of over 4,500 square kilometres. Campaspe is located in north central Victoria, on the New South Wales border, and is approximately 180 kilometres from Melbourne. The regional centres of Bendigo and Shepparton are approximately 80 kilometres away. Campaspe has a population of 37,061 people (ABS 2016) with expected growth to almost 43,000 by 2036.

## Snapshot of issues



For further information about our local population health and wellbeing data, please refer to our [2017 Community Health and Wellbeing profile](#). Additionally, the [Campaspe Shire Council Demographic profile](#) provides ABS based data.

## About the plan

The Campaspe PCP Strategic Framework was developed in June 2017 with the Campaspe PCP members. The framework details the long standing vision of the partnership, our agreed guiding principles and the approach for how we will achieve our directions.

The Department of Health and Human Services program guidelines for PCPs are currently being reviewed and will be available for PCPs in 2018 at which time we will consider any necessary amendments. This local plan has considered both the *Victorian PCP Future Directions* and the *Loddon Mallee PCPs Strategic Directions* to ensure alignment to the focus areas for PCPs into the future.

The Campaspe PCP Strategic Plan for 2017-2021 reflects partner organisations commitment and contribution to this catchment plan by way of aligning priority issues and sharing responsibility for implementing objectives and strategies.

## Linkages and Alignment to local approaches

Implementation of this plan is directly linked and aligned to existing approaches occurring in Campaspe;



### Campaspe Shire Council Plan

The Campaspe Shire Council Plan (2017-2021) incorporates the Municipal Health and Wellbeing Plan with priorities established through the Healthier Campaspe Initiative. These are obesity, diabetes, cancer, alcohol & other drugs and mental health. In addition to the priorities of Healthier Campaspe, collective action to address family violence remains a high priority for council.

Given Campaspe PCP is a single local government area catchment, this allows for complete alignment of priorities between the MPHWP and the Prevention and Health Promotion Plan.

<https://www.campaspe.vic.gov.au/assets/Strategies/Council-Plan-2013-2017.pdf>



### Healthier Campaspe

In 2016 a partnership including local government and health services in Campaspe began working collaboratively to address health priorities which pose the most significant impact on their services to support improved community health and wellbeing. This is known as the Healthier Campaspe initiative.

These five key health priorities of Healthier Campaspe are: obesity, diabetes, cancer, alcohol & other drugs and mental health. Shared implementation arrangements for each of the

priorities have been developed demonstrating a strong commitment to address these issues. Each priority area has a working group and an executive sponsor, responsible for the Chair and secretariat/convenor roles for the group.

- Obesity (Rochester and Elmore District Health Service)
- Diabetes (Kyabram District Health Service)
- Alcohol & Other Drugs (Campaspe Shire Council)
- Mental Health (Campaspe Primary Care Partnership)
- Cancer (Echuca Regional Health)

The partnership through the implementation of this work is aiming to enable communities to increase control over, and to improve, their health and the health of the people they care for through building knowledge and understanding. In addition, the strategies within the plan range from primary prevention, early intervention, secondary intervention to tertiary care recognising that improvements need to be made across the continuum in order to address these chronic issues more comprehensively.

The Healthier Campaspe work is driving local collective effort to improve the way our services address these issues systematically. Three of the health services – Echuca Regional Health, Kyabram District Health Service and Rochester and Elmore District Health Service have extended their support for this initiative through their health service statement of priorities which is an annual accountability agreement between Victorian public healthcare services and the Victorian Minister for Health.

[Healthier Campaspe](#)

## Campaspe Family Violence Action Group

The Campaspe Family Violence Action Group (CFVAG) was established in late 2016 and has recently undertaken strategic planning. The agreed purpose of CFVAG, is 'to drive greater integration and coordination of local services – both universal and specialist – for all those experiencing family violence in Campaspe; and to prevent family violence before it occurs through evidence-based action on gender inequality in settings across the community'.

This group has agreed on four key strategic priorities as follows;

1. Organisations that are gender equitable in their practices and promote equal and respectful relationships between women and men
2. A Campaspe that promotes and values women's equal participation and leadership in public and private life
3. A Campaspe that understands the gendered dynamics of family violence, the first causes of family violence, and that family violence can be prevented from happening in the first place
4. A service system with the understanding and capacity to respond appropriately to all who experience family violence in Campaspe ('no wrong door')

The Campaspe PCP Health Promotion Leadership group has a number of representatives on the CFVAG and will participate and take leadership roles in the workgroups of the CFVAG.

Membership of the CFVAG includes:

- Shire of Campaspe,
- Echuca Regional Health
- Kyabram and District Health Service
- Campaspe Primary Care Partnership
- Njernda Aboriginal Corporation

- Centre for Non Violence
- Women's Health Loddon Mallee
- Haven Home Safe
- Crossenvale Community House
- Kyabram Community and Learning Centre
- Indigenous Family Violence Regional Action Group
- Bendigo Health
- Department of Health and Human Services Loddon Area
- Murray Human Services
- Community Living and Respite Services
- Victoria Police
- Anglicare Victoria
- Save the Children Program Coordinator –Northern
- Community Legal Services
- Local Aboriginal Justice Advisory Committee
- Indigenous Men's Resource and Advisory Service
- Rochester & Elmore District Health Service.

## Aboriginal Health

### Campaspe Aboriginal Health Partnership Group

Our local Aboriginal Health Partnership Group (AHPG) is led by Njernda Aboriginal Corporation as the local Aboriginal Community Controlled Health Organisation with participation from various local mainstream providers. It aims to improve the Aboriginal health status of local aboriginal people in Campaspe and has been in existence for over seven years. The Group is led by Njernda Aboriginal Corporation as the local Aboriginal Community Controlled Health Organisation and has participation from many local mainstream providers.

The Campaspe Aboriginal Health Partnership Committee has the following objectives:

1. To identify needs and priority areas for collective action by partners involved via working groups established for each priority area
2. To support National and State government Aboriginal health priority reform areas
3. To maximise opportunities between members of this group to work together and make linkages
4. To develop partnerships with other providers/groups to address issues as required
5. To seek additional resources to support the local priority action areas.

# Strategic Directions and Partnership Priorities

## Guiding principles

### **Partnership platform for collaborative action**

Foster and enhance cross sector partnerships that work towards shared priorities and measures through a collective impact approach.

### **Alignment to government policy**

PCPs provide a platform locally to implement government health and social policy.

### **Evidence based**

Apply evidence-based approaches to all aspects of our partnership activity to support accountable decision making; planning and design for maximum impact and evaluation of agreed outcome measures.

