



**Banyule Nillumbik
Primary Care Alliance**

Community Health Plan Implementation Agreement

July 2008 – June 2009

INTRODUCTION

Banyule Nillumbik Primary Care Alliance is pleased to submit its Community Health Plan Implementation Agreement for 2008- 2009. This document outlines the actual impact achieved by the Banyule Nillumbik Primary Care Alliance against Year 3 Strategies / Interventions listed in the Community Health Plan 2006 -2009 (CHP) and goes some way to describe the outcomes of the three year CHP.

The four Portfolio areas that BNPCA have addressed during 2006 - 2009 are:

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

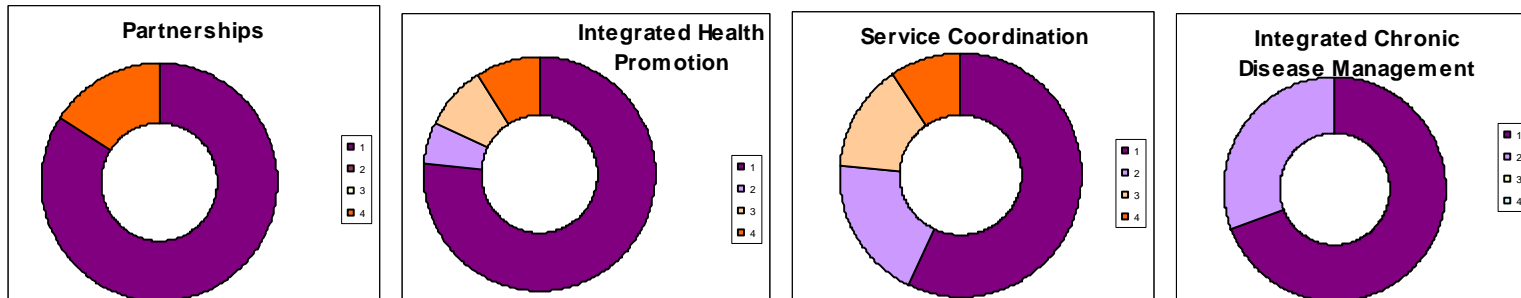
These Portfolio areas will be used as headings throughout the report. Under each heading there is a table outlining the outcomes against strategies, followed by a narrative including Case Studies of some of the interesting work that has been undertaken particularly over the last twelve months. There has been significant progress in achieving the expected outcomes and the following graphs indicate in summary form the progress of each Portfolio Area.

Completed

Partially Completed

Not Commenced

No longer appropriate



The details of these strategies and outcomes are provided in the following report.

Amanda Murphy
Chairperson
BNPCA Strategic Partnership Group

PARTNERSHIP

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 BNPCA to adopt an area based planning model as the preferred future planning process	BNPCA & agency representatives	June 2009	BNPCA will complete the new Community Health Plan using area based planning model	Participation in Planning for a Healthier North has enabled consideration of the issues involved in this approach on a sub-regional basis. Progress in achieving a Planning for a Healthier North structure has been slower than anticipated.	Progress of this work was hindered by lack of applicability from Care in Your Community Pilot Projects, no support from DHS to undertake this work, lack of additional funding to PCPs to support this level of work, confusion over which Network or Partnership would be best placed to undertake this work (ie PC & PHACs, PCPs , other sub-regional group)
1.1.2 Review structures, roles and responsibilities required to adopt an area based planning model	BNPCA & agency representatives	June 2009	New structure identified to support area based planning is drafted for implementation in July 2009		
1.1.3 Participation in Austin Health PC & PHAC	BNPCA & agency representatives	June 2009	Reports from BNPCA provided to each meeting and Increased sharing of information between acute and primary care sectors		
1.2 Work collaboratively with neighbouring PCPs					
1.2.1 Review collaborative work to determine the benefits to both PCPs and identify further opportunities	BNPCA staff & agencies	June 2009	Representatives from both PCPs meet to discuss future of collaborative work	Northern Metro Sub-Region PCPs have developed an Information and Communication Partnership Agreement. EOs meet regularly to update each other on progress of identified work. Collaborative projects currently underway include: Problem Gambling Health Promotion initiative, High Risk Tenancies Project, Disability Accommodation Services (Complex Health Needs) Project.	
1.3 Strengthen approaches to address disadvantage and health inequality					
1.3.1 Participate in Health and Well Being Working Group of the Heidelberg West Neighbourhood Renewal activities	BNPCA & agencies	June 2009	Attendance by BNPCA representatives at Health & Well Being Working Group meetings. Regular contact with the Place Manager and Community Participation Coordinator	This Group is now discontinued, but EO and IHP Officer have met with Neighbourhood Renewal staff to discuss alternative options for BNPCA participation. We have agreed to meet regularly to update each other on relevant activities.	Discussions on NR Action Plan and BNPCA activities have enabled useful information sharing and identification of potential shared activities. The IHP Project – Walking Groups developed 2 groups for the West Heidelberg area. BNPCA have contributed to Local Services Directory developed by
1.3.2 Participate in other opportunities that arise					

					the Neighbourhood Renewal Project. The Neighbourhood Renewal Newsletter is uploaded to the Website. BNPCA advocated to BCC for consideration of special access to the Olympic Village Recreation Centre for participants in BCH chronic disease programs and the community in general.
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 Complete Focus on Equity Project that will work with BNPCA Agency leaders and SPG group to consider how to adopt health equity approach strategies within agencies and for BNPCA strategic directions	BNPCA & agencies	June 2008	Commitment to include health inequalities in the next CHP	The Dec meeting of the SPG was on the topic of Health Equity as background preparation for our Strategic Planning phase and this has been part of the setting of key directions for the next strategic plan. Partner agencies who participated in the Focus on Equity Workshops are taking into consideration learning from that workshop series.	
1.5 Identification of new initiatives that will enhance existing services and projects across the catchment					
1.5.1 Consider new opportunities that are consistent with BNPCA priorities	BNPCA & Agencies	June 2009	3 opportunities that are consistent with existing services and priorities are considered	<ul style="list-style-type: none"> ▪ Make a Move Initiative (Falls Prevention) ▪ Mental Health 0 – 25 years Demonstration Project ▪ Workforce Innovation Grant <ol style="list-style-type: none"> 1. Health Coaching 2. eReferral Support • DoHA – Health Coaching • DAS Project • Northern Area High Risk Tenancies Project 	
1.5.2 Support member agencies, to the extent that resources are available, in applying for funding of initiatives that fit with BNPCA priorities	BNPCA & Agencies	June 2009	80% of requests for support are provided		
Goal Progress: Over the last three years BNPCA has participated in opportunities to progress discussion concerning Area Based Planning as demonstrated in attendance by a majority of members at Planning for a Healthier North Forums and contributions to the employment of an Executive Officer to further explore the this option for a sub-regional structure. Members have also attended the Austin PC & PHAC and a regular BNPCA Report has also been provided. Opportunities to work in partnership with neighbouring PCPs have been sought as demonstrated particularly by the Problem Gambling initiative as well as other projects listed above. Both the Focus on Equity Workshops and our relationship with the local Neighbourhood Renewal Programs are examples of our work to address disadvantage and health inequality. A wide variety of submissions have been made over the three years to commence new initiatives to enhance existing services and to fill gaps across the catchment. The IHP projects on Prime Time, Walking Group Project and Make a Move were particular highlights, along with the Problem Gambling initiative and more recently the relationship building that is occurring by participation in the Disability Accommodation Services and Northern Area High Risk Tenancy Project. The response to local NGO Disability Services and the resultant communications with them is also worth noting.					

