

Kingston Bayside PCP

COMMUNITY HEALTH PLAN 2006-09

Deliverable 1: Partnership

JULY 2008

Primary Care Partnerships

Community Health Plan Implementation Agreement (CHPIA)

Endorsed by PCP Chair:

Name:

Signature:

Date:

1. Capacity Building Plan Progress Report

Goal			
Provide leadership through collaborative coordination and planning			
Objective	Strategies	Estimated Impact	Actual Impact
<ul style="list-style-type: none"> * Ensure governance structure and mechanisms are designed to achieve key strategic priorities. * Identify key priorities and strategic directions in SC & IHP. * Ensure support of membership and continue engagement of small agencies through participation. * maintain energy in pursuing govt. funding submissions and development of integrated models of service. * Improve marketing and communication of partnership initiatives, activities and achievements. 	<ul style="list-style-type: none"> Review MOU, re-sign current and encourage new members to join Conduct planning forums at management and committee level Direct encouragement of members to participate in Partnership activities Support PCP team and committees Support PCP team; establish website - database 	Active participation by members in committees and workgroups	<ul style="list-style-type: none"> • KBPCP Showcase – Sept 07 • Partnership Evaluation undertaken Nov 07 • Marketing / Communication training completed and Communication Plan created Jan 08. • Website operational, with ongoing monitoring and evaluation. • Strengthening Partnerships workshop May 08 • Chair, EO complete Business Management Diploma Jul 08
<ul style="list-style-type: none"> *Seek Partnership Agreement on key priorities *Improve linkages to other service and networks *Achieve an increased focus on quality and continual improvement 	<ul style="list-style-type: none"> Ensure informed decision making at management and committee level. Identify and promote PCP to new /other networks. Identify and implement appropriate Q&I evaluation tools; Assess quality of partnership and its achievements by conducting partnership evaluation 	Effective informed approach to improving the health and well being to the Kingston Bayside community	<ul style="list-style-type: none"> • Partnership evaluation undertaken Nov 07, action plan developed Jan 08 • Ongoing participation in local planning networks: Southern Health HARP; workgroup networks; SMR RSCG; GP Reference Group. • Inaugural KB/ ISEPICH Management Committee Meeting Apr 08

2. Statement for expenditure

Has a statement for expenditure for PCP funds been provided?

No – Audited Financial report for 2007-08 will be provided as part of CBCHS 2008 Audit process

3. Action Plan arising from the application of the Partnership Self – Assessment Tool.

- The overall scoring reflected that the Partnership is in a **healthy** state, but 5 out of the 6 categories require **ongoing work**.
- The action plan arising from the process includes a communication strategy aimed at improving relations with all stakeholders and a commitment by Management Committee members to participate in capacity building activities.

4. Outcome of Action Plan arising from the application of the Partnership Self – Assessment Tool.

- Communication Strategy implemented in Feb 08.
- Participation in Partnership Strengthening Activities – as detailed in Capacity Building Plan – Impacts

5. Review of Memorandum of Understanding

Date of review: June 06 – next review June 09
Actions arising: Minor amendments to allow involvement by member agencies at Management Committee meetings
Has a revised MOU been agreed upon by PCP members? Yes

List of PCP member agencies/organisations and explanation of membership types

Health Promotion	Acronym
Active for Life	AFL
Being Active Eating Well	BAEW
Community Connectedness	CC
Community Participation	CP
Future Focus for Youth	FFFY
Falls Prevention	FP
Talking Realities	TR
Strength Training Network	STN
Tai Chi Network	TCN

Agency name	Management Committee	Type of membership	Deliverable /s involved in
Kingston City Council	Yes	Full	Service Coordination Health Promotion <i>BAEW, AFL, CP, CC, TR, FFFY</i> Chronic Disease Management
Bayside City Council	Yes	Full	Service Coordination Health Promotion <i>BAEW, AFL, CP, CC, TR, FFFY, FP, STN</i> Chronic Disease Management
Southern Health	Yes	Full	Service Coordination Health Promotion <i>FP, CP, CC</i> Chronic Disease Management
Bayside Health	Yes	Full	Service Coordination Health Promotion <i>CC, CP</i> Chronic Disease Management
Central Bayside Community Health Services Inc.	Yes	Full	Service Coordination Health Promotion <i>BAEW, AFL, CP, CC, TR, FFFY, FP, STN, TCN</i> Chronic Disease Management
Bentleigh-Bayside Community Health Service Inc	Yes	Full	Service Coordination Health Promotion <i>BAEW, AFL, CP, CC, TR, FFFY, FP, STN, TCN</i> Chronic Disease Management
Bayside GP Network	Yes	Full	Service Coordination Health Promotion <i>CP, FFFY, TR</i> Chronic Disease Management
Monash Division of General Practice		Full	Service Coordination Chronic Disease Management

Agency name	Management Committee	Type of membership	Deliverable /s involved in
Royal District Nursing Service (South and East)	Yes	Full	Service Coordination Health Promotion <i>CP, CC, FP</i> Chronic Disease Management
Reach Out Southern Mental Health	Yes	Full	Service Coordination Health Promotion <i>CP, CC, FFFY</i> Chronic Disease Management
AcessCare		Full	Service Coordination CC
Self Help Addiction and Resource Centre		Full	
Impact Leisure Service		Full	Service Coordination
Fronitha Care Inc.	Yes	Full	Health Promotion <i>CP, FP</i> Service Coordination
Calvary - Bethlehem Hospital Inc			
Taskforce	Yes	Full	Service Coordination
Women's Health in the South East	Yes	Full	Service Coordination Health Promotion <i>TR</i>
Stanhope Home Nursing Service		Full	
Commonwealth Carer Respite Centre Southern Region		Full	Service Coordination
DoCare		Full	Service Coordination
Richmond Fellowship		Full	
MOIRA		Full	<i>FFFY</i>
Prahran Mission United Care		Full	Service Coordination
Vision Australia		Full	Service Coordination Health Promotion
Uniting Aged Care (Leighmoor ADASS)		Full	
South East Migrant Resource Centre		Full	Health Promotion
Sandybeach Community Centre		Full	Health Promotion <i>CC, STN, TCN</i>
Southern Directions		Associate	Health Promotion <i>FFFY</i>

Agency name	Management Committee	Type of membership	Deliverable /s involved in
Young Women's Outreach Program – Salvation Army		Associate	Health Promotion <i>FFFY</i>
Family Life (incorporating School Focused Youth Services)		Associate	Health Promotion <i>BAEW, TR, FFFY</i>
Hanover Housing		Associate	Health Promotion <i>FFFY</i>
JPET taskforce Community Agency		Associate	Health Promotion <i>CP, FFFY</i>
Westfield		Associate	Health Promotion <i>AFL</i>
Youth for Christ		Associate	Health Promotion
Youth Resource Officer – Vic Police		<i>Associate</i>	Health Promotion <i>BAEW, FFFY</i>
Fusion – Youth Housing		<i>Associate</i>	Health Promotion <i>FFFY</i>
Centrelink		Associate	Health Promotion <i>FFFY</i>
BaptCare		Associate	Health Promotion <i>CC</i>

Kingston Bayside PCP

KBPCP Community Health Plan 2006-09 report 2008

Deliverable 2: Integrated Health Promotion

July 2008

Primary Care Partnerships

Community Health Plan Implementation Agreement (CHPIA)

Endorsed by PCP Chair:

Name:

Signature:

Date:

1. Capacity building progress report

For each IHP priority, **provide a progress report summarising the capacity building interventions** (organisational development, partnerships, leadership and workforce development) undertaken by the PCP around each priority.

