



**Banyule Nillumbik
Primary Care Alliance**

**Community Health Plan
Implementation Agreement**

July 2007 – June 2008

INTRODUCTION

Banyule Nillumbik Primary Care Alliance is pleased to submit its Community Health Plan Implementation Agreement for 2007- 2008. This document outlines the actual impact achieved by the Banyule Nillumbik Primary Care Alliance against Year 2 Strategies / Interventions listed in the Community Health Plan 2006 -2009 (CHP).

The four Portfolio areas that BNPCA address are:

- Partnership
- Integrated Health Promotion
- Service Coordination
- Integrated Chronic Disease Management

These Portfolio topics will be used as the headings throughout the report.

PARTNERSHIP ANNUAL REPORT 2008

Goal 1: Participation in proactive planning opportunities beyond and within the Alliance					
Strategy	Responsibility	Timeline	Estimated Impact	Actual Impact	Comments
Objective 1.1 Participate in planning opportunities beyond the local PCP catchment					
1.1.1 Participate in further opportunities that could progress area based planning eg Forum 5 Planning for a Healthier North	BNPCA & agency representatives	June 2008	Initial stages of developing a model to enable area based planning	Good attendance by BNPCA agencies at 5 th Forum. BNPCA not contributing to Project Worker position, but still interested to be apart of further considerations	Discussion continues regarding a suitable model for Area Based Planning in the Northern Metropolitan sub-region.
1.1.2 Participation in Austin Health PC & PHAC	BNPCA & agency representatives	June 2008	Increased sharing of information between agencies and local planning opportunities	Regular reports provided to Austin Health PC & PHAC, and Chair represents BNPCA.	There is information sharing at the PC & PHAC, but unfortunately at this stage very little in the way of local planning activity.
1.2 Work collaboratively with neighbouring PCPs					
1.2.1 Seek other opportunities to work collaboratively with particular regard to engaging new sectors and future workforce development options	BNPCA staff & agencies	June 2008	Stronger relationship with NCM PCP is developed Greater outcomes achieved through shared workloads Joint workforce development opportunities for SC & IHP are provided	Joint work has continued in Service Coordination, particularly with the SC Practitioners Network. IHP Officers across the region meet regularly and are offering workforce development opportunities together. Northern PCPs have meet to discuss shared work in ICDM, possibly around self management training.	A joint proposal has been submitted to undertake the Problem Gambling IHP initiative as a Northern sub-region. Relationships are cooperative and we seek opportunities to work together.
1.3 Strengthen approaches to address disadvantage and health inequality					
1.3.1 Participate in the Banyule Health Inequalities Learning Project	BNPCA & agencies	June 2008	Increased understanding by member agencies of a health inequalities approach to health planning	The Focus on Equity Workshop series has now been completed. Up to 20 local projects, programs or policies have had an Equity Lens applied to them.	The actual impact is different from the estimated impact or even the original strategy. However the Objective has certainly been obtained and the continuing work in this project will further enhance and embed the commitment to health equity in the catchment.
1.3.2 Include outcomes from the Banyule Health Inequalities Learning Project in future submissions and planning activities	BNPCA & agencies	June 2008	Improved availability of data on local disadvantage and health inequality	The VlcHealth Equity Tool will be available to use in future submissions and planning activities.	
1.3.3 Determine what constitutes the most disadvantage across the 2 LGA's in catchment	BNPCA & agencies	June 2008			
1.3.4 Use local health and planning data to identify the top 3 most disadvantaged postcodes in the BNPCA Catchment	BNPCA & agencies	June 2008	Enhanced understanding of disadvantage groups within the catchment		
1.3.5 Participate in Health and Well Being Working Group of the Heidelberg West Neighbourhood Renewal activities	BNPCA & agencies	June 2008		IHP Officer attends this Working Group regularly.	Co-location of the BNPCA near the Neighbourhood Renewal team has also enhanced the working relationships.

1.4 Identification of issues, service gaps, service extensions or new initiatives that will enhance existing services and projects in the catchment					
1.4.1 Consider new initiative opportunities, service gaps or service extensions that are in line with the priorities of this CHP and seek alternative funding sources	BNPCA & agencies	June 2008	New initiatives that will compliment existing services are applied for and possibly attracted to catchment	GP Small Grant – unsuccessful Make a Move – didn't submit Walk Together Grant - successful	The Walk Together Grant has been a very positive partnership Project and has enhanced many existing initiatives, including the Physical Activity Network and Chronic Disease Program initiatives. By supporting member agencies with their submissions we are assisting service gaps to be addressed.
1.4.1 Support member agencies to the extent that resources are available, to applying for funding of initiatives that fit with BNPCA priorities	BNPCA Staff	June 2008		Community Learning partnerships (Olympic Adult Education) Regional Meals project (BCC) Problem Gambling Service Tender (BCH)	

Goal 2: Development and expansion of the membership base with the inclusion of complimentary agencies committed to the Alliance vision

2.1 Regular review of BNPCA Partnering Agreement, including governance and staffing arrangements.

Strategy	Responsibility	Timeline	Estimated Impact	Actual impact	Comment
2.1.1 Based on Year 1 experience, review and refine Partnering Agreement and Delegation of Authority	BNPCA EO & SPG	August 2007	Ratified by SPG member agencies and signed	BNPCA Partnering Agreement signed by SPG partner agencies and distributed to members. Clear approach, rights and responsibilities and delegations outlined.	The BNPCA will review this again at the end of the current CHP, and in the light of work DHS Central is currently undertaking.

2.2 Aim to improve partnership relationship over the 3 years

2.2.1 Based on results of Partnership Tool determine an agreed action plan to progress partnership levels	BNPCA EO & SPG	August 2007	The plan is accepted by all SPG members	Action Plan finalised and incorporated into 07-08 Implementation Plan	The particular actions that have been actioned are: <ul style="list-style-type: none"> • Update of website • Opportunity for members to participate in various BNPCA activities • Seeking funding for various programs • Increase in new sectors being involved in BNPCA activities • Preparation of an orientation kit for new members • Keeping BNPCA activities relevant and time efficient • Using expertise of member agency staff when possible.
2.2.2 Implement Partnership Action Plan	BNPCA EO & SPG	June 2008	Tasks listed in plan are commenced	Included in Implementation Plan	
2.2.3 Organise BNPCA Member Forum and invite new sectors to showcase Alliance achievements and the benefits of partnerships	BNPCA staff	Nov 2007	Membership Forum conducted with new sectors being involved	BNPCA Membership Forum has not been held, but the following opportunities have brought member agencies together: <ul style="list-style-type: none"> • IHP Forums x 4 • SC Practitioners Forum 20th Nov. • ICDM Workshop 28th Feb • Focus on Equity Workshops - 4th March, 8th April, 3rd June 	