### **Community engagement and co-design**

Community and services working together to co-design services and prevention programs; finding local solutions to complex social problems by seeking to understand experiences, perspectives and values to support intervention design.

### **Place based primary prevention**

Focus on local needs and local priorities with active engagement of the community and the service system through co-design to create local solutions. To apply prevention 'at scale' with a whole of community, whole of systems approach, based on a multi-risk factor approach for the Campaspe catchment.

### **Social inclusion**

Continue to promote and apply social inclusion principles throughout partnership activity and actively use the Rural Social Inclusion framework to build capacity of services to implement socially inclusive practices.

### **Tackle disadvantage and health inequity**

Apply a disadvantage and equity lens to address marked inequalities in health for people who have particularly poorer health outcomes.

## Strategic Directions

### Partnerships

The functions of PCPs align closely with the backbone organisation role described in the [Collective Impact Framework](#). The CI framework provides a mechanism to monitor and improve partnership activity and will be used by the Campaspe PCP Management Group to strengthen our partnership activity.

Guide the vision and strategy	<ul style="list-style-type: none"> <li>○ Partners accurately describe the common agenda</li> <li>○ Partners publically discuss/advocate for common agenda goals</li> <li>○ Partners individual work is increasingly aligned with common agenda</li> <li>○ Board members and key leaders increasingly look to backbone organisation for initiative support, strategic guidance and leadership</li> </ul>
Support aligned activities	<ul style="list-style-type: none"> <li>○ Partners articulate their role in the initiative</li> <li>○ Relevant stakeholders are engaged in the initiative</li> <li>○ Partners communicate and coordinate efforts regularly, with, and independently of, backbone</li> <li>○ Partners report increasing levels of trust with one another</li> <li>○ Partners increase scope / type of collaborative work</li> <li>○ Partners improve quality of their work</li> <li>○ Partners improve efficiency of their work</li> <li>○ Partners feel supported and recognized in their work</li> </ul>
Establish shared measurement practice	<ul style="list-style-type: none"> <li>○ Shared data system is in development</li> <li>○ Partners understand the value of shared data</li> <li>○ Partners have robust / shared data capacity</li> <li>○ Partners make decisions based on data</li> <li>○ Partners utilize data in a meaningful way</li> </ul>
Build public will	<ul style="list-style-type: none"> <li>○ Community members are increasingly aware of the issue(s)</li> <li>○ Community members express support for the initiative</li> <li>○ Community members feel empowered to engage in the issue(s)</li> <li>○ Community members increasingly take action</li> </ul>
Advance policy	<ul style="list-style-type: none"> <li>○ Target audience (e.g., influencers and policymakers) is increasingly aware of the initiative</li> <li>○ Target audiences advocate for changes to the system aligned with initiative goals</li> <li>○ Public policy is increasingly aligned with initiative goals</li> </ul>
Mobilise funding	<ul style="list-style-type: none"> <li>○ Funders are asking non-profits to align to initiative goals</li> <li>○ Funders are redirecting funds to support initiative goals</li> <li>○ New resources from public and private sources are being contributed to partners and initiative</li> </ul>

Source: FSG and Greater Cincinnati Foundation

## Key domain/portfolio areas

The focus areas for key PCP activity include;

### Equity Access and Service Integration

PCP members will work locally to support organisations to navigate health and social reforms; effectively engage with community to meet local needs; assist consumers to access and navigate services; and ensure consumers have a voice in determining how services are delivered.

Priorities for the four year plan include;

<b>Equity</b>	Health equity - strengthening service provider knowledge, skills and resources related to vulnerable and disadvantaged groups
<b>Access</b>	Better <i>Access</i> for people to navigate and be supported to the appropriate services with a focus on vulnerable and disadvantaged populations
<b>Service Integration</b>	Facilitate how various parts of the system integrate with each other in the context of current and future health and social reforms