OR

Complete the table provided in the guidelines.

	Objective	Strategy	Impact
Partnerships	Develop partnership support and approaches required for initiatives	Creation of workgroups and convenors	<p>Orientation process being reviewed: Currently working group orientation provided by Health Promotion Coordinator and Working Group Chair & Member agency orientation provided by PCP staff.</p> <p>Management Committee attended Strengthening Partnerships workshop. Workshop to be made available to all KBPCP working group members.</p> <p>Future Focus for Youth: mapping project to identify agencies and representatives following high turnover of members.</p> <p>Being Active Eating Well: Community Consultation using Angelo process to engage partners in 2007.</p>

<p>Leadership</p>	<p>Provide leadership, coordination and evaluation for initiative implementation</p>	<p>Initiative coordinators appointed to facilitate initiatives</p>	<p>Health Promotion Coordinators provide support to all Chairs and working groups.</p> <p>Chairs working group meets quarterly to support the Chairs.</p> <p>Lead agencies provide support for specific projects and member agencies involved.</p> <p>Lead roles are outlined in TOR for all working groups.</p>
<p>Organisational Development</p>	<p>Support stakeholders with organisational development for policy and procedure work</p>	<p>Support members in organisational planning in response to initiatives</p> <p>Develop a community participation policy</p>	<p>Organisations support project initiatives in workplans, organisational plans, relevant community plans and communication systems.</p> <p>A KBPCP website developed to provide regular updates and information easily accessible to all agencies.</p> <p>Working group established to develop and implement policy in all working groups & as part of all future submissions.</p>
<p>Work Force Development</p>	<p>Support agencies with training and skill development opportunities</p>	<p>Health Promotion: Facilitate and promote health promotion training opportunities</p> <p>Community Connectedness: Promote participation in Mental Health Workplace Training</p>	<p>Facilitated 1 x Introduction to Health Promotion Short Course in Nov 07.</p> <p>Introduction and Advanced Mental Health Training undertaken.</p>

		<p>Community Participation: To educate and promote community participation across KBPCP member agencies & Management Committee.</p> <p>Physical Activity: Provide workforce development to PAG group leaders across member agencies.</p> <p>Physical Activity: Provide workforce development and networking opportunities for strength trainers within the catchment</p>	<p>Health Issues Centre provided 1 x 2 day training for working group members & 1 2 hour training for management committee.</p> <p>1 x 2 day training by Arthritis Victoria focused on Chair Based Training.</p> <p>A strength training breakfast held in late 07, as a result of positive feedback a breakfast will again be held in Sept 08.</p>
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2. Resource allocation

For each IHP priority, complete the actual IHP PCP resource allocation table below.

Actual Integrated Health Promotion (IHP) PCP resource allocation

Priority goal: To strengthen family and community connections in the Kingston Bayside Communities

Capacity building components	Actual DHS PCP IHP funding	Member contributions
Partnership development	15,000	Agency representation and participation in PCP activities
Leadership		
Planning		
Evaluation and dissemination		
Workforce development		
Total	\$15,000	

Repeat the table for each priority.

Additional Integrated Health Promotion Resources

Funding source/project	Links to catchment priority	Funding
For example: WFL funding	Physical Activity	30,000 05-07 Funding
Foothold on Safety – Falls Prevention	Physical Activity	70,000 06-09 Falls Funding
Go for your life – Being Active Eating Well	Food & Nutrition	178,000 07-10 KCC fundholder
Talking Realities – C/W	Community Connectedness	60,000
Talking Realities – SFYS	Community Connectedness	6,000 06-07 SFYS
Totals		\$344,000

Priority goal: Physical Activity - To improve participation in physical activity in the Kingston and Bayside communities

Capacity building components	Actual DHS PCP IHP funding	Member contributions
Partnership development	15,000	Agency representation and participation in PCP activities
Leadership		
Planning		
Evaluation and dissemination		
Workforce development		
Total	\$15,000	

Priority goal: To improve healthy eating in the Kingston and Bayside communities

Capacity building components	Actual DHS PCP IHP funding	Member contributions
Partnership development	15,000	Agency representation and participation in PCP activities
Leadership		
Planning		
Evaluation and dissemination		
Workforce development		
Total	\$15,000	

Priority goal: Community members are meaningfully involved in decision making in the planning and delivery of health promotion activities

Capacity building components	Actual DHS PCP IHP funding	Member contributions
Partnership development	15,000	Agency representation and participation in PCP activities
Leadership		
Planning		
Evaluation and dissemination		
Workforce development	7,000	
Total	\$22,000	

* KBPCP Health Promotion Project Coordination provide support across all IHP initiatives \$68,000

3. Catchment implementation

Mental Health & Social Connectedness

Priority goal: To strengthen family and community connections in the Kingston Bayside Communities

Objective(1):	<i>By June 2009, Kingston Bayside PCP will have increased awareness of the relationship between teenage parenting and social connectedness in young people attending secondary schools in the Kingston Bayside area.</i>				
Impacts¹ (qual/quant) for objectives	<i>90% of students report an increase in knowledge about relationships and young parenting</i>				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
To deliver Talking Realities...young parenting peer education program to at least 4 schools in Kingston Bayside in 2006	Central Bayside Community Health Services Bentleigh Bayside Community Health Service Holmesglen TAFE Bayside City Council	Secondary students from years 9-12	July 07 – June 08	Presentations delivered at 8 Secondary Schools in Kingston and Bayside; 2 secondary schools outside catchment; 1 TAFE and 1 Youth Pathways Program TOTAL- 38 sessions delivered to 740 students	Local Answers \$90,000 PCP \$15,000 S \$19,000
To deliver Talking Realities...young parenting peer education and training program in 2007	Kingston City Council Women's Health in the South East School representative Longbeach Place Bayside General Practice Network	Young parents aged under 23 years Young fathers under 23 years	July 07 – June 08 July 08	11 peer educators graduated in 2007; 8 peer educators commenced training in 2008 5 young fathers involved in the production of a DVD " What's life like now?...young dads share their experiences" to compliment program delivery	S \$10,000

To continue to provide ongoing support and refresher training to peer educators as required		Trained Peer Educators & their children	July 07 – June 08	Ongoing case work support provided to 15 peer educators. 8 Refresher training sessions. Facilitate a weekly playgroup/ socialisation group. Average 8 peer educators attend regularly	
Total budget per objective⁵: \$134,000					
Total budget per goal⁵:					

Priority goal: To strengthen family and community connections in the Kingston Bayside Communities

Objective(2):	<i>By March 2007 Kingston Bayside PCP will have identified two strategies to increase social connectedness of homeless and 'at risk' young people living in Kingston and Bayside.</i>				
Impacts¹ (qual/quant) for objectives	<i>Key Implementation partners and community youth representatives have convened a Future Focus for Youth workgroup. 07/08 strategies are now being developed.</i>				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
Establish a partnership that has representation across a range of sectors and disciplines.	Bentleigh Bayside Community Health Service Central Bayside Community Health Service Bayside City Council Kingston City Council Southern Direction Taskforce Community Agency JPET Victoria Police	Service providers	July 07 – June 08	Workgroup established that meets monthly. There has been a high turn over in membership. Developed logo to be used to assist in raising awareness of youth homelessness.	40 hours by agency members PCP \$7,000
Identify best practice programs across a range of settings and population groups.	Centrelink Young Women's Outreach Program Family Life Fusion Youth Housing Moir Bayside GP Network Alfred Southern Mental Health Association	Young people	July 07 – June 08 December 2008 June 2009	Youth participation. 2 young people engaged as active members of the working group. Service coordination mapping project to identify barriers for young people. Will involve tracking clients for a 3 month period to identify gaps. Identify & implement appropriate mentoring initiatives.	40 hours by agency members
Total budget per objective⁵: \$16,300.00					
Total budget per goal⁵:					

Priority goal: To strengthen strong family and community connections in the Kingston Bayside Communities.