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. Review BNPCA Partnering Agreement and Delegation of Authority	BNPCA EO & SPG	March – June 2009	New Partnering Agreement and Delegation of Authority (including structure and staffing arrangements) is ratified by SPG member agencies.	Currently these documents are under review and consideration of increasing the formality of our Partnering Agreement will be undertaken over the next 12 months. Staffing and structure are part of the Strategic Planning process.	
2.2 Aim to improve partnership relationship over the 3 years					
2.2.1 Complete Centre for Collaborative Studies Partnership Tool and compare level of partnership between Strategic Partnership Group members with Year 1 results	BNPCA EO & SPG	Feb.2009	Comparison between Year 1 and Year 3 will demonstrate improved partnership	Partnership Self-Assessment was conducted in 2009 and the Report is included at the end of this Portfolio table. Improvement in partnership synergy was achieved, as well as for the majority of items on the tool.	
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 2008	Membership base has been established and portfolio interest noted	This is completed regularly by Portfolio Officers and network groups are up to date.	
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	Recently added Disability Services representatives to IHP Snippets distribution list	Health Promotion, Service Coordination and Chronic Disease Portfolio representation updated in March 2009
2.4 Identify sectors that are under represented and develop a strategy to engage them in Alliance activities					
2.4.1 Work with Family Services agencies, particularly Berry St. and Children's Protection Society to include them in appropriate BNPCA activities	BNPCA EO & Portfolio Officers	Nov 2008	Able to report on examples of expanded collaborative work within the Alliance	Berry St. and CPS have been members of the SPG for 2 years. Involvement in other BNPCA activities limited but achieved when topic under consideration is relevant. (eg. Focus on Equity Workshops, Service Coordination Practitioners Network) Other Sectors <ul style="list-style-type: none"> Disability Services Task Group Northern Area High Risk Tenancies Project has enabled contact with: Preston Housing, MIND and Homeground 	

2.5 Review consumer participation in BNPCA activities

<p>2.5.1 Decide on ongoing strategy/policy regarding Consumer Participation</p>	<p>SPG & BNPCA EO</p>	<p>Dec 08</p>	<p>1 SPG meeting dedicated to develop ongoing Consumer participation strategy/policy</p>	<p>SPG meeting in Oct 08 agreed to work on updating our Consumer Charter and resource kit. SPG approved the reimbursement of Consumers taking part in BNPCA activities, eg. Consumer Reps on the Problem Gambling Initiative Steering Group and Chronic Disease - Client Pathways Project IHP Forum in Feb 2009 was facilitated by Health Issues Centre on the topic of Consumer Participation. The BNPCA Consumer Participation Charter has been updated and distributed to agencies and uploaded to the website.</p>	<p>Feedback from HIC on the Resource Kit was that it was still a useful Guide to agencies and at this stage it didn't require additional work.</p>
--	---------------------------	---------------	--	--	--

Goal Progress: Goal Progress: Over the last three years the BNPCA has welcomed two new agencies to participate in the Strategic Partnership Group, namely Berry Street and Children's Protection Society. Throughout its other activities a variety of additional service providers have participated. The Forums that have been conducted by the BNPCA on various topics have nearly always been well received and have been the most effective in attracting representatives from services that don't attend regular activities. Recent Project opportunities have enabled the BNPCA to increase their contact with sectors that have been reluctant to participate in PCP activities. These Projects are using PCP expertise in alternative ways, such as meeting facilitation, evaluation skills, information gathering, access to agencies and others. The BNPCA has worked diligently with Clinical Mental Health and PDRSS services by participating in Dual Diagnosis initiatives, mental health policy consultations, Mental Health Alliance meetings, meetings to prepare the submission for the demonstration site for a Children and Young People project and informal contact with the Manager North East Area Mental Health. We consider that we are well positioned by the interest currently being shown by the mental health sector to be able to undertake some worthwhile activities with them in the near future. The interaction with local non-government Disability Services has been particularly encouraging and relationships are developing between individual agencies particularly in regard to enterprise arrangements. The Disability Services have appreciated the additional information that the BNPCA can offer their services and are pleased to receive the Snippets – IHP eNewsletter. BNPCA has been able to keep consumer/community participation on the table by the decision to review the Charter and Resource Guide, but also by the IHP Forum held earlier in the year and the inclusion of a consumer perspective both in the problem gambling initiative and the integrated chronic disease management work.

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 and frequency of communication	BNPCA EO & Portfolio Officers	June 2009		This has been included in recent surveys of representatives of various BNPCA Portfolio activities. This has shown the IHP Snippets newsletter is well received; Representatives have expressed the effectiveness of receiving Minutes and updates by email; feedback on the website is variable but worth continuing	
3.1.2 Undertake a review of BNPCA image and branding in light of expanded membership			Review is completed and decision made about title of Alliance and appropriate branding	Once the Strategic Plan is finalised and PCP Boundary issue is finalised it would be more suitable to undertake such action.	If the PCP Boundary changes impact on BNPCA this should be held over until the new entity is underway.
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 Continue to maintain website with current information, minutes, publications, training opportunities and regular Top Story.	BNPCA EO & Portfolio Officers	June 2009	Website information current	Top Story provided monthly for Infocast/eBulletin Meeting Minutes uploaded Information Bulletins and new publications Training information.	
3.2.2 Investigate the incorporation of a proactive tool for membership base to link particular training topics to specific groups of interested staff			Proactive tool introduced for interested staff	This was not viable due to inconsistent registration of agency staff to BNPCA website and cost involved in setting up such a tool. In the meantime training opportunities are uploaded to website, sent via Snippets and/or emailed directly to appropriate staff of member agencies.	
Goal Progress: The Website is the main form of communication for the BNPCA. Although regular Top Stories are provided for the monthly infocast and notice of upcoming events, training opportunities, copies of Minutes are available on the website feedback indicates that agency staff don't use the website effectively. The Health Promotion Newsletter Snippets that is distributed by email fortnightly on the other hand is seen as valuable and provides relevant and useful information to staff in agencies. Regular communication of our activities by email appears to be the most effective way to distribute information. The brochure and Strategic Plan 06-09 sheet that were designed and professionally printed have proved to be valuable marketing documents when promoting the work of the PCP. More recently for the launch of the Chronic Disease referral framework, more material was produced and has been well received as physical evidence of outcomes achieved in this work.					

BNPCA Partnership Self-Assessment Summary Report

The Strategic Partnership Group of the Banyule Nillumbik Primary Care Alliance evaluated their Partnership over the last three years by completing the Partnership Self-Assessment Tool¹ questionnaire twice; initially in 2007 and again in 2009 which allowed for a comparison of results. The BNPCA has eleven representatives at the Strategic Partnership Group, and all of the members were asked to complete the questionnaire; although it should be noted that since the Partnership Self-Assessment was completed in 2007 we have two new members.

A Partnership is considered to be made up of individual participants who work together to achieve a common goal. Most of the questions in the questionnaire focused on how members view the Alliance as a whole (for example, the alliance's collaborative process, leadership, and administration and management). To analyze the respondents' answers to these questions, the mean of the responses has been used. These mean scores represent the views of the partnership respondents, on average. The other questions in the questionnaire focus on how participants view their own involvement in the partnership (for example, their satisfaction with the partnership and the benefits and drawbacks they are experiencing).

The following information is based on the 2009 results with some comparison of the 2007 outcomes.

Partnership Synergy Score: An indicator of the success of the BNPCA Collaborative Process **The Strategic Partnership Groups overall synergy score is 3.7** (out of a maximum of 5). In 2007 the score was 3.3 so there has been improvement, but still requires more work.

The partnership has improved its effort in all areas measured to obtain the synergy score, except one. The improvements were the most notable in "Identifying new and creative ways to solve problems", "include the views and priorities of the people affected by the partnership's work", and "develop goals that are widely understood and supported among partners". The exception was in "implementing strategies that are most likely to work in the community".

The partnership's overall score for leadership effectiveness is 3.6. In 2007 we scored 3.2,

The biggest improvement in these measures was seen in diversifying the partnership, helping the partnership to be creative and see things differently and empowering people in the partnership. These were identified as a weakness in the original self assessment, so this is a particularly pleasing result. The only area that there was a lower score was in taking responsibility for the partnership.

The partnership's overall efficiency score is 3.5.

This score is in the Work Zone, which means that more effort is needed in this area to maximize the partnership's collaborative potential. This was an improvement from 3.2 in 2007.

It is particularly pleasing to note the improvement the partnership has made in using partners' in-kind resources such as skills, expertise, information, data, connections, influence, space, equipment and goods. The results also indicate an improvement in the use of partners time, which would confirm the changes made to the structure for this current Community Health Plan period 2006 – 2009.

The partnership's overall score for the effectiveness of its administration and management is 3.9. In 2007 the score was 3.4.

There has been improvement in most areas of the administration and management of the partnership. The most notable of these are in evaluating the progress and impact of the partnership which could relate to the bi-monthly reports to the SPG, the evaluation of the health promotion projects, service coordination survey and self management mapping exercise. The partnership has applied for multiple grants and been approached to take part in several projects over the last 2 years and this is acknowledged in this area as well. The only area that we did not improve on is around minimizing the barriers for participation in partnership meetings and activities.

The partnership's overall score for sufficiency of non-financial resources is 3.6. Our score for this has decreased from the 2007 result of 3.8.

¹ The Partnership Self-Assessment Tool was developed by Center for the Advancement of Collaborative Strategies in Health, New York
BNPCA CHPIA 2008 – 2009

Our performance in this area of non- financial resources is not that different from last time, except for the last item on influence and ability to bring people together for meetings / activities. This could be seen as contradictory result given the improvement we scored in diversifying the partnership.

The partnership's overall score for sufficiency of financial and other capital resources is 3.5. This score is very similar to what we scored in 2007 at 3.6.