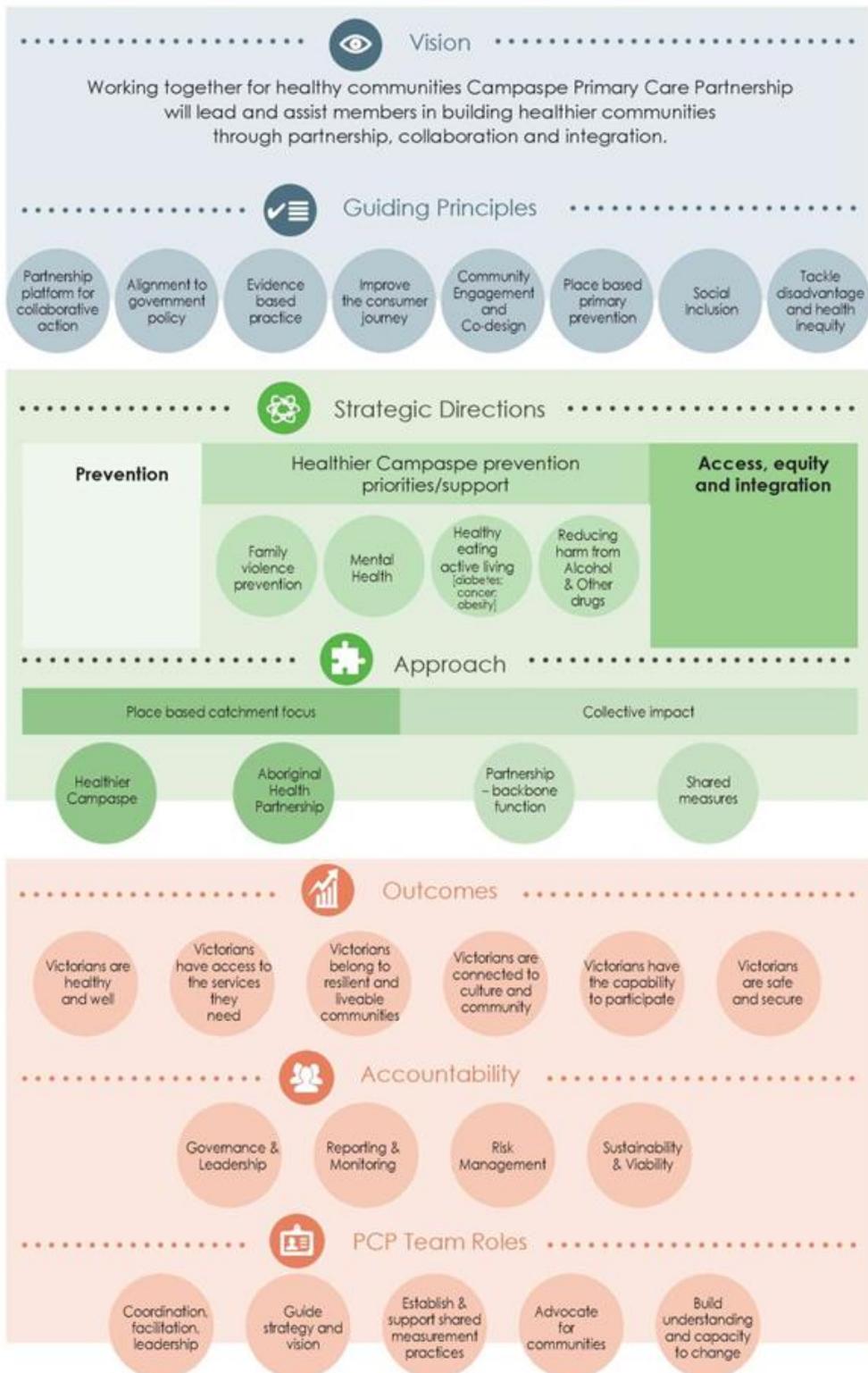
### Prevention and Health Promotion

Prevention and Health Promotion funded organisations, and Campaspe Shire Council will work with local partners to align activities for collective impact across Campaspe. The priorities selected are required to align with the *Victorian public health and wellbeing plan 2015–2019* priorities.

Priorities for the four year plan include;

<b>Healthy Eating Active Living</b>	Support the Healthier Campaspe priorities of obesity, diabetes and cancer
<b>Gender Equity</b>	Supporting prevention of family violence through gender equity
<b>Reducing harm from alcohol and other drugs</b>	Reducing harmful alcohol and drug use and tobacco-free living
<b>Mental Health</b>	Supporting improved mental health

# Strategic Framework



## Outcomes

The [Victorian public health and wellbeing outcomes framework](#) provides an opportunity to collectively monitor and report progress across the state. This is a longer-term approach and includes a number of domain areas. Based on the priority areas Campaspe PCP will be working on for the 2017-2021 period, we expect to contribute to all the domain areas; Victorians are healthy and well; Victorians are safe and secure; Victorians have the capability to participate; Victorians are connected to culture and community; Victorians belong to resilient and liveable community; Victorians have access to the services they need.

Both the Prevention and Health Promotion and Equity, Access and Service Integration operational plans provide further detail on outcomes and progress measures.

## PCP Team Roles

The Campaspe PCP staffing team provides coordination, facilitation and leadership of partnership approaches and activity. It is our role to guide the strategy, vision and key priorities for the partnership, support evaluation, advocate for communities and build understanding and capacity for change with the service system. The PCP staffing group are not service providers however work on behalf of the collective partnership group.

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# Prevention and Health Promotion Plan

Strategic Plan for 2017 - 2021

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## Strategic priorities

The Campaspe Primary Care Partnership Prevention and Health Promotion Plan is a strategic document that captures and draws together the priorities from:

- Campaspe Primary Care Partnership Strategic Framework for 2017-2021;
- Campaspe Shire Council Plan 2017-2021 which incorporates the Municipal Public Health and Wellbeing Plan;
- the local place-based approach of 'Healthier Campaspe' and its Implementation Plan for 2016-2020, and
- Campaspe Family Violence Action Group priorities developed in July 2017; three of which relate to family violence prevention.

The nominated priorities within these plans include;

1. Healthier eating active living (to support prevention of obesity, diabetes and cancer)
2. Preventing Family Violence through Gender Equity
3. Reducing harm from alcohol and other drugs, and
4. Mental health

This Prevention and Health Promotion catchment plan for 2017-2018 will focus on two priorities for the first annual plan; healthier eating active living and family violence prevention.

## Local context

### Campaspe Shire Council Plan

[Campaspe Shire Council Plan](#) for 2017-2021 which incorporates the Municipal Health and Wellbeing Plan with priorities established through the Healthier Campaspe initiative. These are obesity, diabetes, cancer, alcohol & other drugs and mental health. In addition to the priorities of Healthier Campaspe, collective action to address family violence remains a high priority for council.

### Healthier Campaspe

[Healthier Campaspe](#) which incorporates five key health priorities; obesity, diabetes, cancer, alcohol & other drugs and mental health; with shared implementation arrangements by the participating organisations.

### Campaspe Family Violence Action Group

The Campaspe Family Violence Action Group was established in late 2016 with an agreed purpose 'to drive greater integration and coordination of local services – both universal and specialist – for all those experiencing family violence in Campaspe; and to prevent family violence before it occurs through evidence-based action on gender inequality in settings across the community'.

## Aboriginal Health

### Campaspe Aboriginal Health Partnership Group (AHPG)

Our local Aboriginal Health Partnership Group (AHPG) aims to improve the Aboriginal health status of local aboriginal people in Campaspe and has been in existence for over seven

years. The Group is led by Njernda Aboriginal Corporation as the local Aboriginal Community Controlled Health Organisation and has participation from many local mainstream providers.

### Prevention and Health Promotion

Njernda Aboriginal Corporation utilise Closing the Gap/Koolin Ballit funding provided by the Victorian state government to support health promotion activity and programs, however they do not receive specific IHP funding. Alignment of the priorities between the AHPG and the PCP Prevention and Health Promotion plan occurs to ensure consistency of effort. This joint work is reflected throughout the plan.

Additionally, the Loddon Mallee Region Aboriginal Reference Group (LMARG) are in the process of developing a regional health promotion plan with regional priorities which will need to be considered once completed to support alignment.

## Roles and Responsibilities

### Campaspe Primary Care Partnership – contributing to a Collective Impact approach

Campaspe PCP will continue to play a lead role to support partnership activity by facilitating and acting as the backbone organisation to;

- Guide the vision and strategy – provide strategic guidance and leadership
- Support aligned activities – roles articulated, stakeholders engaged, communication and coordination, quality, efficiency
- Establish shared measurement practice – data usage and system development
- Build public will – awareness, engagement and involvement of community
- Advance policy – advocate, alignment of goals
- Mobilise funding – align, redirect and seek new resources

Campaspe PCP member organisations have had a long term commitment to catchment planning with our first collective plan in 2004-2006.

It will be the Campaspe PCP's role to coordinate the evaluation and reporting of progress against the measures listed in the Prevention and Health Promotion Plan.