Objective(3):	<i>By June 2007 Kingston Bayside PCP will identify two strategies to address social isolation in older people living in the Kingston and Bayside area.</i>				
Impacts¹ (qual/quant) for objectives	<i>Two evidence based strategies identified Community Connectedness workgroup established</i>				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
Establish a partnership that has representation across a range of sectors and disciplines.	Central Bayside Community Health Services Bentleigh Bayside Community Health Service Bayside City Council Kingston City Council Southern Health Royal District Nursing Service BaptCare Reach Out Southern Mental Health Sandybeach Community Centre	Service providers	March 2007	10 agencies represented on working group that meets monthly. Developed 'Our Community' logo to promote concept of social inclusion. Used 6 times to date.	180 hours by agency members
Identify best practice programs across a range of settings and population groups.	Department of Veterans Affairs	Whole of community	October 2007	Celebrate Mental Health Walk & Festival. 25 Agencies contributed to planning & implementation. 350 people attended event. Planning has commenced to run again in October 2008.	PCP \$5,000 90 hours by agency members
		Whole of community	June 2007	Kind to Mind Mental Health Expo. 25 Agencies contributed to planning and implementation including service providers and community groups.	

		Service providers / Group Leaders / Volunteers	July 07 – June 08	<p>Approx. 750 young people attended day 1 and approx 800 day 2. Will be held Bi annually.</p> <p>Mental Health Workplace Training: 2 x 3 day Advanced Mental Health Training (39 participants) 2 x 1 day Intro to Depression, Anxiety and Mental Health (40 participants) 1 x ½ day Intro to Psychiatric Medication (40 participants) 1 x ½ day working with Challenging Personalities (24 participants)</p>	130 hours by agency members
		Socially isolated & disadvantaged community members	June 08 – June 09	<p>Event Management Training: Provision of vocational training for people experiencing disadvantage to develop transferrable skills, confidence and self esteem. 4 community members were supported by local agencies to participate with members of Choir of Hard Knocks. The partnership will support participants in the organization of an event in the next 12 months.</p>	13 hours by agency members

		Older people / bereaved carers	Ongoing	New Horizons: An efficient and effective program has resulted from strong collaborative partnerships that have evolved from high commitment from all partners, use of a central booking/intake system and consumer involvement. A self help group established to provide ongoing support to participants. Attended by 22 people.	12 hours by agency members
		Older Men	Ongoing	Mens Interest Group: Prostate Cancer Forum for partners of men with prostate cancer held in Oct 08 attended by 27 people. Prostate Cancer Partners Support group established and now meets monthly. Group also focussed on men's shed, local OMNI groups and input into the Strategic Policy Framework for Older Men's Health.	15 hours by agency members
Total budget per objective⁵: \$ \$10,700					
Total budget per goal⁵: \$161,000					

Community Participation

Priority goal: Community members are meaningfully involved in decision making in the planning and delivery of health promotion activities.

Objective(1):	<i>By October 2007 Kingston Bayside PCP will have a clear framework to support embedding community participation in health promotion activities.</i>				
Impacts¹ (qual/quant) for objectives	<ul style="list-style-type: none"> <i>This framework is currently being developed.</i> 				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
Identify and collate information and data relating to best practice in Community Participation.	Health Issues Centre Health Promotion Committee members	Member agencies	May 2007	<p>90% of agencies represented on working group</p> <p>The health promotion committee consists of 21 people representing 13 agencies.</p> <p>The community participation group sits under the health promotion committee.</p> <p>Evidence based materials based on the Health Issues Training session can be accessed on the KBPCP website for all partners.</p>	S \$1,000
Communicate finding of research to stakeholders.		Member agencies	June 2007		S \$2,000

<p>Provide education and training to stakeholders.</p>		<p>Member agencies</p>	<p>March 2007</p>	<p>KBPCP agencies took part in a 2 day training facilitated by the Health Issues Centre focusing on Community Participation. There were 21 participants from 13 different agencies.</p> <p>In addition, the management committee had a 2 hour training session which was attended by approximately half of committee members.</p>	<p>PCP \$8000</p>
<p>Develop policies and procedures for embedding Community Participation in integrated health promotion for the Kingston Bayside Primary Care Partnership.</p>				<p>A sub committee consisting of members of the MC and the health promotion committee has been formed to develop a policy pertaining to community participation across the whole PCP.</p>	
<p>Total budget per objective⁵: \$ 6,000</p>					
<p>Total budget per goal⁵:</p>					

Priority goal: Community members are meaningfully involved in decision making in the planning and delivery of health promotion activities.

Objective(2):	<i>By June 2009 Kingston Bayside PCP will have implemented the Community Participation framework.</i>				
Impacts¹ (qual/quant) for objectives	<i>100% of health promotion working groups have implemented the framework.</i>				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
Develop an evaluation plan to measure the impact of the Community Participation framework.	Health Promotion Committee members		October 2007	Yet to be completed.	\$ 4,000
Evaluate the implementation of the community participation framework within the health promotion working groups.			June 2009	Yet to be completed.	
Revise Community Participation framework based on the findings of the evaluation.			June 2009	Yet to be completed.	
Total budget per objective⁵: \$10,000					
Total budget per goal⁵: \$20,000					

Physical Activity

Please refer to Appendix A for Physical Activity Report

Priority goal: To improve participation in physical activity in the Kingston and Bayside communities.

Objective(1):	<i>By June 2007 people attending PAGs participating in the 'Well for Life' project in Kingston Bayside area, will have increased their participation in physical activity</i>				
Impacts¹ (qual/quant) for objectives	<i>70% of PAG clients increase their participation in physical activity</i>				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
To train staff and/or volunteers to provide strength training and tai chi.	Bentleigh Bayside Community Health Service Central Bayside Community Health Services Bayside City Council	Staff and or volunteers from participating PAGs	June 2007	2 People trained to deliver strength training/tai chi	WFL \$5,000 S \$2,000
Liaise with local strength training providers through information sessions to improve referral pathways and to increase links between public and private providers.	Kingston City Council Southern Health Sandybeach Community Centre Leighmoor ADASS	Local gyms Health services facilitating strength training <ul style="list-style-type: none"> ▪ CHC ▪ hospitals 	Dec 2008	50 providers attend forum Referral pathways established	PCP \$2000

To establish 4 new strength training groups in the Kingston Bayside area		Clients/ participants of PAGs participating in the Well For Life project	June 2007	4 New groups established	WFL \$10,000 S \$4,000
To establish 2 new tai chi groups in the Kingston Bayside area		Clients/ participants of PAGs participating in the Well For Life project	June 2007	2 New groups established	WFL \$3,000 S \$2,000
To increase the capacity of PAG workforce to assist in the promotion of physical activity		Staff and or volunteers from participating PAGs	June 2007	90% Participants in training workshops report increased knowledge and skill in the promotion of physical activity 70% Participants report using knowledge and skills gained	WFL \$8,000 S \$3,000
			Dec 2008	16 PAG group leaders participate in Chair based training facilitated by Arthritis Victoria	PCP \$4000
Total budget per objective⁵: \$37,000.00					
Total budget per goal⁵:					

Priority goal: To improve participation in physical activity in the Kingston and Bayside communities.