The only area we have improved on in this area is with financial resources which had been identified as a weakness previously. We have managed to attract some small project funds and it might appear we are managing well, but the budget is balanced by the inclusion of a significant amount of previously unexpended funds.

Partnership's Decision-Making Process: The partners are mostly comfortable with how decisions are made and had the same result as in 2007 in this regard.

For the majority of participants, the benefits of participating in the partnership exceed the drawbacks.

Respondents were more satisfied this time with the way Alliance members are working together than two years ago. The result of 75% mostly or completely satisfied with this aspect of partnership experience is encouraging.

The results of this Partnership Self-Assessment are encouraging for the direction and the work of the BNPCA over the last three years. They also give some pointers for when the SPG is reviewing the structure of the BNPCA for the implementation of the Strategic Plan 2009 – 12. They would be the following issues:

- Options for people to participate in and be given responsibility for various partnership activities.
- Using the partners' time effectively so that we improve the efficiency of the partnership
- Minimizing barriers for participation
- Participants influence and role in the partnership

Overall, the BNPCA has improved its self-assessed rating in most items on this Partnership Self-Assessment Tool. Most importantly all except one item that was specifically targeted for improvement was enhanced.

Partnership Opportunities in Unexpected Ways

The BNPCA has had the opportunity over the last 12 months to intersect with other sectors in unexpected ways. Traditionally the PCP would approach sectors not currently engaging in PCP activities and offer to enlighten them on Service Coordination Practice, increase opportunities for Integrated Health Promotion, or more recently see if there was any interest in Chronic Disease Management.

What has been learned through the three experiences described below is that there are other ways that may not be the direct path to engage other sectors in our interest areas, but you get there in the end!

BNPCA and Non Government Organization Disability Services

Subsequent to an approach to BNPCA from one of the NGO CEOs a meeting was called of the four local NGO Disability Services. At that meeting each agency expressed what they could identify as the current needs of the participants in their programs. The BNPCA EO responded with the ways these related to BNPCA activities. The group agreed there was enough interest to meet again and formed a Task Group. At the October 2008 Strategic Partnership Group meeting two representatives of this Task Group presented the agreed issues from their sector to the SPG members. A supportive and informative discussion ensued. The SPG encouraged the Task Group to continue and it has met on two further occasions. The outcomes that have been achieved from this group are:

- Disability Services now receive the IHP eNews “Snippets” that BNPCA produce informing them of various training, information, health promotion material and opportunities, employment opportunities etc.
- Disability Services enterprise businesses have been used by BNPCA agencies
- Links for the Disability Services into primary care agencies have been improved,
- Needs of people with a disability have raised and are now considered as part of the catchment population and in fact led in part to the BNPCA being successful in becoming a demonstration site for the DAS project
- The Task Group meetings have provided an opportunity for the Disability Service CEOs to meet and share ideas and project opportunities (see Minutes from the Nov. 2008 meeting)

So as can be seen from the above description, no great in roads to Service Coordination practice, integrated health promotion involvement or interest in chronic disease management, but important relationship building nonetheless.

BNPCA, NCMPCP and the Northern Area High Risk Tenancies Project

In June 2008 the BNPCA was approached by the NWM Regional DHS Office to participate in a project with the Office of Housing around Service Coordination. As it transpired the PCP contribution to this project ended up being a lot different than was originally envisaged. Originally the BNPCA had ideas of a review of service coordination practice and implementing a practice in line with the Victorian Service Coordination Practice Manual within the local Office of Housing. The Project ultimately involved both the Office of Housing and Homeground who auspice the SHASP program from the Housing sector in addition to MIND, a PDRSS service provider in the Mental Health Sector. During the course of the Project, local Area Mental Health Services have been invited and now attend the Steering Committee as well. Both of these sectors have been difficult to engage around service coordination practice and involvement in this project is seen as an opportunity to build relationships.

After consultation it was ultimately decided that the PCP role in the project would include the following aspects:

- Facilitate Steering Committee, including:
 - Development of terms of reference
 - General administration tasks
- Promoting best service coordination practice to Project stakeholder agencies
- Professional development re service co-ordination, practice and principles; best practice in referral; referral tools in a limited capacity
- Mentoring Project Partners - invitations to relevant PCP forums and info sessions
- Evaluation Role – participation in evaluation framework development and implementation

Comments from the various stakeholders have expressed their appreciation of the PCP involvement in the Project as an objective third party who has enabled the Steering Committee to run smoothly and efficiently and who has been able to follow through on issues as they arose. The mid evaluation Report is also another contribution from the PCP that has been appreciated.

In this Project it has been the skills of the PCP staff that have been appreciated more than the actual practice they wish to impart. However there have been occasions when advice has been given around privacy and consent issues concerning electronic transfer of personal information. In addition just recently there has been interest to consider using the SCTT for

referrals into the HRT Project from the Office of Housing into MIND. This indicates that you have to be in the right place and the right time sometimes for these opportunities to occur.

BNPCA and Complex Care Needs Project (Disability Accommodation Services)

The North West Metro Region was selected for one of the demonstration sites for the Complex Care Needs Project. The local government areas of Banyule and Darebin, with Banyule Community Health as the lead agency and BNPCA providing the PCP support for the Project.

It took awhile to clarify what the BNPCA role would be in this project, although it had a service coordination emphasis. Ultimately the BNPCA submitted a work plan with the Goal of "Improved access and capacity of primary health services to work with DAS residents".

The specific Objectives were:

1. Explore and enhance awareness of PCP member agencies regarding eligibility and needs of DAS residents (Banyule Community Health, Darebin Community Health, RDNS, Austin Health Sub-Acute services, LaTrobe Communications Clinic)
2. Identify where there are gaps in services and advocate for services accordingly
3. Work with Divisions of General Practice to encourage the participation of GPs in the project
4. Introduce service coordination principles and practice within DAS services in order to improve their understanding of how to access and relate to primary health

This Project has enabled links with DHS Disability Services both with the Regional Office and with Head Office. It has also provided resources to undertake some workforce development with primary care agencies around working with people with a developmental disability. This project concludes later in 2009.

INTEGRATED HEALTH PROMOTION

This report uses the capacity building interventions detailed in an action implementation plan as submitted in the last Community Health Plan, as its basis. These include items within the following elements:

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

This implementation plan for the period has undergone some further modification between the submission of the original Community Health Plan 2006 – 2009 and this final CHPIA. In addition an on-going amount of funding was set aside by the BNPCA SPG to facilitate the conduct, and member agency participation in a number of key Regional Workforce Development initiatives.

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 following tables. Some elements of the Plan proved not achievable within the timeframe and a major lesson learned was the need to be more practical about how far the limited resource can be stretched.

One major **Organisation Development** initiative over the past three years was the effort invested into developing an agreed planning structure and procedures for the on-going conduct of IHP within the BNPCA. This incorporated some key changes to the conduct of the BNPCA IHP Working Group and Priority Networks, which were summarised in the BNPCA IHP Principles and Protocols Paper². A key change was the revision of the monthly IHP Working Group meetings with quarterly 'issue-based' Forums and an attempt to engage the Priority Networks in a more strategic role within planning. In the long-term these changes seem to have born only limited success. Although at least three scheduled forums over the last 12 months were successful in terms of participation, at least one had to be rescheduled because of poor numbers nominating. A recent survey³, in part to assess the value/usefulness of the overall changes, indicated only moderate success in

terms of agency participation, with some 27.3% of respondents having attended these Forums only occasionally or never; and a similar amount of respondents reporting them as being of minimal use or having 'no opinion' about their usefulness. Similarly our endeavour to achieve greater participation in the planning and review process from the priority networks, appears less than successful, with well over half the respondents having never attended either and finding them of little use. Indeed in order to gain any significant input from key Agencies in assisting to compile the next three-year plan it was resolved to establish a specific Task Group for this purpose. At this stage this group approach has proven to be beneficial and valuable to all involved, and there is a strong likelihood of its future continuation in contributing to the provision of strategic guidance and progress review on IHP for the BNPCA. Also in terms of the **Resources** component a key benefit has been achieved through the instigation of an update on IHP related issues and activities via the regular distribution of the Snippets bulletin. The distribution list of recipients of this bulletin has continued to climb steadily over the past two years since this initiative was implemented and more than half of our survey respondents reported this initiative as being important to continue.

The remainder of this Report consists of the Summary tables as referred to above, followed by a narrative account of some of the other major highlights experienced from joint projects and capacity building initiatives.

² A copy of which can be found at <http://www.bnPCA.org.au/publications/items/2008/01/190854-upload-00001.doc>

³ See <http://www.bnPCA.org.au/publications/items/2009/06/284096-upload-00001.doc> for summary of all results.