2.3 Identify broad agency membership base and levels of preferred involvement

2.3.1 Contact all member agencies to establish level of membership and portfolio interest	BNPCA EO	October 2007	Membership base has been established and portfolio interest noted	All member agencies were contacted and portfolio interest clarified and lists updated.	
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2.3.2 Review contact lists for each Portfolio Area and ensure they remain current	BPCA Portfolio Officers	March 2008	Interested agencies receive appropriate communication	Portfolio Officers regularly undertake this task and keep email network up to date. New agencies are offered this communication and are noted if interested.	
2.4 Identify sectors that are under represented and develop a strategy to engage them in Alliance activities					
2.4.1 Target Drug & Alcohol and Mental Health agencies (at least 2 agencies from each sector) to be involved in Service Coordination	BNPCA EO & Portfolio Officers	Feb 2008	Able to report on examples of expanded collaborative work within the Alliance	Not achieved. Moving very slowly to achieve commitment from Mental Health services despite MH Branch encouragement.	
2.4.2 Consider Employment, Education and Housing sectors in relation to IHP	BNPCA EO & Portfolio Officers	June 2008	2 new sectors represented in IHP activities	Some inclusion of Neighbourhood Houses and Living and Learning Centres.	
2.4.3 prepare an orientation kit for new partners	BNPCA EO & Portfolio Officers	Dec 2007	Orientation Kit is available for new members of SPG, Networks, Working Groups	The range of policy and documentation suitable for an Orientation Kit has been identified. Flexibility is required to make the kit suitable for the representative concerned.	Recently a folder was prepared for a new representative on SPG, and initial visits to new agencies are enhanced by the brochure, summary of the CHP and website bookmark.
2.5 Review consumer participation in BNPCA activities					
2.5.1 Reflect on HIC report on PCPs and Consumer participation	SPG & BNPCA EO	Dec 07	SPG meeting considers issue of Consumer Participation in PCP and member agencies	SPG Meeting August 2007 considered Consumer participation in relation to BNPCA and member agencies.	Project Brief has been written and forwarded to appointing a consultant.
2.5.2 Review BNPCA Charter and Resource Kit on Consumer Participation	SPG & BNPCA EO	Dec 07	BNPCA Consumer Participation Charter and resource is updated	BNPCA Consumer Participation Charter and resource yet to be updated.	

Goal 3: Maintain a communication and promotion strategy					
Strategy	Responsibility	Timeline	Estimated Impact	Actual Impact	Comments
3.1 Ensure PCP communication is accurate, relevant and timely					
3.1.1 Survey membership about preferred method of communication and frequency	BNPCA EO & Portfolio Officers	Nov 2007	Feedback from member agencies about preferred communication received and implemented	Survey in draft form, yet to be distributed.	In the meantime, EO Reports have been provided bi-monthly to SPG members, regular communication with Network, Working Groups etc. through email, regular minutes provided for meetings and the website is seen as our main method of communication.
3.1.2 Implement results of preferred communication	BNPCA EO & Portfolio Officers	March 2008			

3.2 Review and maintain the Website to ensure it is a site of preference for agencies to find the latest data and relevant information about the various PCP activities and a comprehensive listing of training opportunities					
3.2.1 Update BNPCA website with CHP details and new governance structure	BNPCA EO & Portfolio Officers	Nov 2007	BNPCA Website is reviewed and maintained with regular, current, and interesting updates	Website reviewed and launched Jan 2008. Regular updates and documents made available on site.	
3.2.2 Ensure regular Top Story is available for distribution	BNPCA EO & Portfolio Officers	June 2008	Members and others able to access BNPCA documents as required	Top Story available at least once a month during year. New website enables photograph to be uploaded as well.	
3.2.3 BNPCA member agencies and external parties use the website to gain access to BNPCA documents	BNPCA & Agencies	June 2008	A readily accessible and up to date Training page offering a wide range of relevant and appropriate training opportunities is made available	Training page has a diverse range of opportunities for training.	
3.2.4 Maintain training page with all training opportunities relevant to primary care workforce	BNPCA EO & Portfolio Officers	June 2008			
3.2.5 Broaden Training opportunities provided through website	BNPCA EO & Portfolio Officers	June 2008			

The highlights from the partnership Portfolio for 2007 – 2008 have been:

- The Strategic Partnership Group has met regularly throughout the year and continued the practice of two extraordinary meetings in the schedule to enable the agency representatives to present to the group a new policy direction, project, implementation of a new program or anything happening in their agency of interest to the rest of the group. It is pleasing to note that these presentations have often been the precursor to further discussions and joint work between member agencies, within the BNPCA context and beyond it.
- The redesign of the BNPCA website to align the site with the current Community Health Plan. The site provides not only background information about each Portfolio area but also makes available relevant documents, access to meeting minutes and useful links to other associated websites. There has been increased effort to provide information about a broader range of training opportunities for staff in member agencies as well.
- Focus on Equity Workshop series – more detail on this project is provided at the end of the Integrated Health Promotion Report, however the partnership with VicHealth and DHS (Head Office and Regional) on developing, implementing and evaluating this project is noteworthy.

2. Statement of expenditure for PCP funds

From 1 July 2008 Banyule Community Health Service has been the lead agency for the Alliance and responsible for the financial statements of BNPCA. An Income Statement for the 2007 – 2008 year is provided. Banyule Community Health Service will also provide DHS with audited financial statements as part of their Community Health reporting process, in which BNPCA funds will also be covered.

Banyule Nillumbik Primary Care Alliance

Income Statement from **July 07 to June 08**

	Actual	Budget	Variance	% Of		Comments
	Year to Date	Year to Date	Year to Date	Budget	Annual Budget	
	\$	\$	\$		\$	
Income						
DHS Recurrent Grants	231,911	226,800	5,111	102%	226,800.00	
DHS Other Grants	15,455	0	15,455	0%	0.00	
Other Income	76,212	42,200	34,012	181%	42,200.00	
Total Income	323,578	269,000	54,578	120%	269,000.00	
Salary Expenses						
Salaries & Wages	150,255	164,450	14,195	91%	58,430.00	
Staff Leave Provisions	15,427	2,120	-13,307	728%	0.00	
Superannuation	12,511	14,950	2,439	84%	5,460.00	
Workcover	2,460	2,460	0	100%	5,460.00	
Total Salary Expenses	180,652	183,980	3,328	98%	69,350.00	
Non Salary Expenses						
Staff Related Expenses	1,327	2,160	833	61%	2,160	
Accounting and Legal Fees	0	600	600	0%	600	
Client Costs	14,215	13,600	-615	105%	13,600	
Office Costs	33,337	36,720	3,383	91%	36,720	
Occupancy Costs	13,287	13,200	-87	101%	13,200	
Motor Vehicle Running Costs	10,310	10,800	490	95%	10,800	
Repairs, Maint & Cleaning	1,764	3,000	1,236	0%	3,000	
Volunteer Costs	150	0	-150	0%	0	
Health Ed/Promotion/Resource	0	1,800	1,800	0%	1,800	
New Equipment Purchase/Rental	0	1,200	1,200	0%	1,200	
Sundry Expenses	0	600	600	0%	600	
Total Non Salary Expenses	74,391	83,680	9,289	89%	83,680.00	
Total Expenditure	255,044	267,660	12,616	95%		
Net Profit (Loss)	68,534	1,340	67,194			

INTEGRATED HEALTH PROMOTION CATCHMENT ANNUAL REPORT 2008

This report uses the capacity building interventions detailed in an action implementation plan as the basis for the report. These include:

- Organisational development
- Partnerships
- Leadership
- Workforce Development
- Resources

This implementation plan for Year 2 has undergone some modification since the submission of the Community Health Plan 2006 – 2009 and last years CHPIA.