Objective(2):	<i>By June 2007, the Kingston Bayside PCP will have identified at least one group that has limited access to physical activity opportunities in the Kingston Bayside area..</i>				
Impacts¹ (qual/quant) for objectives	<i>At least one group identified for priority action</i>				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
Consult with service providers and community members	Bentleigh Bayside Community Health Service Central Bayside Community Health Services Bayside City Council Kingston City Council Southern Health Sandybeach Community Centre Leighmoor ADASS	Member agencies and community groups	June 2007	70% Member agencies participate in consultation 4 community groups included in the consultation. 2 areas identified	WFL \$4,000 S \$2,600
Total budget per objective⁵: \$6,600					
Total budget per goal⁵: \$43,600					

Food & Nutrition

Priority goal: To improve healthy eating in the Kingston and Bayside communities.

Objective(1):	<i>By June 2007, Kingston Bayside PCP will have agreed to work on a number of contributing factors that impact on food choices for people living in Kingston and Bayside.</i>				
Impacts¹ (qual/quant) for objectives	<ul style="list-style-type: none"> • <i>Successful attainment of GFYL project funding</i> • <i>Collaborative partnership developed with range of local, government, non government, private sector and community representation</i> 				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
Establish collaborative partnerships between local agencies, government, non-government and private sector organisations.	(See Appendix B)	Member agencies	June 2007	<p>At least 5 agencies represented on the working group from a range of sectors</p> <ul style="list-style-type: none"> • 20 members representing 11 agencies and two community representatives (See Appendix B) <p>Project Manager appointed</p> <ul style="list-style-type: none"> • Commenced July 2007 <p>Project Plan to be developed Jun-Sep 07</p> <ul style="list-style-type: none"> • First draft Project Plan submitted to DHS 28 August 2007 as required • DHS 31 March 2008 <ul style="list-style-type: none"> • Revised draft project plan and evaluation plan submitted to DHS on 25 January 2008 as required. [Timeline for evaluation plan revised due to delays in the appointment of external evaluation team (by DHS)]. <ul style="list-style-type: none"> ▪ Annual Progress report submitted to DHS as required 	S \$2,000

<p>Identify contributing factors that influence food choices in specific population groups within the Kingston/Bayside community.</p>			<p>June 2007</p>	<p>90% of agencies represented on working group participate in the identification of contributing factors</p> <ul style="list-style-type: none"> • All agencies involved in food and nutrition working group took part in the development of the submission for funding which identified public housing in Bayside and Clayton South as the communities of interest. • 90% of agencies involved in the BAEW steering group participated in the identification of the target age group for the intervention. • All agencies (11) involved in the project steering group participated in the planning workshops held over 2 days in August 2007 (See Appendix C). • Overall 56 individuals representing 17 local agencies/groups and individual community members participated in the planning workshops (See Appendix C) 	<p>S \$8,000</p>
<p>Total budget per objective⁵: \$10,000</p>					
<p>Total budget per goal⁵:</p>					

Priority goal: To improve healthy eating in the Kingston and Bayside communities.

Objective(2):	<i>By December 2007, Kingston Bayside PCP will have identified evidenced based strategies to promote healthy food choices for specific population groups.</i>				
Impacts¹ (qual/quant) for objectives	<i>100% of participating agencies review their food and nutrition programs and strategies to identify gaps and needs in relation to healthy eating. This priority will be incorporated into the GFYL BAEW project.</i>				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
Identify best practice programs across a range of settings and population groups.	(See Appendix B)	Member agencies and community members	December 2007	<ul style="list-style-type: none"> • Project Manager and Dietician from partner agency attended Deakin University Obesity Prevention Course • Deakin Obesity Prevention Course training and resources informed strategy identification <p>Identify and document 4 best practice examples</p> <ul style="list-style-type: none"> • ANGELO (Analysis Grid for Elements Linked to Obesity) framework was used to develop action plan (ANGELO framework is underpinned by evidence base for obesity prevention) See Appendix D • To inform steering group of potential interventions (more than 4 best practice examples identified). 	S \$

				<ul style="list-style-type: none"> Capacity and budget reviewed to prioritise interventions Literature search undertaken to inform recommendations for interventions <p>Intervention planning resource developed</p>	
Develop a coordinated approach to promoting healthy food choices to specific population groups.				<ul style="list-style-type: none"> Planning workshops held in August 2007 utilised ANGELO process which synthesizes a broad range of input to develop a draft plan of action. 	S \$
Develop a plan to involve community members in the planning, implementation and evaluation of the food and nutrition strategy.				<p>Plan developed</p> <ul style="list-style-type: none"> Two community representatives recruited to sit on the project steering group. Invitations sent to a broad range of agencies, organisations, community groups, schools and early childhood services for the Planning workshops held in August 2007. 	S \$2,000
Total budget per objective⁵: \$8,000					
Total budget per goal⁵:					

Priority goal: To improve healthy eating in the Kingston and Bayside communities.

Objective(3):	<i>By December 2008, Kingston Bayside PCP will have implemented at least 3 strategies identified in 2007.</i>				
Impacts¹ (qual/quant) for objectives	<i>100% of participating agencies review their food and nutrition programs and strategies to identify gaps and needs in relation to healthy eating. This priority will be incorporated into the GFYL BAEW project</i>				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
Implement 3 evidenced based interventions to address food security	(See Appendix B)	Primary target 0-12 years: Clayton South & Bayside Housing Estates	December 2008	<ul style="list-style-type: none"> • Two initiatives identified around food security for BAEW including community kitchens program: <ul style="list-style-type: none"> ➤ Needs assessment to be extended in Clayton South area (Fruit and veg basket survey) 	
Total budget per objective⁵: \$8,000					
Total budget per goal⁵:					

Priority goal: To improve healthy eating in the Kingston and Bayside communities.

Objective(4):	<i>By December 2008, Kingston Bayside PCP will have reviewed the food and nutrition plan and identified the objectives and strategies for 2009.</i>				
Impacts¹ (qual/quant) for objectives	<ul style="list-style-type: none"> • <i>Review document completed</i> • <i>Strategies for 2009 developed</i> 				
Summary of mix of interventions²	Key implementation partners³	Population target group(s):	Actual timelines (optional)	Actual reach⁴	Actual member resources per intervention⁵
<ul style="list-style-type: none"> • Evaluate current interventions • Produce review document including evaluation and recommendations of the 2006/2008 food and nutrition initiative • Develop further interventions for 2008/2009 in consultation with community members. 	(See appendix B)		<p>Ongoing process completed June 2008</p> <p>Completed December 2008</p>	<ul style="list-style-type: none"> ➤ Evaluation plan developed for project plan ➤ Statewide evaluator appointed for external evaluation. ➤ Project funded until 30 June 2010. ➤ Annual progress reports for funding body and final evaluation report will identify recommendations for future work. ➤ Project Plan identifies initiatives for implementation for the life of the project (until June 2010). 	
Total budget per objective⁵: \$6,000					
Total budget per goal⁵: \$49,000					

Appendix A

Kingston Bayside PCP

PHYSICAL ACTIVITY PRIORITY ISSUE

Kingston Bayside Primary Care Partnership Physical Activity priority issue is coordinated through 'The 'Active for Life' working group. The working group comprises of representatives from Bentleigh Bayside Community Health Services, Central Bayside Community Health Services, Bayside and Kingston Councils.