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 to date has been mainly at individual Network level. Also commenced, through the establishment of a special Planning Task Group from early 2009, the preparation of an IHP planning input for the 2009-2012 BNPCA Strategic Plan
	Clear Terms of Reference for IHP activities will be made available through Principles and Protocols Paper. Participation/ membership of IHP is aligned with priority Networks	For Review June 2009	Agreed Terms of Reference were completed and made available through BNPCA Website as part of the IHP Principles and Protocols Document. These are now due for review from June 2009. Issues of 'on-going' membership are due for further consideration as part of this review.
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 made available through BNPCA Website as part of the IHP Principles and Protocols Document. A Convenor was appointed in 2008. These are also due for review from June 2009. Issues of 'on-going' membership will be addressed as part of this review. This Network also facilitated the re-integration of WHIN.
	Map member activities, identify service gaps and gather info on Barriers to Participation.	Sept. 2008 & Ongoing	Mapping nearly completed, and potential future priorities were identified. Some Information on barriers has been placed on BNPCA Website and relevant links were conveyed through Snippets.
	Attend regular meetings and assist in seeking appropriate funding opportunities, and supporting successful project partnering arrangements.	June 2009	A number of meetings needed to be cancelled during Year 3. However was able to attend most remaining meetings and provide the necessary guidance and assistance. Emergence of Problem Gambling initiative was brought into its domain along with Family Violence.
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 and a number of specific examples, from a variety of sources were regularly placed on Website and appropriate links advised through editions of Snippets. Some service gaps were identified through review of previous CHP catchment plans. Key agencies have a clearer understanding of potential barriers to participation. The new Network Convenor was also appointed to the IHP Planning Task Group for Strategic Plan 2009-2012 development process.
	Attend regular meetings and assist in seeking appropriate funding opportunities, and supporting successful project partnering arrangements.	June 2009	Attended most meetings through the period. Some success in finding appropriate funding opportunities. Eg. Walking Together Grant (see detailed summary below)..

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. Provide any necessary support to Local Councils Healthy & Active Living projects through regular attendance at scheduled meetings.	June 2009	Few involvement opportunities were available until early 2009. LGAs began implementing future planning and BNPCA continued its involvement in BCC consultation processes. Both our Councils provided representatives for Emotional Wellbeing Network and IHP Planning Task Group. From the midpoint of this final year saw some assistance being provided with the compilation of future planning data for Nillumbik and assistance in compiling submissions in relation to expanding 'Impact of Bushfires' data sources. Whilst only minimal input into the planning processes of smaller member agencies was achieved over this planning cycle, 2009 saw a significant increase in the level of support offered to Banyule Community Health, Health Promotion Committee.
	Actively contribute to the planning processes undertaken by new and smaller member Agencies.	June 2009	
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 Groups	June 2009	Significant cross membership was initially established with WHNR project officer through their attending EWN and the IHP portfolio officer attending WHNR H&W working Group. However consistent staff changes and the conduct of a major review to their operating structure created minimal opportunities for joint involvement over the past 12 months although informal quarterly meetings were held.
	Revise Protocols paper	Feb 2009	BNPCA IHP Principles & Protocols Paper completed in 2008 and was posted on BNPCA website.
	Resource IHP WG Forums as required	June 2009	The August 2008 Forum was successfully completed on 'Our Role as Advocates'. Unfortunately the November Forum on 'Consumer Engagement', had to be postponed until February 2009. The May 2009 Forum was to be a mainly planning and review session, and due to the successful establishment of the separate Planning Task Group, including reps. From key agencies this was deemed unnecessary
	Ensure HP reporting requirements are met and prepare IHP components for CHPIA & CHP reports.	June 2009	Catchment Plan revision for 07/08 was completed. Revised 07/08 IHP CHPIA Implementation Plan was submitted on time. Preliminary planning for next Strategic Plan was delayed slightly until being effectively implemented through the establishment of the special Planning Task Group in early 2009.
	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 continued to be made in encouraging the participation of non health sector representation. However the distribution of IHP focussed material to a broader audience including non-health representatives was significantly increased throughout the year due to the large expansion of the Snippets mailing list.

LEADERSHIP

Objective	Key Activities	Timeline	Outcomes / Current Progress
Continue to represent BNPCA at Regional and Statewide levels.	<p>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.</p> <p>Continue to participate and contribute to NW region IHP activities.</p>	Ongoing to June 2009	<p>Attended a variety of Statewide Workshops during the current year including some significant future planning opportunities for sharing with the IHP steering group. Actively contributed to the formulation of future appropriate workforce development options for their IHP group. Relevant issues and events regularly distributed through Snippets.</p> <p>2009 participation primarily took taking the form of Workforce Development issues (see summary of Joint IHP Workforce Development initiative below and in narrative component of this Report). These Joint PCP IHP meetings also continued to consider proposed actions to raise the profile of IHP across the Region, and continuing progress was achieved in finalising a Matrix CB Action Plan with a summary paper being presented to Regional Chairs & EOs.</p>
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	Continued reviewing potential funding sources and staff of member agencies were regularly informed of potential opportunities through Snippets. Significant levels of assistance were also provided with specific submission preparations and numerous requests for letters of support were also responded to.
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 through Snippets vehicle and individual project initiatives, but limited success in expanding overall IHP Forum participation.</p> <p>Essentially conducted via priority networks. A significant and successful implementation of this strategy was noted in relation to 'Walking Together' project. (See detailed summary in the narrative section of this report).</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	Final details on the provision of this half-day option are still currently under consideration by Joint PCP IHPOs group. Still determining possible value of placing managers IHP Handbook and resource on BNPCA Website? Also currently investigating the potential for BNPCA to distribute a Managers Workbook for use in providing new staff with an awareness of health promotion options. Additional future opportunities for joint action are currently being surveyed.
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	Successfully conducted initial series of 4 Workshops on 'Evaluation Skill Development' through Joint N&WMR (BNPCA had one subsidised attendee). Other joint initiatives have included a training day on accessing and using local data in April 2008, along with an Advocacy in HP for May 2008
	Request SPG to provide some Facilitative funding for Workforce Development implementation	Early 2008	During 2007/2008 SPG approved a separate fund to support agency staff to take up more WD opportunities was established. This amount was subsequently doubled for 2008-2009.
	Undertake a Literature review on evaluation tools and techniques for BNPCA website	Early 2009	Overall Literature Review still not yet complete, however a diverse range of Evaluation material has been posted within newly created IHP 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	<p>Review Agency activities around consumer engagement and identify issues of concern and provide necessary support to ensure consumer engagement in member agency planning and activities.</p> <p>Discuss with HIC possible consumer engagement training options for member agencies</p>	June 2009	<p>All these proposed actions were carried over into Year 3 of the plan and eventually combined with the proposal to commence initiative with HIC.</p> <p>Was finally able to conduct an IHP Forum on 'Consumer Engagement' in late February 2009. Some 15 agencies were represented inc. some non-health participants.</p>

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. As an alternative Integration of planning was achieved via catchment planning model adopted for 2006-2009.
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 perceived agency value and usage of these resources was undertaken in Surveys carried out after 2006-2009 plan cycle is completed.
	Develop an evaluation framework and tools to measure changes achieved across the catchment.	April 2009	PAN & EW Networks have started to consider these factors in their planning activities.
	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 improvements and expanded distribution achieved and apparently well received. Some issues delayed due to competing work demands. Was reviewed as part of overall IHP implementation evaluation in mid 2009. (See summary Report at http://www.bnPCA.org.au/publications/items/2009/06/284096-upload-00001.doc)

Some Particular Highlights over the 2006-2009 period

'Go for your Life' Community Walking Grant – The success and evaluation of this project has demonstrated the effectiveness of having established healthy partnerships throughout the life of the initiative. This was not only true of the initial gathering of interested partners but also from the manner in which the Reference Group went about expanding partnership involvement from local Learning Centre's etc. during the implementation phase of the project. The Project Worker and Reference Group have been auspiced by Nillumbik Shire Council. Many new leaders were trained in workshops conducted in both Banyule and Nillumbik locations. Already a Pram Walkers Group has been established in Hurstbridge, a new Darebin Creek Walking Group and Diabetes Group Walking activities commenced in Banyule. However due to extensive delays in finalising arrangements with Greensborough Mall, the proposed regular Mall Walking Group (Eltham YMCA facilitated), was unable to commence during the life of this project.