ORGANISATIONAL DEVELOPMENT

Objective	Key Activities	Timeline	Outcomes / Current Progress
Ensure that appropriate structures and practices are in place to monitor the ongoing implementation and review of the catchment plan.	Develop effective monitoring and review processes to facilitate future best practice 'catchment planning'.	June 2009	Monitoring and review has thus far been mainly at individual Network level. November IHP will commence planning for next CHP by reviewing Networks input.
	Clear Terms of Reference for IHP activities will to be made available through Principles and Protocols Paper.	For Review June 2009	Terms of Reference have been agreed and are available through BNPCA Website IHP Principles and Protocols Document. These are due for review by June 2009
	Participation/ membership of IHP is aligned with priority Networks	June 2009	Issues of membership still under consideration
Establish and oversee the effective implementation of the Emotional Wellbeing Network	Develop and finalise Terms of Reference and key activity of Network.	Completed. For Review June 2009	Terms of Reference agreed and convenor appointed.
	Map member activities, identify service gaps and gather info on Barriers to Participation.	Sept. 2008 & Ongoing	Mapping near completion. Currently identifying priorities. Information on barriers regularly placed on Website and links identified through Snippets.
	Attend regular meetings and assist in seeking appropriate funding opportunities, and supporting successful project partnering arrangements.	June 2009	Carry over to Year 3.
Ensure ongoing functioning of the Physical Activity Network	Collate info on Barriers to Participation in Physical Activity and identify key problems and possible solutions.	June 2009	Network to Agenda barriers collection. Information on barriers regularly placed on Website and links identified through Snippets. Service gaps identified through CHP catchment plan review. Key agencies have a clear understanding of potential barriers to participation. Will commence planning for 2009-2012 in September.
	Attend regular meetings and assist in seeking appropriate funding opportunities, and supporting successful project partnering arrangements.	June 2009	Some success in finding appropriate funding opps. Eg. Walking Together Grant. . Project Officer has conducted initial Training Workshops for Leaders in Mid March and April. Pram Walker Group about to start. Greensborough Mall component to commence in July on Tuesday mornings.

PARTNERSHIPS

Objective	Key Activities	Timeline	Outcomes / Current Progress
Ensure accurate and regular communication with member agencies	Work collaboratively with representatives of each LGA to facilitate closer integration of catchment plans with MPHP of Banyule & Nillumbik.	June 2009	As this is a mid point in Municipal Public Health planning processes LGA's will shortly be implementing some significant modifications to such planning and BNPCA will continue advocating for optimal consideration of relevant organisations.
	Provide support to Local Councils Healthy & Active Living projects through regular attendance at scheduled meetings.	June 2009	Meetings with both Council representatives will again be scheduled following completion of revised EW Plan.
	Actively contribute to the planning processes undertaken by new and smaller member Agencies.	June 2009	Attempting to compile a schedule to follow-up.
Develop and implement appropriate linkages to West Heidelberg Neighbourhood Renewal Project	Work collaboratively with representatives of the West Heidelberg Neighbourhood Renewal Project to determine involvement in appropriate Working Groups and ensure attendance at scheduled meetings of appropriate Working Group	June 2009	Opportunities identified and relevant action instituted. Cross membership established with WHNR project officer attending EWN and IHP portfolio officer attending WHNR H&W working Group.
Ensure that IHP Forum operates effectively and all IHP reporting requirements are met.	Revise Protocols paper	Feb 2009	BNPCA IHP Principles & Protocols Paper completed and posted on website.
	Resource IHP WG Forums as required	June 2009	May Forum with a major focus on Healthy By Design program of Heart Foundation was poorly attended but proved interesting for those who were able to attend. August Forum to be around Advocacy and November will be a mainly planning and review session.
	Ensure HP reporting requirements are met and prepare IHP components for CHPIA & CHP reports.	June 2009	Catchment Plan revision almost complete. Revised 07/08 IHP CHPIA Implementation Plan almost completed. Preliminary planning for next round CHP due to commence via Networks around mid year and Forum updating in November.
	Increase the number of new non-health sector groups whose planning processes are integrated with BNPCA catchment plans	June 2009	Some potential groups identified by EW Network but minimal progress achieved in encouraging the participation of non health sector representation.
Assist in the facilitation of appropriate planning processes to expand the application of best practice self-management interventions within member agencies	Seek to minimise the impact of chronic disease across the catchment. Through effective integration of service provision with health promoting concepts	June 2009	Still currently reviewing potential Health for Life / IHP linkages and opportunities for greater input into identified application of best practice health promoting options

LEADERSHIP

Objective	Key Activities	Timeline	Outcomes / Current Progress
Continue to represent BNPCA at Regional and Statewide levels.	Participate in statewide IHP PCP meetings and steering groups as required. Ensure that partner agencies have all necessary information on IHP developments at state wide levels to facilitate the most timely and appropriate action.	Ongoing to June 2009	Attended Workshop on "Partnerships" and have commenced incorporating some elements into Network operations. The Statewide Conference has been postponed till September and suggestions were sought for future appropriate workforce development options.
	Participate in NW region IHP activities.	Ongoing to June 2009	On going participation currently taking the form of Joint PCP IHP meetings considering actions to raise the profile of IHP across the Region. Continuing with working group to finalise Matrix from paper presented to Chairs at the end of last year. Also see Joint IHP Workforce Development initiative.
Assist in the seeking out, dissemination, and compilation of appropriate funding opportunities for partnering project activities	Review funding sources on a monthly basis and post opportunities in 'Snippets" and on BNPCA Website.	Ongoing to June 2009	Continue reviewing Easy Grants monthly bulletin and posting relevant opportunities. Snippets continuing to note some funding options.
Build agencies opportunities for intergenerational and cross cultural interaction around physical activity, emotional wellbeing and social inclusion which can also improve community safety, inclusiveness of diversity and lifelong learning	<p>A more robust IHP membership will be established and maintained incorporating local Learning Centres and other relevant non-health services to ensure representation is capable of offering both intergenerational and cross cultural input into future health promotion planning.</p> <p>Partner agencies will act collaboratively in the development of relevant submissions, and participate in project management arrangements</p>	On Going.	<p>Some issue based connection with Learning Centres achieved but limited success in expanding IHP Forum participation.</p> <p>Essentially conducted via priority networks. Successful implementation in relation to 'Walking Together' project</p>