### Integrated Health Promotion (IHP) Funded Organisations

#### Echuca Regional Health

Echuca Regional Health is an IHP funded agency and is the portfolio holder for Integrated Health Promotion within the Campaspe PCP. In this role, ERH chair the Health Promotion Leadership Group meetings, participate in working groups and contribute to the strategies/activities outlined in the plan. ERH will contribute to data collection and evaluation of the strategic and operational plan. ERH is responsible for allocating health promotion resources to implement the plan and is required to make transparent and explicit the IHP funding and resources that are allocated (DHHS Advice for Health Promotion and Prevention Planning and Reporting, 2017).

ERH are committed to the catchment approach and expect to make a 2.2 EFT contribution to the plan which includes evaluation. ERH will also activity participate to provide annual

reporting to DHHS which will include the final and staffing commitment that has been made to the plan.

### Kyabram District Health Service

Kyabram District Health Service is the other IHP funded agency within the Campaspe catchment. In this role KDHS will participate in working groups and contribute to the strategies/activities outlined in the plan as well. KDHS will contribute to data collection and evaluation of the strategic and operational plan. KDHS is responsible to allocate health promotion resources to implement the plan and be clear about their contribution to the plan and the resources that they allocate.

KDHS's commitment to the catchment plan will see a 1.62 EFT to the plan which also includes evaluation. Annual reporting to DHHS will include the final and staffing commitment that has been made to the plan.

### Partner Organisations

Campaspe PCP level one members will actively participate in the Health Promotion Leadership Group and relevant working groups and contribute to strategies within the plan. Other Campaspe PCP members will be involved in relevant working groups. These members include:

- Rochester & Elmore District Health Service
- Campaspe Shire Council
- Women's Health Loddon Mallee
- Goulburn Valley Health- Waranga (Rushworth Campus)
- Bendigo Health
- Community Living & Respite Services
- Njernda Aboriginal Corporation
- Sports Focus
- Centre for Non Violence
- Kyabram Community & Learning Centre

## Application of the agreed principles

### Co-design

The first year of the 2017-2021 Prevention and Health Promotion Plan will focus on co-design and finding local solutions to complex social problems. This ground up approach will respect community members as partners in initiatives for change and will begin with seeking to understand their experiences, perspectives and values. Outcomes of developing human centered interventions, services and programs not only work within the communities' context but will reflect the values of the community. Co-design differs from traditional consumer feedback where the user is asked to provide their satisfaction of the service, intervention or program post planning or implementation phase. Expertise, professional input and research are considered to determine effectiveness once consumers have provided their experiences and perspectives.

The decision to focus on co-design for the first 12 months of the plan will provide us with 'content-rich' information specific to the priority issues, to support advancing to the intervention stage. The co-design process will enable a system's approach for prevention activity in the Campaspe catchment.

Evaluation of the strategic plan will include evaluation of the co-design. This will take an 'action- research' and narrative enquiry based approach given this will be our first application of a co-design process. Evaluation will include;

- The extent to which the plan was able to implement co-design principles and methods
- Evidence that consumer input has influenced the development of services and programs within the plan
- Participant satisfaction
- Documentation of co-created knowledge about co-design.

[Co-design Shared Perspective on authentic co-design: Putting consumers and carers at the centre of mental health reform. 2016](#)

## Supporting place based approaches

A place based approach will be utilised for strategies that continue from the 2013-2017 Prevention and Health Promotion plan. Placed based approach and whole of community approaches recognises the fundamental role location plays in health and wellbeing. A placed based approach enables comprehensive action within and across a range of settings in a particular location to promote health and wellbeing.

The place based approaches that will be used in 2017-2018 include early childhood settings and schools and workplaces. Other settings such as sporting clubs may be identified through the co-design process.

## Contributing to the outcomes

Outcome measures that will be used over the life of the plan have been referenced from the Victorian public health and wellbeing outcomes framework. As these are long term measures and are not likely to change as a result of the work done in the 2017-20121 plan, we are committed to setting localised progress measures when they become available from DHHS.

Progress measures have been defined by DHHS (2017) as being "outcome focussed measures of development, advancement or improvement towards population level outcomes". It is anticipated that progress measures for Healthier Eating and Active Living will be available in early 2018. At that time the HPLG will review and allocate which of the measures we are collectively striving to achieve at a local level.

[Developing progress measures towards public health and wellbeing outcomes](#)

## Shared measurement

Shared measurement has been defined as the "use of a common set of measures to monitor performance, track progress towards outcomes and learn what is and is not working in the group's collective approach" (Centre for Collective Impact). For shared measurement to occur data collection tools and development of a data collection system or hub is required.

Collecting data and measuring results consistently on a short list of indicators at the community level and across all participating organisations ensures that all efforts remain

aligned. It enables them to collectively track and evaluate their collective progress and also supports the participants to hold each other accountable and learn from each other's successes and failures.

Data is collected to measure short, intermediate and long term indicators. Some of the short term measures may include process indicators in developing the Collective Impact infrastructure and the effectiveness of the 'Backbone' function. The intermediate measures would focus on indicators of system change to achieve agreed outcomes and the long term measures are the population based indicators of change. These would align with the indicators identified in the Victorian [Public Health and Wellbeing Outcome Framework](#).

Campaspe PCP along with other PCPs in the Northern Division of DHHS, are committed to working together to build the capacity of our partnerships to implement a shared measurement system. This has been a key component of the North Division PCPs Reporting Proposal submitted to North Division DHHS in July 2017.

## Community Wellbeing Profile

Campaspe PCP commissions the compilation of the Campaspe Community Wellbeing Profile to support planning and priority setting in Campaspe. The profile is a set of health and wellbeing indicators for the population of the region and is updated prior to PCP strategic planning. The 2017 Community Wellbeing profile contains the most recent data, that was available at the time of writing.

This information is utilised to support the priority setting process undertaken by Campaspe PCP members.

<http://campaspepcp.com.au/community-profile.php>



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# Operational Plan

Year One - 2017-2018

## Healthy Eating Active Living

## Preventing Family Violence through Gender Equity

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## Introduction

Each year an annual operational plan will be developed which will deliver on the priorities of the Campaspe PCP Prevention and Health Promotion Plan 2017-2021. This will be responsive of co-design processes which are a feature of the plan and changing priorities of the strategic directions within the Campaspe PCP Strategic Framework 2017-2021.

The operational plan will be evaluated on an annual basis and reported to DHHS. The responsibilities of evaluation lie with the IHP funded agencies - Echuca Regional Health and Kyabram District Health Service and will be coordinated by Campaspe PCP.