Successful achievement of 'Prime Time'– Active Living Grant initiatives in the catchment –Following the most recent review of on-going progress since funding expired the BNPCA sees this program as a continuing significant success with the partnership remaining committed to ensuring its continuation. A vital element of the overall success has been the involvement of participants throughout the programs implementation which has led to a feeling that this physical activity program is genuinely geared to respond to participant needs. DHS responded to our final report with very encouraging comments about the level of detail we had provided, the positive outcomes in relation to the Active Living priorities, the way our project addressed the needs of seniors experiencing barriers to participation (particularly geographic isolation) the significant emphasis in engaging older people in the planning of programs and seeking their feedback throughout the project as well as the mention we made of the importance of building in a social component to physical activity programs. The BNPCA has successfully transitioned this project to the two local council facilities and they are effectively continuing, in some cases with increased numbers some two years after the funding expired.

Establishment and maintenance of the Emotional Wellbeing Network – This Network took some time to get established, but over the past two years managed to successfully appoint a Convenor and tackle the preparation of a comprehensive mapping review. Over the past year efforts have been made to determine future priorities for the next CHP IHP Report. It also initially proved 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. Most recently enthusiasm seems to have dissipated and this feedback will form a major part of our current review of the potential future of both Priority Networks.

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

- A highly successful series of IHP **Evaluation Skills Development** Workshops conducted between February and June 2008 which were 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.
- Conduct of two **6 Day IHP Short Course** programs.
- Assisted in planning 2009 **Spread the Word Forum** (over 60 participants).
- Conduct of two **Workforce development needs assessment** initiatives for the region.
- Contributed to the joint-facilitation with the North & West Metropolitan Region Palliative Care Consortium, in staging the health promoting palliative care '**Four Footprints**' play for Regional staff.

In addition this working group also took on responsibility for the carriage forward of the **Regional IHP Discussion Paper** project. The major focus at this point has been to preparing for the Regional Chairs & EOs Group a **Capacity Building Action Plan for 2006-2009** that sought to clarify some key actions that had been highlighted as needing to be addressed in order to facilitate a more coordinated and effective application of IHP across the Region. Significant progress was achieved in enhancing the leadership of IHP across the N&WMR, with clarity relating to roles and responsibilities between DHS (Central and N&WMR) and PCPs, along with ensuring that IHP is now an ongoing agenda item at the Regional PCP Chairs and EOs meeting.

However perhaps the major non-funded IHP initiative for the 2006-2009 period has remained the BNPCA involvement in the trialling of the VicHealth Draft Equity Tool.

‘Focus On Equity’ - During 2008 a series of three Workshops were conducted. Originally, the idea was proposed with Banyule be used as a sentinel site for a trial of applying a focus on health inequalities to IHP planning and practice. It was envisaged that such a trial would provide a useful statewide example of how such an approach could be applied within local council and PCPs. VicHealth was simultaneously progressing the development of a health equity tool and an advisory group was formed to assist in this process. Through this Advisory Group it was suggested that all BNPCA agencies should be encouraged to be involved in trialling and refining 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 would trial the health equity tool with local practitioners, the plan being that then ISEPIC would develop a methodology for the involvement of senior managers. Next a period of discussion and review around the draft triangle equity tool that was being developed 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 MPHP 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 organisations including:

- Community Health Service
- Local Government Acute Health
- Royal District Nursing Service
- Children and Family Agencies
- Neighbourhood Houses/Living and Learning Centres
- 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 2008. 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 were gathered to assist in staging the next phase of this unique trial.

The evaluation has included both process factors and an evaluation framework utilized to assess the usefulness of the tool being trialed. The former focusing on the critical reflections of the project leader and working group members, essentially drawn from activities throughout the entire process and the specific feedback sought from each individual Forum evaluation. Some particular features of the process level of evaluation were reflections upon the mentoring approach, the e-learning network and the functioning of the working group. The second type of evaluation is around clarifying what data was used to analyse the potential for continuing to use the tool for equity-based planning in health promotion. It also details how the tool was assessed under a variety of criteria including its equity-enhancing potential, its effectiveness, and the potential for it to be an efficient tool for the sector’s use.

The process evaluation indicates that the Forums were “a very big hit” raising momentum and interest amongst local service providers with good cross-

sector involvement. Participants noted they had been inspired by the process and their confidence in addressing health equity had improved. Participants' understanding of equity was measured and demonstrated an increase to "beyond just access issues" for most participants. The feedback on the mentoring and networking processes indicated that allocation of a mentor to participants when they were applying the equity tool to their chosen piece of work was really valuable as this comment indicates:

"Found having a mentor present useful because on a couple of occasions would have thought the question was irrelevant, but exploring it with the mentor helped to see the question differently, 'teased' it out a bit".

The E-learning opportunity that was available to participants wasn't successful; only two members of the Working Group used it.

The feedback on the equity tool demonstrated that while not all questions were relevant or high priority to each example, all participants fully engaged with the equity tool and gave serious consideration to the equity impacts raised through the checklist approach. The tool provided opportunities for people to continually improve existing services, with participants noting frequently that the prompting questions were "useful – some issues hadn't been thought of before".

Overall, the tool assisted participants' grapple with the concept of equity-focused health promotion and allowed for a way to engage with their colleagues to refine their work towards a stronger equity focus. Before commencement of the project, the majority of participants described equity in terms of access to services. After trialing the tool and attending the forums, participants described equity in terms of access to the wider resources for health, and the need to measure outcomes across the community to ensure that there is equitable access. The tool seemed to contribute to participants' eagerness to embed an equity focus in their organizational processes, and in some cases the tool acted as a stimulus to reorient existing processes towards a more defined equity-based practice. While the evaluation indicated that the tool can be improved, it is already beginning to be used in its current iteration to enhance equity practice.

Initial reviews of the evaluation data point to the limitations of the tool to respond to projects and programs, and policy development contexts. Instead,

a suite of tools appropriate to the various types of context and stage may enhance the willingness of practitioners to embed an equity lens.

The Project has shown that agencies are keen to use resources that assist them understand health inequalities and apply that understanding to practice. The BNPCA demonstrated the pivotal role PCPs can have in supporting local members to discuss the importance of reducing health inequalities and giving members an opportunity to discuss the ramifications of such a focus for the sector. Evidence suggests that a third of health inequalities can be addressed through improved access to health and prevention services, so work within the health sector can make a substantial contribution through equity-focused action. The feedback from participants indicated that they were interested in further training around engaging with agencies working with sub-populations facing the greatest inequalities, but also for the BNPCA to play a greater brokerage role through new ways of establishing networks to allow member agencies to work more successfully in collaboration with population-specific agencies. Participants also requested BNPCA to forge new partnerships outside the health sector with a wider range of community services. Housing and employment services were singled out by participants as having a high priority for these new relationships. Participants also requested a range of introductory resources that assisted them to describe the equity agenda in Victoria and what a focus on health equality entails. The resources from the first two training forums could be made available as a set of powerpoint discussion kits so that participants could engage their colleagues and other stakeholders with clarity. The overall difficulties participants had addressing how to link their program plans with some of the wider influences on health also demonstrated the need for BNPCA to deliver more creative training that inspired members to think laterally about their role in reducing health inequalities and fostering health as a resource for living.

The final report on the Focus on Equity Project will be available on the BNPCA website shortly: www.bnPCA.org.au Meanwhile the BNPCA IHP Planning Task Group will take these recommendations and seek to address them in their planning for 2009 – 2012.

SERVICE COORDINATION

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					
<p>1.1.1 Service Coordination Working Group reviews TOR and continues to work on SC issues</p> <p>1.1.2 Develop local protocols, alongside the Victorian Service Coordination Practice Manual, as appropriate.</p>	All BNPCA agencies & SC Officer	Dec 08	<p>Key agencies meet regularly to discuss Service Coordination issues and to support SC practice</p> <p>Agreed local processes are developed, as required, in Service Coordination practice across key BNPCA agencies</p>	<p>ToR reviewed May 2009 SCWG Meetings held in Aug.Oct & Dec 08, Feb & June 2009.</p> <p>GP Feedback Protocol developed and trialled. Chronic Disease Referral Framework developed particularly for GP referrals (see Integrated Chronic Disease Management Report) Meeting held to gather Partners associated with PAV Ax in Banyule and an interim plan decided with agencies attending including BCH, BCC, ACAS Austin, BECC ACAS and RDNS.</p>	<p>SCWG has spent a large proportion of time on Care Planning audits and preparation for future CP activities.</p> <p>In addition: Proposal for BNPCA agencies to support a protocol around accepting referrals or encouraging referrals on SCTT only.</p> <p>Conversations with Banksia Palliative Care and Banyule Community Health to improve client pathways to services in April/May 2009.</p>
1.2 Ensure adequate information about Services is available to ensure appropriate referrals for consumers					
<p>1.2.1 Encourage agencies to update their information on the HSD and report concerns back to Database consultancy via web-form.</p> <p>1.2.2 BNPCA advocate on behalf of agencies for improvements to HSD</p> <p>1.2.3 Undertake project to produce a Mental Health and Support Services Directory with the aim of improving service provider knowledge of services and enhance client referral processes.</p>	All BNPCA agencies SC Officer	Ongoing June 2008	<p>Agencies are aware of need to maintain their information up to date on HSD HSD issues raised by BNPCA agencies are presented to DHS</p> <p>Mental Health Directory to be launched in Nov/Dec 2009</p>	<p>HSD remains a standard item on SCWG agenda and is raised at SCPN Meeting Individual agencies related that they had self-advocated to DHS re: issues around practitioner details being on HSD Service Coordination Officer promoted HSD Training Update and at least 3 practitioners attended the Update Training from the BNPCA.</p> <p>Steering Committee Meetings held with broad Mental health representation in September and December 2008, May 2009.</p> <p>Improving Access to Mental Health Services Forum held in November 2008 with over 50+ attendees.</p>	<p>After discussion with SCWG and SCPN, it was concluded that agencies are more likely to use sources such as Google, Service Seeker and other individual resources as opposed to the HSD.</p> <p>NEVDGP Project worker resigned in Dec 2008 and new worker started Feb 2009. Influenced by Bushfire Recovery work new time-lines negotiated with NEVDGP worker to launch Directory end of 2009.</p>