WORKFORCE DEVELOPMENT

Objective	Key Activities	Timeline	Outcomes / Current Progress
Support agencies by providing opportunities that enhance the theoretical knowledge and awareness of the application of population based / evidence-based programs for promoting physical activity and addressing issues relevant to the 'improved emotional health, wellbeing and social connectedness of people living in Banyule and Nillumbik	Develop, conduct and review a .5 day Introduction to IHP training option for staff of member agencies	June 2009	Rollout currently being discussed with DHS Regional office. Consider placing managers IHP Handbook and resource on BNPCA Website
Offer capacity building workshop on evaluation tools and techniques to member agencies and undertake a Literature review for BNPCA website	Provide capacity building and professional development workshop on evaluating health promotion initiatives	June 2009	Joint N&WMR 'Evaluation Skill Development' initial series of 4 Workshops conducted BNPCA had one subsidised attendee. Other joint initiatives have included a training day on accessing and using local data in April, along with an Advocacy in HP for May. Further opportunities for joint action currently being considered
	Request SPG to provide some Facilitative funding for Workforce Development implementation	Early 2008	SPG approved \$5,000 fund for 2007/2008.
	Undertake a Literature review on evaluation tools and techniques for BNPCA website	Early 2009	Overall Literature Review not yet finalised however a diverse range of Evaluation material has been posted within newly created evaluation section of BNPCA website..
In conjunction with the Health Issues Centre to provide workshop opportunities for agencies to enhance their knowledge and understanding of Consumer Engagement best practice techniques	Review Agency activities around consumer engagement and identify issues of concern.	June 2009	Action postponed to complete other priorities. Carried over to Year 3.
	Provide necessary support to ensure consumer engagement in member agency planning and activities.		
	Discuss with HIC possible consumer engagement training options for member agencies		

RESOURCES

Objective	Key Activities	Timeline	Outcomes / Current Progress
Ensure best available IHP planning resources are accessible to all BNPCA member agencies.	Investigate and prepare a submission for the BNPCA to 'buy into' the QIPPS system	Early 2008 & On-going March 2008	Planning guidance available through new BNPCA website. Postponed due to DHS consideration of on-going support of this reporting framework. Integration continuing via catchment planning model.
Coordinate and provide necessary support to both LGA's to ensure the wider promotion of an extended resource Guide for physical activity and social connectedness	Support the expansion of the Banyule City Council Get, Set, Go Guide. Assist in the development and implementation of a similar Guide for Nillumbik Shire Council.	Nov 2007 March 08	This project was initially envisaged as the preparation of a combined resource which would be supported by the BNPCA. Once this plan became no longer viable responsibility for the provision of updated information became the sole responsibility of the two councils.
	Ensure site promotion details are widely disseminated and incorporated into agency links	June 2008 & On-going	Links appropriately posted to the BNPCA Website.
Further develop the BNPCA Web content as a planning resource base on IHP; ensuring the availability and use of information via BNPCA (eg. health status, risk factors, national goals and targets, literature reviews, information about effective practice)	Develop an equity based data set for Banyule & Nillumbik to assist member agencies in planning health promotion interventions to address priority areas	June 2008 & On-going	A number of significant documents and tables have been posted to IHP Planning section of BNPCA Website. Conducted a series of "Focus On Equity" workshops in conjunction with VicHealth and BNPCA to facilitate the refinement of an equity lens that could be used by PCP member agencies when planning, implementing and/or evaluating IHP initiatives.
	Ensure the availability and use of information via BNPCA (eg. health status, risk factors, national goals and targets, literature reviews, information about effective practice) to support health promotion action	June 2008 & On-going	See items re implementation of revised BNPCA website which has been completed and is being regularly updated. Assessment of member agency usage of these resources to be undertaken in early 2009.
	Develop an evaluation framework and tools to measure changes achieved across the catchment.	April 2009	PAN & EW Networks to consider format for using these items and providing feedback on progress in April/May 2009,
	Actively promote the BNPCA and website for use by member agencies	June 2008 & On-going	Bookmarks distributed to publicise new Website which is now much more user friendly and offers ready access to all documents related to IHP.
Ensure regular updates are distributed to member agencies	Prepare and distribute regular 'Snippets' to expanded IHP Forum mailing list in order to update members on professional development and funding opportunities along with important BNPCA announcements	On-going	Regularly distributed, improved and apparently well received. Some issues delayed due to competing work demands. Will be reviewed in early 2009.

The BNPCA Integrated Health Promotion resources have been used in the main to employ a Health Promotion and Planning Officer to assist agencies in the capacity building interventions noted in the above tables. In addition a small amount of funding was set aside to facilitate the conduct and member agency participation in key Workforce Development initiatives.

A number of highlights occurred during the past twelve months which have included:

Prime Time – Active Living Grant - The BNPCA has successfully transitioned this project to the two local council facilities and they are effectively continuing, in some cases with increased numbers two years after the funding expired.

‘Go for your Life’ Community Walking Grant – The success of this project thus far has demonstrated the effectiveness of having established healthy partnerships. The Project Worker and Reference Group have been auspiced by Nillumbik Shire Council. Already a Pram Walkers Group has been established in Hurstbridge, a new Darebin Creek Walking Group and Diabetes Group Walking activity have commenced in Banyule and a regular Mall Walking Group (Eltham YMCA facilitated) is soon to commence at Greensborough Mall as well as a Women’s Walking Group in West Heidelberg.

Establishment of the Emotional Wellbeing Network – This Network took some time to get established, but over the last twelve months has succeeded in tackling a major mapping review and is about to embark upon a priority setting workshop in order to develop appropriate initiatives for the next catchment plan. It has also proven to be a most useful tool in engaging with the West Heidelberg Neighbourhood Renewal Project and more broadly with groups such as Problem Gambling representatives for the catchment.

Joint North & Western Metropolitan Region Initiatives – All regional IHP officers have been meeting regularly over the past year to essentially plan and provide a variety of joint Workforce Development initiatives. Outcomes have thus far included:

- A highly successful series of IHP **Evaluation Skills Development** Workshops conducted between February and June which was facilitated by Primary Care In Action utilising a reflective learning model.
- A full day workshop on accessing and utilising local data sources “**Knowing Your Community**” to assist in developing evidenced based project support.
- A full day Workshop focussing upon **Advocacy in Health Promotion** aimed at raising awareness of how best to plan and conduct upstream IHP interventions.