This working group went into recess in August 2007 for two reasons;

- The KBPCP had received Being Active Eating Well funding with physical activity to be a major component of this new initiative. Representatives from the Active for Life working group sit on the steering committee for Being Active Eating Well which will deliver on Objective 2 of the physical activity strategy. The Being Active Eating Well project, through extensive consultation with service providers and communities has identified children 0-12 years living on public housing estates in Bayside and the CALD population in the Clayton South area of Kingston as the focus of the project.
- Most interventions in the Community Health Plan had been achieved and were maintained through individual organisations. E.g. Strength Training and Tai Chi programs (see CHPIA 2006/2007).

The group reconvened in April 2008 to plan the final components of the plan -;

- To increase the capacity of the Planned Activity Group workforce to assist in the promotion of physical activity. Funding allocated from the KBPCP has provided an opportunity for 20 PAG group leaders from 6 agencies to attend training in chair based exercise delivered by the Arthritis Foundation.
- Evaluation of the impact of physical activity strategies on PAG clients – did 70% of PAG clients increase their participation in physical activity – completed by June 2009.
- To plan workforce development initiative for the Strength Training network involving all strength training facilitators in the Kingston and Bayside communities.

See template for further detail

Appendix B

Project Steering Committee

20 members representing 11 agencies and two community representatives

Primary Care Partnership	1	Caryn Kave
BCC	2	Belinda Caruana Maggie Moulds
KCC	3	Lena Okin Donna Feore Helen Watson
BBCHS	2	Jackie Gleeson Viv Sullivan
CBCHS	3	Sue Moulton Gulay Cevic Maria Nitsos/Jo McElhinney
Division of General Practice	1	Jade Stubbs
New Hope Migrant & Refugee Centre	1	Geraldina Alvarez-Poblete
AMES	1	PascualAM@ames.net.au
Community Representatives	2	Wazed Ali Sue Wallace
Community Centres	1	Hampton Community Centre
Family Life	2	Kiralee Chick 'mellis@familylife.com.au'
Kinect	1	Theresa Whalen

Appendix C

Project plan development – Planning Workshops held in August 2007

The workshop was attended by 56 representatives from a variety of settings that included the following:

- Adult Multicultural Education Services (AMES)
- Bayside City Council
 - Leisure and Recreation
 - Children's Services
 - Maternal and Child Health
 - Family Services
 - Youth Services
 - Health Planner
- Bayside Community Information & Support Service
- Bayside Rotary
- Bentleigh Bayside Community Health Service
- Brighton Recreational Centre
- Central Bayside Community Health Service
- Clarinda Community Centre
- Community members
- Office of Senior Victorians - Department of Planning and Community Development
- Family Life
- Hampton Community Centre
- Kinect Australia
- Kingston City Council
 - Family & Community Development
 - Health and Social Planning
 - Youth Services
 - Family Services
 - Children's Services
 - Family Support
 - Leisure and Culture
 - Access & equity
 - Community Building
 - Maternal and Child Health
- Moorabbin Primary School

- New Hope Migrant and Refugee Centre
- Reach Out Southern Mental Health
- Sandybeach Centre
- Westall Primary School

Appendix D

Staff from Deakin University, WHO Collaborating Centre for Obesity Prevention and Related Research and Training were engaged to facilitate the workshop. The facilitators were Ms Annie Simmons and Dr Andrea Sanigorski.

Planning for action

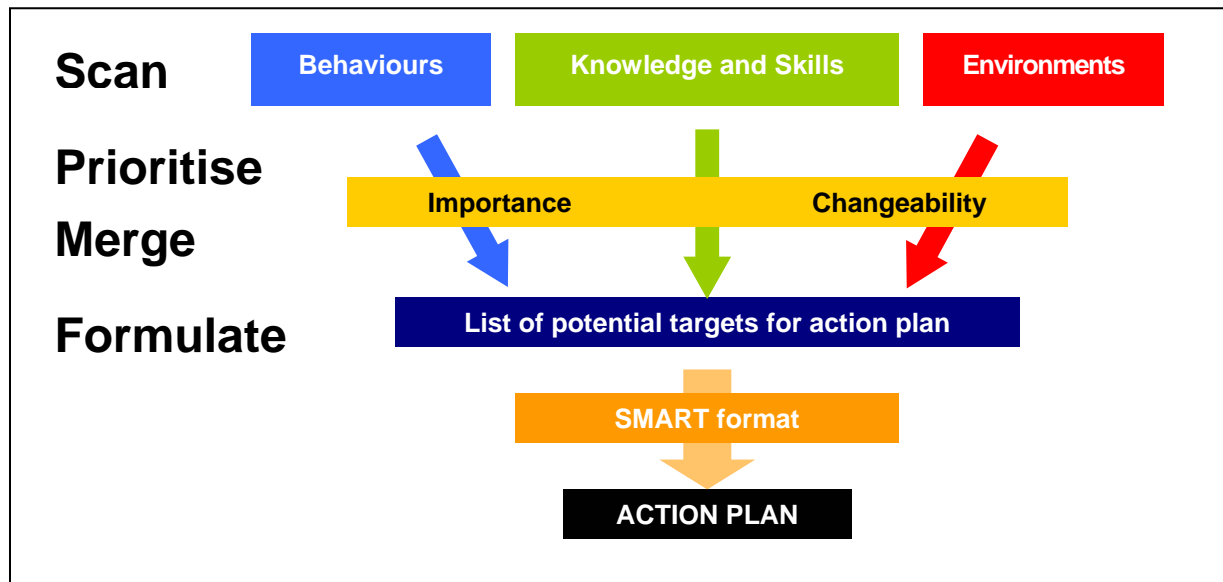
- Rationale developed in submission process
- Target communities identified during submission preparation phase – Clayton South and Public Housing residents of Bayside
- Children 0-12 years confirmed as primary target audience by interim steering group. The steering group considered:
 - advice from attendees of Obesity prevention Course
 - Capacity of partnership
 - KBPCP Community Health Plan, and
 - priorities of partner agencies
- Action planning sessions conducted in August 2007
- Deakin University engaged to facilitate the ANGELO process to identify priorities for action
- Draft action plan delivered through the ANGELO planning sessions. Goal and objectives established.
- Goal and objectives developed for KBPCP consistent with statewide project plan

Project plan developed in line with IHP framework

ANGELO Process

The ANGELO (Analysis Grid of Elements Linked to Obesity) framework was used to develop a draft action plan. The ANGELO framework is a conceptual model for understanding the environment in terms of obesogenicity and is a practical tool for prioritising strategies for intervention (Figure 1). The process includes:

- Situational analysis
 - Needs assessment
 - Current capacity
 - International evidence
 - Local information
- Some training for stakeholders on issues related to obesity, healthy eating, physical activity and body image
- Prioritization of potential actions