1.3 Improve Care Planning for consumers with complex needs and multiple agency involvement					
1.3.1 Continue to encourage Care Planning practice across BNPCA for clients with complex needs and multi agency involvement	BNPCA agencies & SC Officer	Ongoing	Improve Care Planning knowledge within the catchment.	Care Planning audit completed and discussed in depth over 3 SCWG Meetings. DHS Care planning representative provided DHS update re: Care Planning in December 2008.	DHS Timeline for production of resources/training changed and project worker role took on more of a consultant role. BNPCA agencies had been working with the assumption that a kit was to be produced and training provided in 2008. Training resource now to be finalized by August 2009. Possibility that a combined meeting will be held between SCWG and the Chronic Disease Collaborative later in 2009.
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	HACC Assessment Frameworks which are introduced consider implications for Service Coordination practice	Participation in initial meetings related to HACC Assessment Framework with two designated HACC Assessment providers.	Timeframes for implementation of HACC Assessment Framework have been delayed due to unforeseen circumstances such as changes to LAH assessment tool.
1.4.2 Participate in a BNPCA HACC Assessment Framework Task Group to assist with local protocols as necessary.		June 09		Attendance at DHS HACC Assessment Update- April 2009.	

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 Build on work being undertaken in Portfolio 4 – ICDM	NEVDGP & SC Officer	June 09		Launch of Chronic Disease Referral Framework on 2 nd July 2009. Simplified and consistent referral process and follow up agreed to by member agencies providing CD programs.	BNPCA and NEVDGP work to link GPs with services highlighted in Case Study developed by Industry Advisors to ICDM.
2.1.2 Participate in project developing a “Mental Health Resource and Support Directory” in partnership with NEVDGP and use promotion and launch of Directory to promote GPs awareness of PH services.			GP’s attend launch and use Mental Health Resource Directory.	Positive working relationship and multiple meetings between BNPCA and NEVDGP on project. Joint facilitation of Steering Committee Meetings.	

2.2 Support and encourage GPs to use the Victorian Statewide Referral (VSR) Form					
<p>2.2.1 Agencies continue to request referrals on VSR Form</p> <p>2.2.2 BNPCA continues to promote the VSR Tool as preferred form for GP referrals.</p>	All BNPCA Agencies	June 09	<p>The indicators of progress for this goal will be:</p> <ul style="list-style-type: none"> • Increase in the number enquiries and referrals from GPs • Increase in the number of referrals received on the Victorian Statewide Referral Form • Interested GPs registered and using the s2s eReferral system • An Increase in the number of GPs participating in Care Planning 	<p>BCH and NCHS report an increase in referrals from GPs to their chronic disease programs. This is due mostly to the work of the GP Liaison Worker. Little increase in the use of the VSRF, although constantly encouraged.</p> <p>No GPs registered to s2s Referral system.</p> <p>BCH has achieved an increase in GPs participating in Care Planning for EliCD clients</p>	Still awaiting outcome of Argus/s2s pilot project in the Eastern Region
2.3 Support any GP Interested to register to the s2s eReferral system					
<p>2.3.1 Offer free registration to any GP interested in using the s2s eReferral system at BNPCA expense</p> <p>2.3.2 Provide training to GP and practice staff</p> <p>2.3.3 When available consider Argus/s2s interface as GP eReferral solution in BNPCA catchment</p>	BNPCA Staff BNPCA & NEVDGP staff	June 09	Local GPs begin using an eReferral system	No interest, still no GP registered to system.	Without a straight forward interface from GP patient programs to eReferral system this is unlikely
2.4 Improve feedback provided to GPs after referral and during Care Planning process					
2.4.1 OT Student Placement to undertake project around Feedback Issues relating to GP's post-referral process.	NEVDGP & SC Officer	June 09	Results from project are documented and strategies formulated to improve or enhance feedback processes with GPs.	Project completed and "Good Practice Guidelines for GP Feedback" are available for agencies.	

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 Develop induction strategy for disability and mental health agencies.	SC Officer	June 09	Additional agencies explore the benefits and challenges of Service Coordination for them	Service Coordination Induction Kit developed in January 2008	
3.2 Support agencies with the introduction of Service Coordination into their organisation					

3.1.1 Develop induction strategy for disability and mental health agencies.	SC Officer	June 09	Additional agencies explore the benefits and challenges of Service Coordination for them	Service Coordination Session provided to NWMRegion DAS Domain Managers in June 2009. Through the High Risk Tenancies Project Service Coordination principles are being introduced slowly.	
---	------------	---------	--	---	--

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 Maintain current level of S2S usage and encourage Increased use, where possible.	All BNPCA registered agencies & BNPCA Staff	June 09	Maintain current level of eReferral activity	Inconsistent eReferral activity with some agencies decreasing their traffic and other agencies increasing theirs. Meetings held to discuss issues that may decrease barriers to usage. Participation in S2S User group Meeting. EO attending Governance meetings to try to achieve a Statewide data base.	Infoxchange offers free training to agencies if they can attend their office.
4.2 Provide opportunity for agencies implementing HealthSMART to support each other and identify ways it can enhance quality practice					
4.2.1 Investigate impact that introduction of health SMART may have on the access and referral pathway system.	BNPCA EO	June 09	Impact on other information systems, eg eReferral identified Service Coordination PPP's maintained in Health Smart systems.	Advocacy for S2S to be linked to Trackcare and Infoxchange currently involved in trying to resolve this issue. The process of SC has been incorrectly interpreted in Trakcare. Agencies are currently trying to correct this through the Footprint Committee.	eReferral activity has been decreased by implementation of Trackcare. The lack of a Statewide vision and strategy, including funding to bring on and support additional agencies is a barrier to this work. Some agencies particularly CHSs are rethinking the ongling cost benefit of participation in eReferral as well as HealthSMART.
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 Remain aware of additional ICT opportunities to enhance ICT in member agencies	All BNPCA Agencies & BNPCA EO	June 09	Member agencies aware of full capacity of ICT Network	No involvement of BNPCA necessary on this matter.	

“Improving Access toForums”

The “Improving Access to ... Forums” were formulated as a response to issues arising within the BNPCA Service Coordination Practitioner’s Network for improved knowledge on services, eligibility criteria of these services and referral processes for those services not commonly used and in sectors not currently involved in service coordination practice. Examples of this are refugee, mental health, disability and housing services. Often practitioners have specialist knowledge about respite, planned activity groups and home care services, but minimal understanding of other aged care support services such as residential services and aged care packages. The practitioners that attend the Network are intake workers or service access workers from Community Health Services, local government HACC services, or carer based services. They require very broad service knowledge for their practice and yet there is no particular training that provides practitioners this thorough overview of the service system including service information including what’s available, eligibility and intake processes. The SC Practitioners Network selects the area of interest which will be the topic for the annual Forum and local services are asked to provide the speakers.

Based on these identified needs, the Forums have been developed using this format:

- Introduction to BNPCA
- Overview of Victorian Service Coordination Practice Manual
- Overview of sector including the framework of service provision
- Specific information about some services and their eligibility criteria and referral processes
- Highlight a particular aspect of the service of interest or quality work regarding access issues
- Summary of the Forum including the opportunity to ask questions or make comments about the presentations

In addition to the speakers providing this information the Forums provided:

- Resource pack of all speakers’ presentations and service system diagram
- Opportunity to network with other practitioners from the new service sector
- Resource table where a range of collected information related to the topic are made available for participants to choose what is of interest. For example service brochures, other collateral that has been developed by various services, information sheet of webpage links.