In addition this working group also took on the carriage forward of the **Regional IHP Discussion Paper** project. The major focus at this point has been to prepare for the Regional Chairs Group a Capacity Building Action Plan that seeks to clarify some key actions that have been highlighted as needing to be addressed in order to facilitate a more coordinated and effective application of IHP across the Region.

This year’s major initiative has however been the BNPCA involvement in the trialling of the VicHealth Draft Equity Tool.

‘Focus On Equity’ - A series of three Workshops.

Originally, the idea of Banyule being a sentinel site for a trial to approaching planning with a focus on health inequalities was to provide a statewide example of how this approach could be applied to local council and PCP planning. Mark Boyd from VicHealth was simultaneously progressing the development of a health equity tool and an advisory group to assist in this process was formed. Through this Advisory Group it was suggested the BNPCA agencies could be involved in trialling the tool. From then the Project really started to take shape. It became known as ‘Focus on Equity’ and

the Advisory Group began envisioning a two staged process. The arrangement agreed upon by the Advisory Group was for the BNPCA to trial the health equity tool with local practitioners, then ISEPIC would develop a methodology for the involvement of senior managers. Then a period of discussion and review around the draft triangle equity tool that Mark was developing was undertaken by the Advisory Group culminating in the preparation of a process that was to consist of three Workshops.

All partner agencies of the Banyule City Council MPPH and the BNPCA member agencies were then invited to participate in this series of Workshops. The invitation indicated that there were to be three Workshops and that involvement in the workshops had a practical component where participants would be required to apply the tool to something in their workplace. A facilitator was engaged to assist with the conduct of the three workshops and also joined the Advisory Group in the planning and evaluation of the workshops.

A wide and diverse representation of partner agencies was achieved. In total the process commenced with 30 participants from organizations including:

- Community Health Service
- Local Government Acute Health
- Royal District Nursing Service
- Children and Family Agencies
- Neighbourhood Houses/Living and Learning Centre
- Centrelink
- Department of Human Services

The initial workshop scheduled in early March was designed to ensure all participants had an understanding of the social determinants of health and a basic grasp of health inequalities. One of the aims was to demystify the health promotion language, which was seen to alienate those from wider areas of work. The draft Triangle Equity Tool was introduced and distributed. Participants were then asked to select a project, program/service or policy from their own workplace upon which they could road-test the tool. Each participant was allocated a mentor for the project who arranged to be in touch during the intervening month to discuss the selection of the piece of work that each participant would use to apply the tool. Permission to use participants email addresses was also gained to establish an eNetwork. It was proposed that this eNetwork could be used for participants and mentors to communicate their experiences of the tool, issues that had arisen, queries about certain prompts and such things.

The second workshop was held in April. At this workshop each participant discussed their selected piece of work and this was mapped onto a matrix indicating whether it was a project, program or policy and whether it was at the planning, implementing or evaluating stage. We were excited by the diversity of activities to which the tool was to be applied. A case study of a project currently underway in the catchment (the Walk Together Project) was discussed and Mark highlighted some ways in which the tool could be applied to this example.

Participants were then given two months to apply the tool to their selected piece of work with the capacity to use their mentor if needed. This phase of the testing was then finalised at our third workshop held in Early June 2008, where many varieties of feedback was gathered to assist in staging the next stage of this unique trial. The further Evaluation of the data collected will continue into 2008 – 2009.

SERVICE COORDINATION ANNUAL REPORT 2008

Goal 1 Maintain quality practice in Service Coordination					
Strategies	Responsibility	Timeline	Estimated Impact	Actual Impact	Comments
1.1 Continue to support quality practice in established Service Coordination agencies					
1.1.1 Service Coordination Working Group reviews TOR and continues to work on SC issues	All BNPCA agencies	Ongoing	Key agencies meet regularly to discuss Service Coordination issues and to support SC practice	TOR reviewed Dec. 2007. TOR to be reviewed Dec. 2008. SCWG Meetings held August, October, December 2007, February, April and June 2008.	Continuation of NCM PCP's involvement in combined Network to be reviewed due to minimal participation of their member agencies
1.1.2 Develop local Protocols if necessary as an addition to the Victorian Service Coordination Practice Manual	All BNPCA agencies & SC Officer	Dec 08	BNPCA Agencies work together to develop necessary local protocols	SCWG considered developing local Protocols, but have deemed that none are necessary at this stage.	Completion of SC Survey – Results to contribute to future SC planning in catchment.
1.1.3 Service Coordination Practitioners Network TOR reviewed and combines with NCM PCP	All BNPCA agencies	June 08	SC Practitioners from BNPCA & NCM PCP meet together	SCPN TOR including participation of NCM PCP in network reviewed March 2008.	Several workforce development sessions about Service Coordination have been provided to allied health practitioners at Austin Health. These have been included as part of eReferral training to ensure workers have the context in which eReferral operates.
1.1.4 Contribute to SCTT Review	All BNPCA agencies	June 08	BNPCA have several representatives on working group and make a submission to the SCTT Review based on their experience	Regular attendance at SCTT Review meetings by BNPCA rep. Further participation by rep's in various associated Working Groups and trials of draft documents. Information/updates forwarded to SCWG by SC Officer.	
1.2 Ensure adequate information about Services is available to ensure appropriate referrals for consumers					
1.2.1 Encourage agencies to update information on the HSD	All BNPCA agencies	June 08	12 key BNPCA agencies add or update the information on HSD relating to their service	Liaison and feedback to Database Consultancy Australia by SC Officer re: advocacy of issues relating to new standards.	Survey of HSD usage at SCWG and SCPNM showed that usage is low. Agencies encouraged to feedback to DCA via web-form.
1.2.2 BNPCA advocate on behalf of agencies for improvements to HSD	SC Officer	June 08	Issues raised by BNPCA agencies are presented to DHS regarding issues with HSD		
1.3 Improve Care Planning for consumers with complex needs and multiple agency involvement					
1.3.1 Support further Regional initiatives to implement Care Planning Protocol	BNPCA agencies & SC Officer	Dec 08	Agreed Regional approach to Care Planning developed.	North & West Metro Regional Working group has not meet during 2008. To date there is no Regional implementation of Care Planning Protocol.	DHS-Service Coordination Plan Tool-Practitioner workshop. Care Planning on 19 th February 2008. BNPCA practitioner reps attended.
1.3.2 Commence BNPCA Care Planning Steering Group to consider local implementation.	BNPCA agencies & SC Officer	Feb 08	Local implementation issues raised, and workforce development needs identified.	Local Steering Group not commenced as awaiting further direction from NWMR CP WG	Statewide Care Planning Project continues, and recently BNPCA hosted a Focus Group to trial the draft Care Coordination Plan.
1.3.3 BNPCA Care Planning Steering Group to make	BNPCA agencies & SC	June 08	Local implementation plan developed	re:implementation across Region. Planning currently	