The ANGELO Process

Falls Prevention Project Report

July 2007 – June 2008



Part 1: Case Study

Project type:	✓ Whole of Community Foothold on Safety
Priority goal: To reduce the risk and incidence of falls, and the severity of injuries from falls people aged 65 years and older.	
<p style="text-align: center;">1. INTRODUCTION</p> <p><u>Problem Definition</u></p> <ul style="list-style-type: none"> The catchment area has one of the highest rates of hospital admissions for falls in Victoria (VEMD) and research shows that 75% of falls are preventable (NARI,2001). <p><u>Objectives</u></p> <p>Health Promotion:</p> <ul style="list-style-type: none"> By December 2008 ensure falls prevention interventions are integrated into the Health Promotion Plans for the 2 PCPs. <p>Community Awareness:</p> <ul style="list-style-type: none"> Heighten community awareness of falls as a ‘whole of community’ issue and promote community understanding that falls are not an inevitable part of growing older. <p>Community Participation</p> <ul style="list-style-type: none"> Increase the proportion of older people actively participating in reducing their risk of falling. <p>Community Development</p> <ul style="list-style-type: none"> Increase the safety of any local environment for current and future generations. <p><u>Population Group</u></p> <p>Older people aged 65 years and over. This includes those citizens with chronic disease, frail aged, CALD, those in supported care, the isolated, carers</p>	
<p>2. KEY STAKEHOLDERS (agencies/organisation community reps)</p> <ul style="list-style-type: none"> Those involved in the submission writing & early planning phase of the “ No Falls” project include: Primary Care Partnerships-Kingston Bayside Community Primary Care Partnership (KBPCP)& Inner South East Partnership in Community & Health(ISEPICH) and collaborating agencies as follows: Bentlyigh Bayside Community Health Service (BBCHS),Central Bayside Community Health Services(CBCHS), Inner South (ISCHS) and Caulfield Community Health Service (CCHS) Bi monthly steering group and regular network meetings occur with representatives from the two PCP’s. The successful submission with the two PCPs has resulted in an alliance of some 50 agencies & 12 Peer Educators (PE) senior community members. 10 Peer educators were recruited and successfully trained in July 2007. <ul style="list-style-type: none"> Steering Committee(SC) was formed–meetings bimonthly, agencies: BBCHS,CCHS,CBCHS,ISCHS Bayside (BCC) ,Stonnington (SCC), Kingston (KCC) Councils, ISEPICH, KBPCP.A PE attends the meetings and her role is to speak on behalf of the PE’s and also represent a consumer view. Network Committee was formed – meets 4 x annually additional agencies–RDNS, Fronditha , Caulfield Falls Clinic, Vision Australia, Home Based Allied Health Service [HBAHS], New Hope Migrant Refugee Centre [MRC], International Diabetes Institute [IDI], City of Port Phillip [CoPP], Police, Glen Eira City Council[GCC] Division of General Practice [DGP,] PE representative attends (role as above). BBCHS is the overall lead agency, fund holder and Chair of the 2 Falls Committees. However, various agencies are leading specific interventions. The need to engage hospitals and residential homes was noted in the previous report. There are now strong links with Sandringham A & E (following completion of a NARI project)with a nurse overseeing the referral of patients 65+ at risk of falling. Supported care homes for older people in the Monash Division of General Practice catchment have been identified and preliminary work has 	

Falls Prevention Project Report

July 2007 – June 2008

commenced to establish links.

- The PCPs x 2 continue to assist in strengthening the partnership and the working together of agencies (a number had not worked together before) and are contributing to a collaborative working environment. Resources are shared -both physical & human, with a resultant increased integrated health promotion focus. Reduction in duplication of services and improved referral pathways via PCP structure/ leadership/ capacity building at all levels is occurring (ie workforce development [WFD] /resource allocation).
- A satisfaction survey of committee members was conducted & committee processes/structures were streamlined.

3. PROJECT IMPLEMENTATION:

Under the guidance of the SC (in line with TOR) the program involves a number of agencies and uses a mix of interventions for the implementation process. The significant focus of the multi-faceted Falls Prevention program includes:

1) Health education and skill development/Community awareness-

(Advance implementation)

i) Falls Prevention Peer Educator (PE) Training and ii) Falls Prevention PE Presentation Talks on falls prevention & safety in & around the home

- The approach has been to embed the peer education programme, allow newly trained PE's to gain confidence and widen the reach to the community.
- Peer education 3 day training held July 2007.

iii) Community Forum

Forum held October 2007 with GCC lead agency .PE presentation & Skit on home safety with ISCHS lead agency including providing the actors.

ii) Social marketing strategy-(Advanced implementation)- population –based focus including promotion of benefits of physical activity on reducing falls:

- 1) consumers - target group with specific focus on CALD , those with chronic disease, the isolated, those living alone ,carers and recipient of care including those with dementia ie PAG focus
- 2) Staff,
- 3) Health Providers
- 4) Intersectoral partners. Set up press releases, media opportunities & wide range of information leaflets in assorted languages including go for your life tai chi and strength

training facts sheets (which are now not being printed) and a strength training brochure

in English and four languages

iv) Glen Eira Police Senior Citizens Register-Elderly, living alone, disabled or isolated. This program is in early implementation.

- Port Phillip Seniors Register is an adjunct to this initiative.
- Bayside and Kingston Councils are in the early planning phase.

v) Workforce development-(Advanced implementation)

- Staff Training /Education/WFD/capacity building continues to have a high Focus - The lead agencies are BBCHS, ISCHS, CCHS, CBCHS.A successful WS was conducted in June 2007 and an exciting program is being planned for implementation in August 2008.

2) Community Participation

- To promote and support physical activity a number of members from the Falls Committee assisted in planning, implementing KBPCP WFL Inaugural Strength Training Breakfast /WFD and the second event is scheduled for 9 September 2008. Lead agencies CBCHS, BBCHS. This has

Falls Prevention Project Report

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increased:

- the level of knowledge of staff at all levels ,regarding the benefits of PA (ST,TC)
- referral pathways.Thus increasing access to services.
- There has been some small headway in standardisation of the screening and assessment documentation for falls risk factors. Agencies are still mapping their falls risk tool as a means of formulating a best practice approach to risk assessment with advantage that the issue of use of validated tools has been highlighted and discussion stimulated regarding the evidence base of tools.
- **Planning has started regarding assessment and referral of patients /residents of SRS for Falls prevention management including specific PA programs.**
- Falls Prevention Peer Education Training Manual has been modified to remove any negative terms ie" lack of physical exercise "to" physical exercise" & an updating of statistics.

Capacity building

- Various interventions that are part of the Well for Life and Health and Active Living initiatives have been embraced as part of the ' Whole of Community' approach to falls prevention.
 - This approach uses a Prescriber/Supervisor model for strength training and tai chi in both community groups and planned activity programs, to increase physical activity for older people thus ensuring an increase in the number of older people actively participating in reducing their risk of falling. This model includes uniform documentation and training of staff/volunteers. Health information is provided by allied health professionals to group leaders and to attendees and their carers.

3) Community Development (Early implementation)

Walking Groups:

- A number of walking projects(both indoor and outdoor) in both PCPs, are assisting citizens with improved balance ,confidence and social connectedness and are enhancing the aim of the Falls Prevention Program.
 - The outdoor programs especially the Out there and Active program which includes a Walkability Audits program (in advanced stage of implementation with CCHS as lead agency) are geared to citizens / volunteers, in the programs, feeding back to Councils any environmental issues.

Confidence/ Safety Public transport

- ISCHS have developed a successful partnership project with Yarra Trams for older people who are anxious using community transport. Talks are in progress to replicate this in the Caulfield area.
- **There has been identified a need to target the frail older house bound person and other options for funding are being explored.**

4. PROCESS INDICATORS (REACH) achieved to date- 07-08:

- **1555 people aged 65+ 58 groups** have participated in falls prevention activities which is a significant increase from 2006-2007.
- **10 seniors recruited & x 3 days PE training-English, Greek ,Filipino, Russian, German languages.**
- **Falls Prevention Awareness Forum for staff** to be held 13th August 2008.