In progressively reviewing the plan we will:

- Provide quarterly progress reports to the Campaspe PCP Health Promotion Leadership Group
- Provide quarterly progress reports to the Campaspe Family Violence Action Group and relevant Healthier Campaspe working groups
- Develop a detailed evaluation report in consultation with our partners at the conclusion of this plan in 2021.

A detailed annual action plan for members to reference and contribute to has been created online to allow for real-time editing. Members of the HPLG will have access to this resource to support sharing of progress for implementation of the plan along with monitoring of evaluation requirements and timeframes.

## Priorities 2017-2018

The two prevention and health promotion priorities for 2017-2018 are Healthier Eating Active Living and Preventing Family Violence. Gender equity has been identified as an appropriate focus for primary prevention work to prevent family violence as “gendered drivers have been shown to be most consistent with higher levels of violence against women”. ([Our Watch, 2015.](#))

Both Healthier Eating Active Living and Gender Equity are linked directly to the 2015-2019 Victorian Public Health and Wellbeing Plan priorities for Victoria.

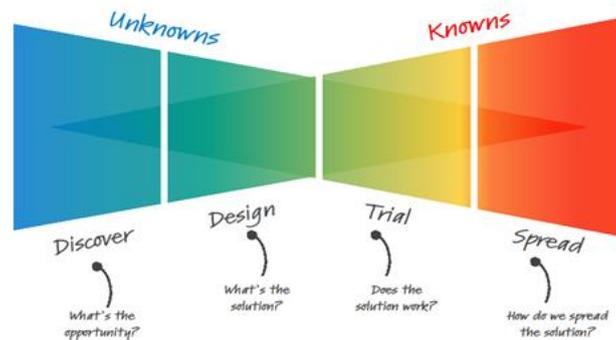
In addition to the actions identified in this operational plan, Campaspe PCP members will contribute to the full range of activities of Healthier Campaspe and Campaspe Family Violence Action Group.

## Co-design

Co-design is a methodology for human centred innovation which involves four stages:

1. Discovery, which attempts to understand the experiences, perspectives and understanding of the community in relation to a particular issue
2. Design of possible solutions to a particular issue
3. Testing of solutions
4. Applying the solution

## 4 stages of innovation



Phases of Co-design (TACSI, 2016)

During 2017-2018, work will be undertaken in the discovery and design phases of co-design for Healthier Eating Active Living and Gender Equity.

The discovery phase involves:

- broad scoping to get a sense of people's situation
- a “deep dive” into individual experience to deeply understand people's journeys and stories, and begin to test assumptions raised in the scoping stage.
- generative design to understand the ideal experience; gather ideas and values for an alternative.

The design phase of co-design involves experimentation though prototyping - building, testing and learning. This involves generating and testing alternatives.

### Funding Opportunities

As opportunities arise to strengthen the priorities in the Operation Plan Campaspe PCP members will bring these to the attention of the group for consideration.

These include:

- potential Regional Development Victoria grants such as Healthy Heart Active Living Program (including Active Communities Project and Active Living Census.)
- VicHealth grants
- Sponsorship.

# OBJECTIVES, ACTIVITIES & OUTCOMES FRAMEWORK

## Healthier Eating

A nutritious diet and adequate food supply are central for promoting health and wellbeing. Excessive intake contributes to the risk of obesity, cardiovascular diseases, diabetes, some cancers and dental caries. Increased consumption of fruit and vegetables helps reduce the risk of overweight and obesity, heart disease and some cancers.

Healthier Eating Objective	What we will do in 2017-2018	Partners
<p>Promote consumption of healthy, sustainable and safe food consistent with the Australian Dietary Guidelines</p> <p>Support healthy food choices to be the easier choice for residents of Campaspe</p>	<ul style="list-style-type: none"> <li>○ Conduct the 'discovery' phase of the co-design process which includes broad scoping; deep dive into individual experiences; and generative design.</li> <li>○ Commence the 'design' phase of co-design; developing and testing solutions</li> <li>○ Support the <b>Achievement Program</b> for participating schools and workplaces to achieve benchmarks</li> <li>○ Implement workplace nutrition policies</li> <li>○ Ensure consistency with <b>Healthy Choices: healthy eating policy and catering guide for workplaces</b> and <b>Healthy choices: food and drink guidelines for Victorian public hospitals</b></li> <li>○ Continue to advocate for fluoride access and improved oral health outcomes for at risk target groups               <ul style="list-style-type: none"> <li>○ Advocate for fluoridation of Rochester water supply</li> <li>○ Continue the <b>Smiles4Miles</b> programs in early years settings</li> <li>○ Support LMARG Fluoride varnish program implementation</li> </ul> </li> <li>○ Promote changes to vending machines within services/partner organisations to eliminate unhealthy foods</li> </ul>	<p>Healthier Campaspe Action Groups</p> <p>PCP members:</p> <ul style="list-style-type: none"> <li>○ Echuca Regional Health</li> <li>○ Kyabram District Health Service</li> <li>○ Campaspe PCP</li> <li>○ Rochester &amp; Elmore District Health Service</li> <li>○ Women's Health Loddon Mallee</li> <li>○ Campaspe Shire Council</li> <li>○ Community Living &amp; Respite Services</li> <li>○ Goulburn Valley Health (Waranga Campus)</li> <li>○ Njernda Aboriginal Corporation</li> </ul>

	<p>and high sugar drinks/ or provide healthy options</p> <ul style="list-style-type: none"> <li>○ Provide leadership and support to Campaspe Food Security Network</li> <li>○ Apply a gender equity lens to healthier eating strategies that are developed for implementation as a result of the co-design process (through use of gender equity tools)</li> </ul>	
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## Outcomes

A variety of measures will be used throughout the plan. These include:

### Outcome measures (Victoria wide, long term)

- Proportion of people who consume sufficient fruit and vegetables
- Proportion of people who consume sugar sweetened drinks

### Progress Measures (Victoria wide, not yet available from DHHS)

DHHS plan to release progress measures relating to Healthier Eating in early 2018. Progress measures relating to this plan will be used where applicable.