recommendations to SC WG about local implementation 1.3.4 Implement Care Planning across BNPCA	Officer BNPCA agencies & SC Officer	June 08	Implementation of Care Planning commenced and at least 5 key agencies participating	taking place at a Regional level. Attendance at Care Planning Workshop held by NCM PCP, where multiple issues were highlighted. June SCWG meeting included a discussion on current issues and future planning for CP in the BNPCA catchment. This will continue at the next meeting.	Liaison with DHS relating to need for a hand-held record, which could relate to CP developments in the catchment.
1.4 Support agencies with the introduction of Assessment Frameworks					
1.4.1 Work with HACC Assessment Agencies with the introduction of the HACC Assessment Framework	BNPCA agencies & SC Officer	Dec 08	Support HACC Assessment agencies in the catchment and other HACC agencies to understand implications of the Framework	HACC Assessment Agencies only recently announced. Discussions with these agencies about roles and responsibilities for these Alliances to be undertaken shortly. BNPCA supported recent HACC Growth Fund Allocation Consultations.	
1.4.2 Commence a BNPCA HACC Assessment Framework Task Group to assist with local protocols as necessary.	BNPCA Agencies	June 08	Wider appreciation of Assessment Frameworks by key BNPCA agencies and local implications		

Goal 2 To continue encouraging GP participation					
Strategy	Responsibility	Timeline	Estimated Impact	Actual Impact	Comments
2.1 Increase GPs awareness of primary health care services					
2.1.1 Encourage GPs to use electronic service directories	NEVDGP & SC Officer	June 08	BNPCA Agencies report an increase in the number of referrals from GPs for primary health care services	The 'Health for Life' (BCH – EiiCD) program has received % of referrals from GPs. NEVDGP through ABHI are supporting the Lifescrpts project completed. At least 10 new practices using material.	Meeting with Mercy Hospital Outpatient Demand Project Worker around Service Coordination and project goals.
2.2.2 Explore opportunities to communicate with Practice Nurses and Managers about primary health care services	NEVDGP & BNPCA staff	June 08	Lifescrpts project completed according to project objectives Increase in the number of GP practices using Lifescrpts program		Commenced Project with NEVDGP Worker to produce a Mental Health and Support Service Directory aimed at engaging GPs and other service providers, particularly the Mental Health Sector. Due to be completed March 2009.
2.2.3 Make use of the ABHI- Primary Care Integration program to support GPs with referrals to primary care agencies.	NEVDGP	June 08	Increased number of referrals to primary care agencies by GPs	GP Liaison Worker role to continue with emphasis on the Nillumbik area.	
2.2 Support and encourage GPs to use the Victorian Statewide Referral (VSR) Form					
2.2.1 Agencies continue to request referrals on VSR Form	All BNPCA agencies (inc. NEVDGP)	June 08	Further 5% increase in number of referrals from GPs on form each year	This strategy has not been measured, but no increase is expected. BNPCA and NEVDGP	There seems to be renewed interest in the VSRF by DHS and Division of GPs with the Primary

				have sent out a new list of the primary care and community services in catchment, with instructions for completing the VSRF from Medical Director to remind GPs and encourage referrals on VSRF.	Care Integration Strategy, so it is hoped that during 08 – 09 we will see more improvement in it's use.
2.3 Support any GP Interested to register to the s2s eReferral system					
2.3.1 Offer free registration to any GP interested in using the s2s eReferral system at BNPCA expense	BNPCA Staff	June 08	Further 3 GP practices to be registered	This has not been progressed. Eastern Region is completing a project using Argus to feed to s2s. This should be available later in the year.	
2.3.2 Provide training to GP and practice staff					
2.4 Improve feedback provided to GPs after referral and during Care Planning process					
2.4.1 Develop protocol to outline feedback requirements and processes	NEVDGP & SC Officer	June 08	Develop protocol to outline feedback requirements and processes	This objective will be completed via a project based student placement over the next 12 months.	

Goal 3 Introduce “New Sectors” to Service Coordination					
Strategy	Responsibility	Timeline	Estimated Impact	Actual Impact	Comments
3.1 Provide suitable induction to Service Coordination, practice, processes, protocols and systems for new sectors					
3.1.1 Commence introduction of SC in Disability services and private hospitals	BNPCA EO & SC Officer	June 08	Identified new sectors and private hospitals begin to explore benefits and challenges of Service Coordination	Invitations sent to LaTrobe Private and Waringal Private to meet with EO to discuss joining the BNPCA and in particular the Service Coordination strategy.	Attendance by Mercy Private at Refugee health Forum and follow-up contact with agency.
3.1.2 Assist interested Private Hospitals to understand SC and what it would mean for their organisation to join initiative	SC Officer	June 08	2 Private Hospitals to become participating members of BNPCA	Met with LaTrobe Private and rep. has been included in email communication concerning SCWG. They already use the SCTT.	Meeting with Mercy Hospital Outpatient Demand Project Worker.
3.2 Support agencies with the introduction of Service Coordination into their organisation					

3.2.1 Continue with introduction of SC in Family Services, Drug & Alcohol and Mental Health Services	BNPCA EO & SC Officer	Dec 08	Identified new sectors begin to explore benefits and challenges of Service Coordination.	Attendance by Berry St. Victoria and Children's Protection Society at SCPN.	SCPN to hold a Mental health Forum later in 2008, to increase awareness of eligibility and intake processes within the catchment.
3.2.2 Concentrate on assisting Drug & Alcohol and Mental Health Services to embed SC in agency practices	SC Officer	June 08	2 Drug & Alcohol and 2 Mental Health Services commence SC practice. Family services agencies adopt SC principles.	SC Officer attended IYSS Steering Committee and raising awareness around SC PPP's during this process. Meetings.	
3.2.3 Encourage Drug & Alcohol and Mental Health Services agency representatives to participate in BNPCA activities	SC Officer	June 08	2 Representatives from these services attend BNPCA SC activities	Progress with Mental Health Services has been very slow. Concentrating on relationship building. Implementation of Dual Diagnosis Framework and Alliance formation has taken priority of consideration of SC considerations. Have continued to work with NCM PCP who concentrate on D&A cross catchment and BNPCA to concentrate on Mental Health.	