5. PROGRESS made against IMPACT indicators?

Health Promotion:

- There is 2 way reporting between the Falls Program and the other PCP Working Committees with enhanced access and reduction in social isolation for citizens ,and generally improved health and wellbeing. Given that the nature of falls are multifactoral it is impossible to makes claims for any reduction in falls in the area. However, a pragmatic reasoning is that if people have identified factors that may contribute to their risk of falls and acted on these then individual falls risk have been reduced.
- The up take of the Peer Education Program has been high with groups varying in number from 8 to 90.Many groups including those from culturally and linguistically diverse cultures (Chinese, Greek, Italian ,Russian, Arabic, Mauritian, Spanish),carers, Chronic disease support groups, Probus, CWA, Freemasons, RSL, New Arrivals, PAG, and tai chi, strength training programs and Falls Prevention Programs, have been reached.

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6. WHAT else was revealed?

- A collaborative partnership is evolving with 2 PCPs and an expanding number of agencies working on joint Falls Prevention planning through health promotion committees. Challenges are always present when organisations are in a process of change and needing to respond to policy changes.
- The Falls Prevention Peer Education talks continue to be a major success of this initiative with a high number of community groups and agencies requesting a presentation.
- The strengthening of partnerships within the catchment following the coming together of the 2 PCPs, to provide a united approach to falls prevention has also been a positive outcome.
- The Peer Education Program takes significant resources. This includes \$40.00 reimbursement x 2 Peer Educators presenting at each Falls Prevention, booking and attendance at a Falls related meeting plus travel per event and the cost of supervising their work. Sustainability of this program will be a challenge. An initial approach has been made with COTA to consider possible synergy with their Peer Education programme.
- The staff Workshops are labour intense and for sustainability it will be necessary to gain some form of subsidised assistance. Preliminary investigations have commenced with HACC Training to discuss the feasibility of the respective trainings being offered through the program.
- Sustainability per se needs to be addressed to meet the costs of such strategies as marketing including the cost of various tools namely the Falls Prevention brochure and the Home Safety check list. Funding options are being explored such as corporate partners as is the case with the Southland Striders where Westfield Shopping Centre funds the two walk leaders and the printing of the newsletter.

7. CONCLUSION

- The integrated approach is resulting in an increasingly coordinated uniform effective approach to falls prevention within the 2 PCPs and across the 5 local governments. There are positive benefits for citizens, including heightened skills and knowledge surrounding the risks of falls and strategies to prevent falls within and around the home, and addressing community safety.
- There is improved access to general health and wellbeing information and better access to physical activity and other services within a context that fosters the quality of life through the "No Falls" (falls prevention) Project.

8. ACKNOWLEDGEMENTS

- Funding provided through the Aged Care Branch, Department of Human Services has been instrumental in developing this Falls Prevention Program.
- ISEPICH, KBPCP, BBCHS, ISCHS, CCHS have played a significant role in the planning, coordination, implementation, sustainability and support of the Falls Prevention Program and their commitment to expanding this initiative across the catchment is valued.
- The ongoing commitment and dedication of the peer educators in providing the Falls Prevention talks has contributed to the success of the project which is contributing to falls prevention within the 2 PCPs catchment.
- The commitment and professionalism of the two Project Officers over the period together with the Volunteer Coordinators from BBCHS have contributed to the success of the innovative initiative.

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Priority Goal:	The goal of the Program is to implement falls prevention projects within a health promotion framework to reduce the risk and incidence of falls, and the severity of injuries from falls among older people aged 65 years and over: Living independently in their own homes, residential aged care services, acute or sub-acute hospitals.				
Objective 1:	By June 2008 people 65 years & over will have increased their participation in reducing their risk of falls				
Actual Impacts¹ Objective 1	100% PCP (2) increase their participation in Falls Prevention				
PCP key stakeholders²	Summary of mix of Interventions & Community Building strategies³	Population Target Group/s:	Actual timelines	Actual Reach⁴	Approximation Resources for Strategies⁵
BBCHS CCHS PCPs	Health promotion Organisational development To employ a falls project officer	RN/RN	June –Dec 2007 June –Dec 2007 Mar - June 08 No employment FPO Dec-Mar	0.8 EFT RN 0.1 EFT AH 0.2 EFT RN	\$63182 FPO \$18112 HPC BBCHS In kind
KBPCP, ISEPICH, BBCHS, Consumers/PE	To maintain a whole of community steering committee to oversee falls project	KBPCP, ISEPICH + member agencies	SC meets bi monthly	8 Agency rep x 2 PCPs, 1 PE, Catering	PE\$509 part in kind reimbursement Agencies\$1019 in kind, PCPs x2 \$679BBCHS\$934 \$80.75
KBPCP, ISEPICH + member agencies	To enhance intersectoral collaboration among agencies	KBPCP, ISEPICH + member agencies	Network committees x 4/yr	19 Agency rep Catering	PE \$170(part in kind ,reimbursement) FPO -funded Agencies\$1359 In kind PCPs x 2 \$255 In kind BBCHS\$510 In kind \$89 Total: \$2294
Total Human Resources (eg. Project coordinator)					\$63182
Total⁵:					\$63352
Priority Goal:	The goal of the Program is to implement falls prevention projects within a health promotion framework to reduce the risk and incidence of falls, and the severity of injuries from falls among older people aged 65 years and over: Living independently in their own homes, residential aged care services, acute or sub-acute hospitals.				

Falls Prevention Project Report

July 2007 – June 2008

Objective 2:	By June 2008 people 65 years & over at a peer educator talk will have heightened awareness of fall prevention				
Actual Impacts¹ for Objective 2	100% citizens 65 years & over attending a falls peer educator talk increase their awareness of fall prevention.				
PCP key stakeholders²	Summary of mix of Interventions & Community Building strategies³	Target Group/s:	Actual timelines	Actual Reach⁴	Approx Resources
BBCHS CCHS PCPs. ISCHS, Consumer /PE Westfield Shopping	Community awareness- Health education & skill development.	Community groups 65 years +	June 08 Mar 08 – June 08-PE	58 talks +1555 attendees 17 CALD groups, 1 sign. Kits handouts , 'Don't Fall for It' PA Westfield bags, Trolley for kits	\$2843 In kind BBCHS vol kits 120 hrs Quote
BBCHS, CHs,	Social marketing/ community awareness To increase the capacity of people over 65 years to prevent falls	People 65+ x 5 councils	July 07 – June 08	4 articles Glen Eira Moorabbin, Caulfield Booking Forms letter to Groups Falls brochure designed & 2000 ordered Reference book	\$ In kind Quote design ,printing ordered
GCC & BCC Seniors festival Safety Month NHMRC festival	To conduct community forums to assist in the promotion of falls prevention	Community elders	July 2007 – June 2008	160 seniors 50 seniors 50 seniors	\$ See PEs talks
BBCHS, CCHS. ISCHS,CBCHS, consultant	Heighten community awareness of falls, risks & prevention & that falls are not an inevitable part of growing older by PE s talks by trained PEs	PE/ seniors recruited	July 2007	10 seniors x 3 days training-English 4 + languages, PE Falls Prevention Manual Catering	\$920 \$70.79 \$318.88
Total⁵:					\$4153
Priority Goal:	The goal of the Program is to implement falls prevention projects within a health promotion framework to reduce the risk and incidence of falls, and the severity of injuries from falls among older people aged 65 years and over: Living independently in their own homes, residential aged care services, acute or sub-acute hospitals.				
Objective 3:	By July 2008 people 65 years & over will have increased their participation in reducing their risk of falling				