DHHS has provided examples of progress measures that may be included in their framework. These include:

- Number and proportion of people confident to purchase and prepare nutritious meals
- Proportion of people confident to prepare a range of vegetables
- Proportion of people who can identify what is (and isn't) a healthy food
- Proportion of patients provided a brief intervention for nutrition and weight
- Proportion of people who have taken steps to reduce the amount of unhealthy fast food they consume
- Proportion of people who can identify an appropriate portion size

### Impact measures (local Campaspe measures)

- 90% of partner organisations catering policies align to Healthy Choices guide
- 90% of partner organisations food and drink guidelines align to Healthy choices guide
- Participation and achievement of benchmarks from Campaspe based organisations in the Achievement program

References:

[Developing Progress measures towards public health and wellbeing outcomes](#)

[Victorian public health & wellbeing plan 2015-2019; Victorian public health & wellbeing outcomes framework](#)

## Active Living

Low levels of physical activity and high levels of sedentariness are major risk factors for ill health and mortality from all causes. People who do not do sufficient physical activity have a greater risk of cardiovascular disease, colon and breast cancers, type 2 diabetes and osteoporosis. Being physically active improves mental health and musculoskeletal health and reduces other risk factors such as overweight, high blood pressure and high blood cholesterol.

Active Living Objective	What we will do in 2017-2018	Partners
<p>Encourage and support people to be as physically active as often as possible throughout their lives</p>	<ul style="list-style-type: none"> <li>○ Conduct the 'discovery' phase of the co-design process which includes broad scoping; deep dive into individual experiences; and generative design.</li> <li>○ Commence the 'design' phase of co-design; developing and testing solutions</li> <li>○ Support the <b>Achievement Program</b> for participating schools and workplaces to achieve benchmarks</li> <li>○ Promote active transport through "Walk to School" initiatives in 2017 &amp; 2018</li> <li>○ Promote participation in <b>Active April</b> throughout all level 1 &amp; 2 Campaspe PCP members in 2018</li> <li>○ Build capacity of health professionals to challenge acceptance of obesity &amp; promote physical activity guidelines through <b>Live Lighter</b> &amp; motivational interviewing training.</li> <li>○ Advocate for the improvement, development and promotion of safe walking and cycling tracks in Campaspe</li> <li>○ Apply a gender equity lens to active living strategies that are developed as a result of the co-design process (through use of gender equity tools)</li> </ul>	<p>Healthier Campaspe Action Groups</p> <p>PCP members:</p> <ul style="list-style-type: none"> <li>○ Echuca Regional Health</li> <li>○ Kyabram District Health Service</li> <li>○ Campaspe PCP</li> <li>○ Rochester &amp; Elmore District Health Service</li> <li>○ Women's Health Loddon Mallee</li> <li>○ Campaspe Shire Council</li> <li>○ Community Living &amp; Respite Services Inc</li> <li>○ Goulburn Valley Health (Waranga Campus)</li> <li>○ Njernda Aboriginal Corporation</li> </ul>

## Outcomes

A variety of measures will be used throughout the plan. These include:

### **Outcome measures (Victoria wide, long term)**

- Prevalence of insufficient physical activity
- Obesity prevalence
- Overweight prevalence

### **Progress Measures (Victoria wide, not yet available from DHHS)**

DHHS plan to release progress measures relating to Active Living in early 2018. Progress measures relating to this plan will be used where and when applicable.

DHHS has provided examples of progress measures that may be included in their framework. These include:

- Proportion of people who are confident they can increase their physical activity
- Proportion of people who are confident in accessing public spaces for activity
- Proportion of adults using self-monitoring activity devices
- Proportion of school aged children who walk or cycle to school
- Proportion of people who use sit-stand desks
- Proportion of leisure time spent sitting

### **Impact measures (local Campaspe measures)**

- Proportion of people who participate in Active April and increase their activity on a regular basis
- Increased participation from Campaspe based organisations in the Achievement program
- % of participants in Live Lighter training & motivational Interviewing training who feel more confident to speak to people about weight loss and make practice change as a result
- % of children who participate in "Walk to School" Initiatives /of the children who are driven to school; how many walk to school more frequently

References:

[Developing Progress measures towards public health and wellbeing outcomes](#)

[Victorian public health & wellbeing plan 2015-2019; Victorian public health & wellbeing outcomes framework](#)

## Preventing Family Violence through Gender Equity

To prevent violence against women we need to understand the universal gendered drivers of violence as well as the local context in which that violence occurs. We need to change attitudes, beliefs and behaviours that allow violence against women to occur.

Gender Equity Objective	What we will do in 2017-2018	Partners
<p>To change attitudes, beliefs and behaviours that allow violence against women to occur</p>	<ul style="list-style-type: none"> <li>○ Conduct the 'discovery' phase of the co-design process which includes broad scoping; deep dive into individual experiences; and generative design.</li> <li>○ Commence the 'design' phase of co-design; developing and testing solutions</li> <li>○ Lead and/or participate in working groups which address priorities of the Campaspe Family Violence Action Groups:               <ol style="list-style-type: none"> <li>1. Organisations that are gender equitable in their practices and promote equal and respectful relationships between women and men</li> <li>2. A Campaspe that promotes and values women's equal participation and leadership in public and private life</li> <li>3. A Campaspe that understands the gendered dynamics of family violence, the first causes of family violence, and that family violence can be prevented from happening in the first place</li> </ol> </li> <li>○ Build capacity of health and community organisations staff to understand the gendered dynamics of Family Violence through training</li> <li>○ Develop and implement a communications strategy to underpin and support all other actions undertaken by the partnership</li> <li>○ Develop/utilise specific primary prevention messages that clearly reference ideas such as 'Preventing family violence is everyone's business' or 'Gender inequality is the problem,</li> </ul>	<p>Campaspe Family Violence Action Group</p> <p>PCP members:</p> <ul style="list-style-type: none"> <li>○ Echuca Regional Health</li> <li>○ Kyabram District Health Service</li> <li>○ Campaspe PCP</li> <li>○ Rochester &amp; Elmore District Health Service</li> <li>○ Women's Health Loddon Mallee</li> <li>○ Campaspe Shire Council</li> <li>○ Community Living &amp; Respite Services Inc.</li> <li>○ Goulburn Valley Health (Waranga Campus)</li> <li>○ Njernda Aboriginal Corporation</li> </ul>

	<p>gender equality is the solution'</p> <ul style="list-style-type: none"> <li>○ Develop a suite of information or resources that include primary prevention messages, to support all other actions of CFVAG</li> </ul>	
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Outcome measures and indicators are available from [Free from violence- Victoria's strategy to prevent family violence and all forms of violence against women 2017](#).

These measures also align with [Loddon Mallee Action Plan for the prevention of family violence against women](#).