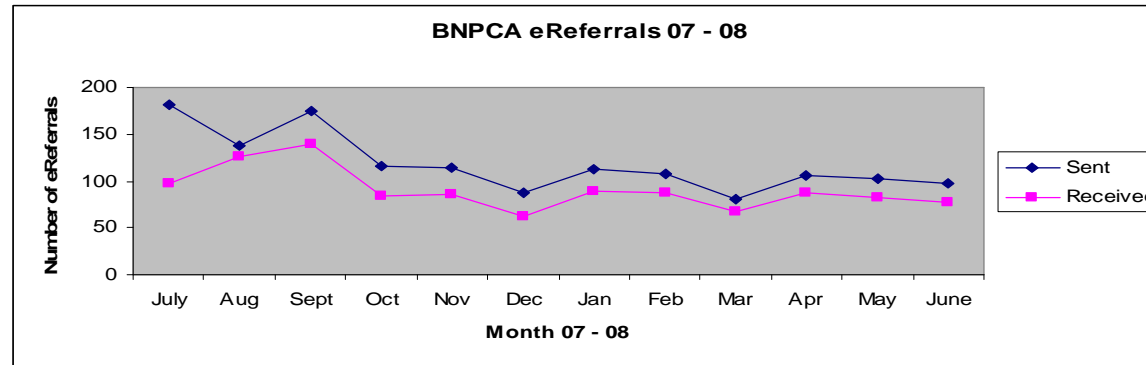
Goal 4 Ensure information systems are appropriate to support quality practice					
Strategy	Responsibility	Timeline	Estimated Impact	Actual Impact	Comments
4.1 Support registered agencies to increase use of the s2s eReferral system within and between agencies					
4.1.1 Increase use of s2s eReferral system in catchment	All BNPCA registered agencies & BNPCA Staff	June 08	Increase to 50 eReferrals on average per week and 3 new registered agencies	On average 52 referrals are sent and received per week. No new agencies have been registered.	Workforce Development in the form of training for s2s users has not increased usage long term. BNPCA has provided information support to agencies in their contract arrangements with Infoxchange.
4.2 Provide opportunity for agencies implementing HealthSMART to support each other and identify ways it can enhance quality practice					
4.2.1 Proposed HealthSmart Steering Group has not been required.	BNPCA EO	June 08	Impact on other information systems, eg eReferral identified	Liaison with HealthSmart Project Officer at BCHS and kept informed of planning and implementation at NCHS and the Austin.	
4.2.2 Maintain awareness of HealthSMART initiative and ways BNPCA can support its implementation and impact on other agencies.				BNPCA not been required to assist agencies with this implementation.	

4.3 Continue to address and progress information, Communication and Technology issues as they arise and respond to new opportunities as they present themselves

4.3.1 Ensure that agencies are getting maximum benefit from ICT Network	All BNPCA Agencies & BNPCA EO	June 08	Member agencies aware of full capacity of ICT Network	Not contact with provider, or support required by agenices.	
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eReferral Statistics

This graph shows the monthly totals of eReferrals for the period 2007 – 2008.



This graph shows that for the first six months there was an average of 234 eReferrals per month but this decreased to 183 for the first 6 months of 2008. At the start of the year several agencies participated in eReferral training provided as part of the extra support PCPs received to work on eReferral. To date in 2008 very little support has been given and several key agencies have been planning and implementing TrakCare. The graph also demonstrates that BNPCA agencies send eReferrals out of the catchment, and reports show this is most commonly to Darebin based agencies.

Refugee Forum

We had a great deal of interest shown in a Service Coordination Forum BNPCA held in November 2007. The Forum entitled “Improving Service Access for Refugee Clients” was also used to celebrate and provide a local launch of the Victorian Service Coordination Practice Manual. Following an overview of Service Coordination Practice, the speakers related to the experience of refugees. These included:

- Refugee Demographics and new population in our region - from Spectrum Migrant Resource Service
- Best Practice Initiatives in Refugee Health – Refugee Health Services Project, NCMPCP and NDGP
- Strategies to improve Service Access – Project Worker Westbay Alliance.

Service Coordination Snapshot Survey

BNPCA agencies took part in Service Coordination survey process, all used the snapshot survey version. BNPCA look forward to receiving the report from DHS on the findings and will consider these at the Service Coordination Working Group. It is likely the report will identify some areas for improvement in our practice of Service Coordination and the SCWG will identify how these will be addressed.

INTEGRATED CHRONIC DISEASE MANAGEMENT ANNUAL REPORT 2008

Goal 1: Develop an integrated approach in the use of self management across the catchment					
Strategy	Responsibility	Timeline	Estimated Impact	Actual Impact	Comments
1.1 Review and expand self management currently operating within member agencies					
1.1.1 Facilitate planning processes to expand self-management interventions within member agencies where gaps were identified in mapping process	BNPCA Agencies & ICDM Officer	June 2008	Gaps in self management interventions across catchment are identified and plan to address these made	Self Management mapping completed Dec. 2007. Still waiting for DHS to provide a report to BNPCA on the results.	
1.2 Define the roles and responsibilities, especially for acute and community health services, in relation to self-management interventions for people with chronic disease					
1.2.1 Initiate ICDM Working Group to assist with planning the catchment model to address ICDM, including defining roles and responsibilities	BNPCA Agencies & ICDM Officer	June 2008	Production of a protocol defining the roles and responsibilities in relation to self-management intervention for people with chronic disease	ICDM Workshop held in Feb 2008. CD Collaborative commenced in March 2008. Currently working on mapping the various chronic disease programs, which includes discussion around eligibility criteria, level of intervention, referral pathways.	

Goal 2: Ensure that suitable service coordination occurs for clients with chronic disease					
Strategy	Responsibility	Timeline	Estimated Impact	Actual Impact	Comments
2.1 Ensure successful implementation of the Better Access to Services framework by member agencies, particularly as it relates to people with chronic disease					
2.1.1 Review current Service coordination Practice (policies, processes, protocols & Systems) to ensure it provides suitable pathways for clients with chronic disease As per Portfolio 3, continue quality practice in Service Coordination	BNPCA Agencies & ICDM Officer	June 2008	Results of review of current SC practice to ensure it provides suitable pathways for clients with chronic disease are available	This Strategy is likely to occur in the next 6 months. The CD Collaborative is in its initial stage, and once the mapping task is completed this strategy will be easier to implement..	A joint Task Group from SCWG and CD Collaborative may undertake this work later in 2008
2.2 Develop a local agreement and systems to identify clients with chronic disease who require comprehensive assessment and cross-disciplinary / multi-agency (including GP) care planning, by working with PCP member agencies, particularly GPs					
2.2.1 Formation of a combined Service Coordination and ICDM Steering Group to work on care	BNPCA Agencies & ICDM Officer	June 2008	Combined SC and ICDM Steering Group work on developing local agreement	This objective and associated strategies are likely to be implemented during the next 12	

planning and comprehensive assessment for clients with chronic disease referral and care planning	BNPCA Agencies & ICDM Officer	June 2008	and systems to identify clients with chronic disease who require comprehensive assessment and care planning Local agreement and systems finalised	months.	
2.2.2 Production of a local agreement and systems to identify clients with chronic disease who require comprehensive assessment and cross disciplinary / multi agency care planning					