The first Forum held in 2007 was “Improving Access to Refugee Health Services” and in 2008 “Improving Access to Mental Health Services”. In 2009 it is planned to hold a forum on “improving Access to Housing Services”.

The BNPCA SC Practitioners have plenty of other ideas as well including:

- Aged Services – Aged Care Assessment Service, CADMS, Continence Service, CRC, Geriatric Assessment Services, APATT
- Disability Services – DHS Intake Response, Disability access to Aged Care Service systems, Adult Disability Services compared with Children/Youth Disability Service System
- Drug and Alcohol Services – counselling, continuum Care services, Day Programs, Home Withdrawal, needle syringe exchanges, pharmacotherapy programs, residential rehabilitation and withdrawals services, home-based/outpatient services
- Early Childhood service – Early Childhood Assessment Services, Maternal and Child Health, M&CH Enhanced Nursing Services, Paediatric Services, Specialist Children Services

Although the Forums were planned by SCPN representatives, they have attracted a wide variety of participants from various agencies, even those not normally involved in PCP activities. Therefore the Forums have proved to be an excellent way to introduce service coordination concepts to these new sectors.

Following the initial Forum it was felt that the consumer perspective would have been valuable, so for the 2008 Forum a consumer was invited to share their experience of the mental health system with the participants. Those attending reported that the consumer added an important aspect of the experience of the system and ‘how things could be done better’. The consumer representative gave positive feedback about the opportunity to voice their ideas about the system and having an audience that was listening and could influence positive change in the future.

Feedback from practitioners has been very positive, although no formal evaluation was completed it has been noted that staff external to the SCPN now look out for these Forums so they can attend. Recently BNPCA received verbal feedback that the Mental Health Service forum was found to be most informative and a succinct way to explain service processes and intake procedures. There has been a request to repeat it.

Ideally the Forums could be held six monthly but due to resources they are held on an annual basis. It is important to maintain the high quality of the Forums ensuring the right speakers and supportive material are made available in the future.

GP Feedback Project Report

BNPCA recognised in its Community Health Plan for 2006 – 2009, Service Coordination Portfolio, the need to improve feedback to GPs (see Goal 3, Objective 2, Strategy 2.4 “Improve feedback provided to GPs after referral and during care planning process”). Originally NEVDGP had suggested the lack of feedback from primary care agencies as a contributing factor to why GPs were reluctant to refer patients to programs in that sector. Because the BNPCA recognises that GPs are pivotal in how people access primary care services, it was important to address the concerns they raised. More importantly however is the fact that in order to provide the best quality care to consumers, all the practitioners involved in that care need to be well informed and working as a team.

The Victorian Service Coordination Practice Manual mentions on several occasions the importance of feedback to GPs however it doesn't include a practice standard around this action, nor does the SCTT provide a template to aid this kind of feedback.

BNPCA was able to arrange for two Occupational Therapy students from Monash University to complete a Project Management placement to assist with the progression of this work.

The Service Coordination Working Group (SCWG) received regular updates on the progress of the project and the representatives at that meeting were used as the contacts for the agencies consulted during the project. During the first phase of the project the context for the project was explored and consultations with a wide range of stakeholders, including GPs and agency representatives, were undertaken. NEVDGP arranged for several GPs to be interviewed about the feedback they would like to receive from primary care agencies and at other stages during the project which was very informative.

At the end of the first phase of the placement the students reported that:

- Feedback can be separated into three main areas coinciding with the stages across the service co-ordination continuum:
 - Receipt/acknowledgement of referral
 - Assessment outcome
 - Discharge summary
- There was a consistency across organisations with respect to receipt of referral. This can be attributed to sound existing processes within the organisations. GP feedback has also thus far revealed that this area has improved and is at a desired level across the catchment.

However, data gathered from both the agencies and GP's showed clear inconsistencies in the feedback to GP's upon assessment and discharge summaries. Further exploration revealed:

- *No existing protocols regarding assessment feedback to GP's*
- *Some health professionals unaware of what GP's consider useful information to assist a management plan.*
- *Differing philosophies and opinions regarding the expectation to feedback e.g. One respondent outlined their view of wanting to increase the autonomy of consumers and assist them in providing their own feedback to GP.*
- *Under resourced and time constraints*
- *No generic feedback form that includes relevant discipline detail*
- *Technological barriers– encryption etc*
- *The GPs that were interviewed revealed that from their perspective:*
 - *any feedback is good feedback*
 - *Ongoing multiple assessment not always be required unless information will have a clear impact on the management plan.*
 - *Discharge summary vital.*
 - *Receipt of referral process is excellent*
 - *Preferable to be kept in the loop regarding inter agency referral*
 - *Willing to make a clear request for feedback on referral forms*

By the end of the first semester a Project Plan was developed and the stakeholders were interested and willing for the project to proceed. The overall goal of the project was: “To improve the care coordination of consumers in the BNPCA catchment”. The ultimate goal was: “To increase and improve the feedback provided to GPs from primary care practitioners about shared consumer care”. The deliverable would be a protocol for BNPCA agencies detailing good practice indicators and developing some templates to aid appropriate feedback.

Early in 2009 the students returned to implement the project including the development of Good Practice Guidelines for GP Feedback and suitable templates to aid this process. It was hoped a short trial of a draft of these would be undertaken to aid the evaluation of the guidelines and templates usability and aptness.

After an extensive consultation period an agreed draft of the Guidelines and Templates was achieved and two agencies: a local government and a community health service, agreed to trial the material for a three week period. Timelines were dictated by the placement requirements; otherwise a longer period to trial the material would have been preferable.

A wide variety of practitioners were consulted resulting in a wide range of views. The difficulty of generic forms suiting a variety of professionals featured in the comments that were received. It was decided that to overcome a difference in preferred language it was best to again go back to the Victorian Service Coordination Practice Manual and use the language from that document to establish some consistency and the glossary of terms was also prepared for the Guidelines.

While this was all happening, coincidentally the BNPCA Chronic Disease Collaborative had been working on developing a simplified referral framework for GPs to refer patients into local chronic disease programs. Part of this work was establishing standard practice and commitment amongst agencies when they receive referrals to their programs. This included the feedback that would be provided particularly to GPs. The Chronic Disease Collaborative submitted comments to the Project for consideration as well. They have also contributed completed templates as examples of good quality Assessment Outcome and Discharge Outcome for practitioners.

Following an evaluation of further comments that had been received and interviews with the representatives from the two agencies that participated in the trial (there is a catalogue of these comments and interviews), a final draft of the Guidelines and Templates were presented to the SCWG meeting in June 2009.

The SCWG accepted that the 'Good Practice Guidelines for GP Feedback' outlined a quality practice that agencies would compare with their current procedures and would adopt these guidelines and use the templates if this would assist them reach this standard of practice. Throughout the Project it was emphasised that the reason for improving feedback to GPs was to put the consumers in a position which enables them to receive well informed and comprehensive services that will maximize their health and wellbeing.

Over the next twelve months the Service Coordination Working Group will regularly review the implementation of these Good Practice Guidelines and their embedding into agency practice. At the end of twelve months the Good Practice Guidelines will be reviewed and amended if necessary. Early in 2010 BNPCA will undertake to consult with the NEVDGP to ascertain the experience of GPs on the quality of regular feedback from primary care agencies and any further suggestions they would like to make. In addition the BNPCA Chronic Disease Collaborative is measuring the number of GP referrals into primary care agencies, in six month intervals over the next year.

For copies of the Good Practice Guidelines for GP Feedback and copies of the Assessment Outcome and Discharge Summary see: www.bnPCA.org.au

INTEGRATED CHRONIC DISEASE MANAGEMENT

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					
<p>1.1.1 Gaps in self management interventions across catchment are identified and plan to address these made</p> <p>1.1.2 Implementation of the plan developed in Year 2 that will respond to the gaps in self-management interventions</p>	BNPCA Agencies & CD Consultant	June 2009	Gaps in self management interventions across catchment are identified and plan to address these made Gaps identified in review are addressed	<p>A Workshop for Managers was conducted in Nov 08 to raise the issues of implementing Self Management practice in agencies.</p> <p>Health Coaching for 12 staff from BNPCA agencies undertook training during March 2009 – three stage training program, workshop, triage practice, individual follow up.</p>	By the provision of these opportunities, both the structural and leadership considerations as well as the practical skill enhancement were able to be addressed. BCH introduced Better Health Self Management Groups early in 2009.
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					
<p>1.2.1 CD Collaborative continue to oversee implementation of catchment model for ICDM, including defining roles and responsibilities</p> <p>1.2.2 Implement the BNPCA ICDM model</p>	BNPCA Agencies & CD Consultant	June 2009	<p>CD Collaborative continues with representatives from 6 Key agencies</p> <p>Implementation of the ICDM Model defining the roles and responsibilities, in CHSs and Acute services across the catchment</p>	The CD Collaborative launched the streamlined referral framework on 2 July 2009. The development of this has included a terrific collaborative effort by the acute, community health, RDNS and NEVDGP representatives.	This work will continue with more discussion around the interface between HARP and EliCD.