### **Outcome Measures (Victoria wide, long term)**

The outcome measures that will be collected by the Victorian Government for this priority include:

1. Victorians hold attitudes and beliefs that reject gender inequality and family violence
2. Victorians actively challenge attitudes and behaviours that enable violence
3. Victorian homes, organisations and communities are safe and inclusive
4. Residents live and practise confident and respectful relationships

### **Indicators (Victoria)**

These indicators will be reviewed by the CFVAG working groups as they are recommended for use in the Free from Violence strategy. It is anticipated our local indicators will align with the following:

- Increased understanding of what constitutes healthy, supportive and safe relationships
- Increased culture of challenging gender inequalities, across all settings and across all life stages
- Increase in bystanders feeling supported to challenge sexism and discrimination
- Increase in positive bystander behaviour in the face of sexism and discrimination

## **Work Plan**

The Annual Work plan 2017/18 (Campaspe PCP Prevention Health Promotion Operational Plan 2017-2021) is available for all partners to monitor through the following link. [Work Plan](#)

## Reference List

[Campaspe Community Profile](#)

[Co-design Shared Perspective on authentic co-design: Putting consumers and carers at the centre of mental health reform. 2016](#)

[Change the Story, Our Watch, 2015.](#)

[Developing Progress measures towards public health and wellbeing outcomes](#)

[Free from violence- Victoria's strategy to prevent family violence and all forms of violence against women 2017](#)

[Healthier Campaspe](#)

[Loddon Mallee Action Plan for the prevention of family violence against women](#)

[Public Health and Wellbeing Outcome Framework.](#)

[Shire of Campaspe Council Plan 2017-2021](#)

TACSI, 2016) What is co-design and what does it take to do it well (presentation)

<http://www.campaspepcp.com.au/documents/Co-designpresentation.pdf>

[Victorian public health & wellbeing plan 2015-2019; Victorian public health & wellbeing outcomes framework](#)

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# Operational Plan

2017-2019

## Equity, Access & Service Integration

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## Introduction

The expected direction for Primary Care Partnership work in 2017-2021 is Prevention and Access, Equity and Service Integration and these have been adopted as the strategic direction of the 2017-2021 Campaspe Primary Care Partnership Plan.

This two year operational plan has been developed for the Campaspe Primary Care Partnership for the domains of **access, equity and service integration**.

The plan will be implemented by the Campaspe Primary Care Partnership and partners who participate in the Equity Access & Service Integration (EA&SI) Steering Committee. Kyabram and District Health Service is the portfolio holder for Campaspe PCP work in EA&SI and will chair the steering committee meetings. Progress reports will be provided to the committee at bi monthly meetings.

The Department of Health & Human Services will advise on reporting requirements associated with the plan and Campaspe PCP will comply with these requirements.

## Partner Organisations

Campaspe PCP level one members will actively contribute and participate in the Equity, Access & Service Integration portfolio. Additionally a range of level two members that deliver services within the Campaspe catchment will also contribute to strategies within the plan as well as participate in the EA&SI Committee.

## Priorities 2017-2019

The priorities of the 2 year plan within the EA&SI domains of **equity, access and service integration** were developed by members of the steering committee in a planning workshop facilitated by Campaspe PCP in August 2017. This was done by:

- Reflecting on the terms Access, Equity and Integration in relation to the service coordination framework
- Identifying areas for partners to work together to achieve outcomes that cannot be achieved by working alone
- Reflecting on the achievements of the past 4 years and identifying benefits to organisations as a result of their involvement in the Early Intervention and Integrated Care Committee
- Identifying priorities to be included in the plan and
- Ensuring relevance to members.

As a result of this workshop, priorities, objectives and strategies have been developed to formulate an operational plan and work plan for 2017/2018.

## Context

### State and Commonwealth

Recent reform in Health and Human Services was taken into consideration during the planning process. These reform areas include:

- Family Violence,
- Vulnerable Children
- Mental Health,
- Aged Care
- Disability,
- National Digital Health Strategy.
- The role of the Primary Health Network in chronic disease and early intervention

[Free from violence- Victoria's strategy to prevent family violence and all forms of violence against women 2017](#)

[Healthcare that Counts, a framework for improving care for vulnerable children in Victorian health services](#)

[Mental health Reform](#)

[National Digital Health Strategy](#)

[Health 2040- Advancing Health Access and Care](#)

It was also acknowledged that the Victorian Service Coordination Framework remains relevant and important in a time of change to the service system and a critical aspect of Campaspe PCP work.

[Victorian Service Coordination Framework](#)

### Local context

The Healthier Campaspe Initiative is a partnership established in 2016 that involves local government and health services in Campaspe working collaboratively to address health priorities which pose the most significant impact on their services to support community health and wellbeing. These priorities are diabetes, obesity, mental health, drug & alcohol and cancer. There are a number objectives in the plan that align with the service priorities of access, equity and service integration that are activity areas of the Healthier Campaspe Working Groups. These objectives and associated activities are included on the plan for communication purposes and to prevent duplication of effort.

The Municipal Health & Wellbeing Plan and the Campaspe Primary Care Partnership Community Wellbeing profile containing local health and wellbeing data were also utilised in the development of this plan.

[Healthier Campaspe](#)

## Co-design

The first year of the 2017-2021 Equity, Access and Service Integration Plan will focus on Co-design as a key component to understanding service system needs. This approach will respect community members as partners in initiatives for change and will begin with seeking to understand their experiences, perspectives and values. The decision to focus on co-design for the first 12 months of the plan will provide us with 'content-rich' information specific to the priority issues, to support advancing to the intervention stage.

## Reporting

Advice has not yet been received from the Department of Health and Human Services regarding reporting requirements for 2017/2018. Campaspe PCP proposes that a case study be completed capturing the work done in relation to **equity, access and service integration**. The case study would be in relation to supporting:

- Organisations to navigate the health and social reforms
- Organisations to effectively engage with their community to meet their needs
- Consumers to access and navigate services.

## Equity

Health equity is achieved by removing unfair and avoidable barriers that compromise health and wellbeing. The practice of health equity is focused on supporting fair access, fair chances and fair resource distribution to alleviate any disadvantage experienced by at-risk or vulnerable groups. Health equity is concerned with ensuring the social determinants of health do not act as barriers to individuals and communities improving their health and wellbeing ([Welcome to Working in Health Promoting Ways](#), Tasmanian Government).