Goal 3: Expand the availability of early intervention in chronic disease initiatives across the catchment					
Strategy	Responsibility	Timeline	Estimated Impact		
3.1 Continue to support the implementation of the Banyule EliCD Initiative					
3.1.1 Continue participation in Banyule EliCD Steering Committee	BNPCA EO & local agencies	June 2008	Stronger systems within Banyule CHS to ensure proactive care of clients with chronic disease	The Banyule EliCD Steering Committee discontinued early in 2008. BCH are undertaking their own internal review of systems and processes for clients with chronic disease. This work will be fed back to the BNPCA CD Collaborative	
3.2 Extend the support into Nillumbik to introduce an EliCD initiative appropriate to their context, using the experience and learnings from the Banyule EliCD initiative					
3.2.1 Employment of an ICDM Portfolio Officer	BNPCA EO	Jan 2008	ICDM Portfolio Officer employed to progress work as identified in this plan	BNPCA have continued to use a Consultant to progress work in this Portfolio.	
3.2.2 Establish an ICDM Working Group	ICDM Officer	Mar 2008	ICDM Working Group formed to develop an ICDM strategy for the catchment	CD Collaborative commenced in March 2008	
3.2.3 Develop a ICDM Plan for the BNPCA catchment	BNPCA agencies & ICDM Officer	Ongoing	ICDM Plan for catchment commenced	A Strategic Statement of Intent for ICDM was formulated in Dec 2008 which is the basis of the ICDM Plan.	
3.3 Address the barrier of chronic disease in participation in Integrated Health Promotion initiatives					
3.3.1 Identify the barriers of chronic disease participation in IHP initiatives	BNPCA agencies & BNPCA Staff	Dec2007	Comprehensive list of barriers related to chronic disease, that limit participation in IHP initiatives compiled.	IHP Priority Networks to consider the barriers. Initial feedback from the Health for Life program indicate the high number of participants with barriers relating to psycho-social	
3.3.2 Address the identified	BNPCA	Ongoing	Solutions to barriers identified		

barriers	Agencies & BNPCA staff		and implemented	needs. Cost of physical activities, eg. gym membership has also been identified and BCH is negotiating with a local recreation provider around the cost of programs.	
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Several highlights can be identified from the work undertaken in this Portfolio over the last 12 months:

GP Liaison Worker role supported by BNPCA from June 2006 – Dec. 2007. The fantastic achievement of a rate of 78% referrals from GPs to the Health for Life program at Banyule Community Health can be attributed to the work and relationship building of the GP Liaison Worker with local GPs. The continuation of this role through the support of the North East Valley Division of General Practice and the ABHI – Primary Care Integration Program is an excellent partnership approach to improving the relationship between GPs and the primary care sector.

A whole of partnership approach has been taken to the BNPCA work in Chronic Disease. Through the preparation of the Chronic Disease Background paper during September and October in 2007, we were able commence conversations with our key agencies about the chronic disease programs available in the catchment, their ongoing support needs, the actions they could identify that would assist an integrated approach and to identify the role of the PCP in this work. As a result of this Background Paper and subsequent Strategic Partnership Group discussion a Strategic Statement of Intent on Integrated Chronic Disease Management was agreed to. This was followed in December 2007 by the Self Management Mapping Survey which was conducted by the Executive Officer actually sitting with the nominated agency representatives to complete the survey questions. This process further enhanced the connection between these agency representatives and the BNPCA. Thirty participants attended the “Improving Chronic Disease Management” in February 2008 which demonstrated the readiness of the catchment to come together to discuss how to integrate our approach. We now have the following key agencies regularly on a monthly basis in a ‘Chronic Disease Collaborative’ to progress our aim to have an integrated approach to chronic disease management:

- o Banyule Community Health
 - o Nillumbik Community Health
 - o Austin Health – HARP
 - o Northern Health – HARP
 - o North East Valley Division of General Practice
 - o Royal District Nursing Service – Diamond Valley Centre & Heidelberg Centre
- Other BNPCA agencies are committed to contributing to the chronic disease initiatives as identified in the Strategic Statement.

The achievement of the “**BNPCA Strategic Statement of Intent on Integrated Chronic Disease Management**” which is included as Attachment 1.

BNPCA – Integrated Chronic Disease Management

Vision:

To improve the health and wellbeing of people with chronic disease and reduce preventable admission to hospital for this group.
To identify groups at risk of chronic illness and intervene at an early stage to avoid the development of chronic illness

Strategic Statement of Intent for Integrated Chronic Disease Management within BNPCA:

That BNPCA concentrate its ICDM resources from Jan 08 – June 09 to the following areas of work:

- Improving the integration and planning of chronic disease services in the catchment
 - mapping of chronic disease programs in catchment
 - clarification of eligibility criteria
 - identifying clear referral pathways
 - identifying gaps in service
 - collectively planning to address gaps across services

- Working with agencies to develop an integrated approach in the use of self-management practices across the catchment
 - self management mapping exercise
 - assisting the coordination of the delivery of self management interventions
 - ensure that interventions target high risk groups
 - addressing the barriers to participation in self-management programs

- Assist with workforce development opportunities to support best practice
 - training needs analysis (could be included in self-management mapping exercise)
 - development of training plan
 - implementation of plan

At the same time objectives in the other portfolio areas of the BNPCA will also provide support to ICDM in these ways:

Integrated Health Promotion

- Providing catchment population data on chronic disease
- Increasing the opportunity for physical activity and mental wellbeing & social connectedness
- Development of strategies to support early identification and intervention for identified at risk groups across the catchment
- Addressing the barriers to participation in physical activity programs of people with a chronic disease

Service Coordination

- Ensure the successful implementation of the BATS framework, particularly as it relates to people with chronic disease
- Care planning in relation to people with chronic disease
- Assessment in relation to people with chronic disease

Member Agencies contribution/participation in Chronic Disease Management

Local Governments

- providing the environment conducive to health and wellbeing
- public health activities
- providing a suitable range of activities and support services

Community Health Services

- Chronic Disease Models of Care
- Providing a suitable range of activities and support services

Sub-Acute

- Case management
- Access to allied health professionals

Acute

- HARP programs
- Identification of at risk group and appropriate referral to community supports
- Responding to acute episodes

Royal District Nursing Service

- Care, support and self management education for those identified with chronic disease
- Disease specific care

Division of GP

- Primary Care Integration Program (Australian Better Health Initiative) – provision of Regional Coordinator assisting with GP integration with primary care providers
- Support of GPs with chronic disease Medicare items
- Assist GPs with referral process for patients to primary care services

Other Agencies

- Appreciation of the need to address chronic disease management in new ways
- Support of the BNPCA to work in the areas detailed above
- Supporting clients with chronic disease to find appropriate assistance