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 As per Portfolio 3, continue quality practice in Service Coordination	BNPCA Agencies & Staff	June 2008	Results of review of current SC practice to ensure it provides suitable pathways for clients with chronic disease are available	<p>Client Pathways Project interviewed 12 clients to capture the ways they had entered CD programs. The CD Collaborative will include the findings in future work to be undertaken.</p> <p>The Referral Framework is all about simplifying access, but has also included discussions around assessment and care planning.</p>	The CD Collaborative has identified that Assessment and Care Planning processes need more discussion and improvement over the next few years.
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					

<p>2.2.1 Combined SC and ICDM Steering Group work on developing local agreement and systems to identify clients with chronic disease who require comprehensive assessment and care planning</p> <p>2.2.2 Local agreement and systems finalised</p> <p>2.2.3 Implement the local agreement and systems across the catchment</p>	BNPCA Agencies & Staff	June 2008	<p>Combined SC and ICDM Steering Group work on developing local agreement and systems to identify clients with chronic disease who require comprehensive assessment and care planning</p> <p>Local agreement and systems finalised</p> <p>Local agreement and systems introduced to 4 key agencies in catchment</p> <p>Local agreement and systems finalised</p>	Both the SCWG and CD Collaborative have discussed Assessment and Care Planning individually.	As mentioned before further work Assessment and Care Planning will be highlighted in the strategic plan.
---	------------------------	-----------	--	--	--

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 Support Banyule EliCD to become embedded in agency practice	BNPCA EO & local agencies	Dec 2009	Program is part of agency practice	BCHS is currently reviewing chronic disease models of care as an agency. EO attended agency workshops and has been invited to be a member of the BCH Steering Group	
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 Commence implementation of ICDM plan across the catchment	BNPCA EO	June 2009	Implementation of ICDM plan across the catchment begins	Nillumbik CHS developed its own Chronic Disease Care model. The CD Collaborative is supporting and assisting consistent practice across the catchment and into Darebin.	
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	Nov 2008	Comprehensive list of barriers related to chronic disease, that limit participation IHP initiatives compiled	Some of this work has been completed in the IHP Portfolio. This ICDM work has up to now concentrated more on integration of chronic disease programs than Health Promotion activities. This will become more of focus in the upcoming Strategic Plan	
3.3.2 Address the identified barriers		March 2009	Solutions to barriers identified and implemented		
3.3.3 Review participation by people with chronic disease in IHP initiatives, and make further changes if necessary		June 2009	Feedback gained on whether barriers have been addressed		

BNPCA Chronic Disease Collaborative Update 2009

Together we do better

The BNPCA Chronic Disease Collaborative has taken the DHS principle for improving our health system “Together we do better” literally, and, in the short time they have been working together, achieved great things. The collaborative, which was established in April 2008 by BNPCA to support implementation of the BNPCA vision for Integrated Chronic Disease Management, has representation from a number of local services. The BNPCA Chronic Disease Collaborative meets monthly and has focussed on:

- Improving integration of chronic disease care
- Supporting self management
- Providing more systematic, consistent care for people with chronic conditions

Streamlined referral process for people with chronic conditions in BNPCA

To improve integration of care, the Collaborative has agreed on, and developed, a common referral framework for people with chronic disease, living in the catchment. The framework will simplify the process for general practitioners and other agencies when referring people with chronic disease to community programs. To refer people with a chronic condition to programs in the catchment, all that will be needed, is to identify the level of care the client requires, and make one referral the agency most convenient for the client. The agency receiving the referral will identify the most appropriate program for the client and facilitate entry into the program. The process will help referring agencies match patient needs with appropriate services, without needing to know contact details or eligibility criteria for each program and organisation involved. Member agencies have agreed to develop a single brochure that will be used to promote all chronic disease programs for the catchment. A supporting client version of the brochure has also been developed.

Catchment demographic report

A report outlining risk factors for, and prevalence of, chronic disease in the region has been prepared. The report draws together information from DHS hospital and community data, ABS statistics and General Practice data and also provides detailed profiling of a number of key chronic diseases that are of high prevalence, and/or impact significantly on emergency presentations for the catchment. The detailed profiling outlines best practice guidelines for intervention and service provision for each of the chronic diseases. The disease profiles will support individual agencies

to align program delivery/planning with catchment demographics and assess current practice within their organisation against the evidence and best practice guidelines. The collaborative will also be able to use the information to Identify: service gaps; at risk groups; consider joint planning programs to address gaps; Look at consistency of care across services to support evidence based practice.

Supporting self management

The need for organisational support and system changes to effectively implement systematic self management support strategies is a consistent theme in recent literature and a key learning stressed by national and international programs that presented at the recent National Chronic Disease Conference. The Collaborative is working towards broadening practitioner skills to support clients to self manage, and on strategies for gaining organisational support and identifying system changes needed across services. A workshop for health service managers in Banyule and Nillumbik was held in November, focusing on changes needed at an organisational level to support practitioners to embed self management into their practice.

To address improving practitioner skills, the collaborative has also identified a training model for health coaching that commenced in March 2009. The model included three phases: Phase 1 Health Coaching Workshop, Phase 2 Practice in triads and Phase 3 individual follow up. The evaluation of the Health Coaching Workshop was extremely favourable. For all the 11 questions, 92% of the responses were either 4 or 5 out of 5 (with 5 being the maximum rating possible). Following Phase 2 & 3 of the Health coaching Model, participants feedback included indicated they had found the model very valuable. They commented that the practical application particularly useful and confidence building.

Consulting with consumers

Understanding how clients perceive services including their experience of accessing and using services was seen as important by the Collaborative, when considering how to improve chronic disease care in the catchment. A research project has been undertaken with consumers to explore their experiences of chronic disease services. Clients of local services were interviewed and asked about their experiences of accessing services, perceptions of the care they received, how involved in decision making they felt and what they thought could be done to improve the service. The Collaborative will use the findings to consider strategies for adopting a more “client centred” approach to care delivery.

Report to the Department of Justice by the BNPCHA, NCMPCP & HMPCP

Project title: Northern PCP Problem Gambling Prevention Initiative

Organisation: BNPCHA with NCMPCP & HMPCP

Report Prepared by: Susan Rennie

Date of project commencement: 1 July 2008

Date of project completion: 30 June 2011

Executive Summary

In 2008, the Victorian Department of Justice funded Primary Care Partnerships to undertake and facilitate Health Promotion work in the area of Problem Gambling Prevention. In Melbourne's Northern sub-Region, the 3 PCPs - Banyule Nillumbik Primary Care Alliance, North Central Metro PCP and Hume Moreland PCP, decided to deliver this initiative in partnership. The Initiative has been funded for three years (2008-2011).

This initiative has had a very successful first year which has included:

1. Hosting the launch of the Department of Justice / Primary Care Partnership Initiative at the BNPCHA
2. The establishment of a Steering Group
3. The recruitment of a Problem Gambling Health Promotion Advisor
4. The development of a Workplan
5. The completion of a *Health Promotion Resource Guide for Problem Gambling Prevention in Melbourne's North*

6. Consolidation of strong and effective working relationships with Gambler's Help Northern
7. The formation of partnerships to work on specific initiatives to reduce the incidence of problem gambling

The Northern PCP Problem Gambling Prevention Initiative has developed the specific goal of "strengthening communities in the NMR so that they are less vulnerable to problem gambling"

This Goal will be achieved through a number of objectives including:

1. Increasing the number and range of health promotion interventions which are taking place which address problem gambling and its broader determinants.
2. Increasing the number of partnerships involving PCP member agencies which are working to address the determinants of problem gambling.
3. Strengthening the relationship of GHN with PCP agencies.
4. Assisting GHN with the reorientation of Health Promotion activities.

An evaluation plan has been developed alongside the Workplan with performance indicators and measures relating to each strategy and objective. Progress towards these is detailed in the body of the full report which can be obtained at:

http://www.bnпча.org.au/news/detail.html?filename_num=284004

A full copy of this report has been provided to the Department of Justice on behalf of BNPCHA, NCMPCP and HMPCP.