Equity Objectives	What we will do in 2017-2019	Partners
Improve service/ program knowledge and awareness of barriers to accessing health within the LGBTIQ community	<p>Collect &amp; disseminate LGBTIQ resources through the Campaspe PCP website.</p> <p>Map current work in Campaspe that supports access of the LGBTIQ community to health and community service organisations.</p> <p>Identify &amp; promote workforce development opportunities</p> <p>Include best practice examples regarding overcoming barriers to participation in health services by the LGBTIQ community in 2019 Service Coordination Forum</p>	<p>Equity Access &amp; Service Integration Committee</p> <p>Level 1 &amp; 2 Campaspe PCP members</p>
Health literacy barriers for patients/clients are identified by member organisations	<p>Support member organisations to address health literacy barriers for patients/clients.</p> <p>Promote online health literacy training to members.</p>	<p>Equity Access &amp; Service Integration Committee</p> <p>Health Services</p>
Implementation of the "Child first- healthcare that counts" framework	<p>Support member organisations to review "Healthcare that Counts framework" by completing self-assessment tool, determining opportunities for shared capacity building, resources and improve communication and integration between services.</p>	<p>Equity Access &amp; Service Integration Committee</p> <p>Health Services;</p>

## Access

Access refers to people finding their way or being supported to the appropriate service. Ensuring fair and equitable access includes proactively reaching out to individuals and community who experience barriers. Appropriate access is guided by relative need, and is timely, equitable and non-discriminatory ([Community health integrated program guidelines, Department of Health and Human Services, 2015.](#)).

Access Objectives	What we will do in 2017-2019	Partners
Improved service system understanding of requirements to support consumer access to NDIS funded services	<p>Facilitate workforce development for staff in health and community services regarding practical requirements to be a NDIS service provider.</p> <p>Include NDIS as standing agenda item at Management Group Meetings and EI&amp;IC meetings to facilitate sharing of information and identify advocacy opportunities.</p>	<p>Equity Access &amp; Service Integration Committee</p> <p>Level 1 &amp; 2 Campaspe PCP members</p>
Service providers are aware of range of services that are available for consumers to purchase with funding packages	Map Campaspe service system to identify range of support services that are available for purchase by consumers in Campaspe	<p>Equity Access &amp; Service Integration Committee</p> <p>Level 1 &amp; 2 Campaspe PCP members</p>
Consumers are supported to access My Aged Care	Co-design social scripts with consumers in Campaspe to support their access to My Aged Care.	<p>Equity Access &amp; Service Integration Committee</p> <p>Level 1 &amp; 2 Campaspe PCP members</p>
Dementia Pathways in Campaspe are appropriate and Accessible	<p>Document and promote local dementia service pathways through:</p> <ul style="list-style-type: none"> <li>○ Distribution of pathways to support groups, GPs, Aged Care Facilities/Programs</li> <li>○ Supporting agencies to update NHSD and Carer Gateway information to support pathway</li> <li>○ Development of action plans to support organisations to follow Regional Dementia Services Pathways listed on Dementia Strategy</li> </ul>	<p>Equity Access &amp; Service Integration Committee</p> <p>Level 1 &amp; 2 Campaspe PCP members</p> <p>LMR Primary Care Partnerships</p>

	website <ul style="list-style-type: none"> <li>○ Promotion of Alzheimer's Australia Vic courses to consumers and carers</li> </ul>	
After-hours access to specialist mental health services is improved	Participate in the Healthier Campaspe Mental Health working group to advocate for improved after-hours access to specialist mental health services.	Healthier Campaspe Mental Health Working Group

## Service Integration

Service Integration involves the bringing together of inputs, delivery, management and organisation of services as a means of improving access, quality, user satisfaction and efficiency ([World Health Organisation](#)).

Service Integration Objectives	What we will do in 2017-2019	Partners
Workforce capacity in the use of Service Coordination Framework is strengthened	<p>Conduct "face to face" Service Coordination orientation training sessions twice yearly.</p> <p>Encourage and support organisations to use the <a href="#">Service Coordination Online Learning Module</a> to support service coordination</p> <p>Audit of Service Coordination Orientation practices in 2019 and implement plans for improvement where required.</p>	<p>Equity Access &amp; Service Integration Committee</p> <p>Level 1 &amp; 2 Campaspe PCP members</p>
Participation of health & community services staff in service coordination workforce development opportunities	<p>Promote workforce development opportunities through PCP newsletters and partnership meetings.</p> <p>Promote Workforce development grants to member organisation staff through Campaspe PCP newsletters and EA&amp;SI Committee</p>	<p>Equity Access &amp; Service Integration Committee</p> <p>Level 1 &amp; 2 Campaspe PCP members</p>
Local service integration is improved through the sharing of good practices	<p>Organise a Service Coordination forum in 2019 to:</p> <ul style="list-style-type: none"> <li>○ showcase good practice,</li> <li>○ increase service provider knowledge and</li> <li>○ provide networking opportunities</li> </ul>	<p>Equity Access &amp; Service Integration Committee</p> <p>Level 1 &amp; 2 Campaspe PCP members</p>
Participation of relevant members in an annual service coordination survey	<p>Facilitate and support participation in an annual Service Coordination audit/survey to monitor service coordination practice with focus on a seamless process for consumers</p>	<p>Equity Access &amp; Service Integration Committee</p> <p>Level 1 &amp; 2 Campaspe PCP members</p>

Establishment of the Campaspe AoD network	Provide support to Healthier Campaspe AoD working group to establish a Campaspe AOD service provider network to support and monitor access and promote multidisciplinary approaches.	Healthier Campaspe Alcohol & Other Drugs Working Group
LMR diabetes pathways continue to be implemented in Campaspe	Participate in the Healthier Campaspe Diabetes working group– ensuring Diabetes pathway/localised information is kept up to date with current service information and Diabetes working group members are supported to implement LMR diabetes pathways.	Healthier Campaspe Diabetes Working Group
Increase the organisational capacity of all partners to adopt the obesity clinical guidelines to support consistency across the Campaspe catchment	Participate in Healthier Campaspe Obesity working group to support development of Campaspe specific obesity pathways that consider referral, feedback, care coordination, service accessibility/eligibility including psychosocial supports through linkages with Murray PHN.	Healthier Campaspe Obesity Working Group
Campaspe specific obesity pathways are developed that consider referral, feedback, care coordination, service accessibility/eligibility including psychosocial supports through linkages with Murray PHN	Participate in Healthier Campaspe Mental Health Working group to link with Murray PHN Pathways and ensure Campaspe specific information is known.  Participate in Campaspe Murray Mental Health Network to maintain awareness and connections with local mental health service providers.	Healthier Campaspe Obesity Working Group

## Endorsement

The Equity, Access & Service Integration Operational Plan for 2017-2019 was endorsed by the EA&SI Steering Committee on September 27, 2017.