Falls Prevention Project Report

July 2007 – June 2008

Actual Impacts¹ for Objective 3	90% staff increase their awareness of benefits for citizens 65+ years from PA/ST/ fall prevention programmes & referral pathways				
PCP key stakeholders²	Summary of mix of Interventions & Community Building strategies³	Population Target Group/s:	Actual timelines	Actual Reach⁴	Approximation of Resources for strategies⁵
ISEPICH, KBPCP agencies & private	Workforce development	Staff- PCP, Public, private	Staff Falls WS to be implemented Aug 08 FPO ISCHS lead agency PA WS Sept 08	Falls Planning evaluation x 3 meetings, flier prepared, speakers booked, PA early planning	\$ In kind
BBCHS, SDGH, CBCHS	To establish agencies falls risk screen management/referral pathways	People 65+ at risk of falling	Ongoing Mar-June 08	Patients in ED screened falls risk referrals BBCHS X 6 CBCHS X 9 X 6 meetings	\$ In kind
Glen Eira Police BBCHS CoPP BCC ,KCC	To establish a register to enhance safety at home for citizens 60 years + living alone, isolated & disabled	Glen Eira Citizens 60 + living alone/isolated, disabled	Ongoing	McKinnon 15 Bentleigh E 58 Bentleigh 122, Ormond 19 Meetings x 2 CoPP pilot, BCC, KCC planning	\$ In kind
Total⁵:					\$
Priority Goal:	The goal of the Program is to implement falls prevention projects within a health promotion framework to reduce the risk and incidence of falls, and the severity of injuries from falls among older people aged 65 years and over: Living independently in their own homes, residential aged care service, acute or sub-acute hospitals.				
Objective 4:	By July 2008 increase home & community safety				
Actual Impacts¹ for Objective 4	<ul style="list-style-type: none"> Number of home & community safety assessments conducted by citizens 65+ years 				

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PCP key stakeholders ²	Summary of mix of Interventions & Community Building strategies ³	Population Target Group/s:	Actual timelines	Actual Reach ⁴	Approximation of Resources for strategy ⁵
PCP's x 2, PE, citizens 65 +	To increase the capacity of citizens 65+ to conduct home & safety assessments using Home Safety Checklist	Citizens 65+ living independently	July 2008	PE falls obj 2 Checklist to citizen at talks-manual copied	\$ In kind BBCHS vols 50 hrs
PEs, FPO BBCHS	To increase the capacity of citizens 65+ to conduct home & safety assessments using Home Safety Checklist	Citizens 65+ living independently	July 2008	Prepared Safe & Secure check list Manual quote 2000 print ordered	\$ In kind
CCHS, ISCHS, BBCHS IDI SCC CoPP Vision Australia ISEPICH	Out there & Active-pedometer loan scheme in libraries a-walking group with a strategy to conduct community walk audits & provide safety & environmental issues to council	Citizens 65+	July 2008	CoPP ,CoS 327 pedometers ,GCC Senior Cits 4- 7- sustain in libraries,4 audits CoPP CoS	\$GFYL In kind meetings
Total					
Grand Total⁵:					\$67505

Kingston Bayside PCP

Community Health Plan 2006-09

Deliverable 3: Service Coordination

July 2008

Community Health Plan

Endorsed by PCP Chair:

Name:

Signature:

Date:

Goal				
1. Implement the Better Access to Services (BATS) framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by member organisations.				
Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
Improve understanding and uptake of BATS framework by PCP member agencies	<p>Document agreed minimum standards.</p> <p>Participate in statewide SC survey to establish baseline of BATS implementation.</p> <p>Encourage each organisation to self-assess service coordination practice against the minimum standards and take relevant action.</p> <p>Support agencies/practitioners to clearly understand the difference between Initial Needs Identification and assessment</p> <p>Collate information and analyse the overall agency performance in comparison to the minimum standards and identify general areas of strengths/ weaknesses.</p> <p>Provide an overall report to the PCP service coordination group.</p> <p>Determine priority areas for support and provide resources to assist (eg: training, decision making tools)</p> <p>Contribute to Statewide SC Reporting mechanisms</p>	<p>Minimum standards documented and understood by member agencies.</p> <p>% increase of member agencies where PPPS implemented 06/09.</p> <p>% increase of agencies doing INI, the % of clients receiving INI 06/09</p> <p>% increase of referrals that adhere to PPPS</p> <p>% increase of programs within member agencies implementing service coordination 06/09</p> <p>% increase of clients identified as likely to benefit from a multi-agency care plan that have one.</p>	<p>Agencies continue to implement BATS framework and are in receipt of SC resources – Aug 07.</p> <p>Agencies participated in:</p> <ul style="list-style-type: none"> • Initial Contact and INI self assessment survey – Sept 07 • Self Management Survey – Jan 08 • Service Coordination Survey – May 08 <p>KBPCP Service Coordination Forum identified priorities that need to be addressed (refer attached Report)</p> <p>- Feb 08</p> <p>Service Coordination / CDM Project Coordinator appointed to promote SC / CDM initiatives.</p>	<p>KBPCP Service Coordination Action Plan 08/09 will include identified priorities from the SC Forum and will incorporate feedback from recent agency engagement, CDM initiatives and some initial work on the sub region Diabetes Plan.</p> <p>It is anticipated that realistic SC targets will be determined in the Plan.</p>

Goal				
2. Improve communication about clients (especially those with chronic disease and complex needs) with general practice, leading to more active GP participation with other service providers involved in the client's care.				
Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
Continue to improve the GP / agency relationship	<p>Develop an educative package for GPs using e-referral.</p> <p>Link service coordination to project initiatives involving GPs.</p> <p>Support GPLOs to develop and implement projects/strategies to ensure that service coordination is embedded within hospital to GP information exchange.</p> <p>Continue current project to develop generic e-referral models for GP practices, and processes and documentation to support e-referral pathways from the GP Practice using Connecting Care and practice client management systems</p> <p>Facilitate training to promote MBS items</p>	<p>Numbers of referrals sent electronically 06/09.</p> <p>% increase of agencies involved in electronic referral 06/09.</p> <p>% increase of clients that have GP details recorded on the SCTT and % of agencies consistently providing feedback to GPs 06/09</p> <p>% increase in use of MBS items by GP's and community service staff</p>	<p>GP Engagement Workplan has been reworked to use the EiCDM project to target GP Practices and select agencies to promote e-referral pathways.</p> <p>Nine practices involved in referral to CHC (fax)</p>	<p>PCPs supported the uptake of Argus referral system by GPs in the expectation that interoperability with Connecting Care would be addressed. This continues to be an obstacle to e-referral progress.</p>

Goal				
3. Successful implementation of the Victorian Service Coordination Practice Manual and subsequent versions of the Service Coordination Tool Templates (SCTT).				
Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
<p>Assist agencies to implement VSC Practice Manual.</p> <p>Improve uptake of SCTT by member agencies.</p>	<p>Support agencies to develop an implementation process for the new PPPS. This includes highlighting differences between the current and new statewide PPPS; developing a self-audit tool for agencies; promoting the PPPS to staff and providing information/education sessions.</p> <p>Participate in the Statewide SC communication strategy involving the implementation of the Practice Manuals and tools</p> <p>Development of info sheet summarising SC resources</p> <p>Information/education sessions available for agencies/practitioners in relation to the new PPPS</p> <p>Monitor uptake of revised tools, particularly for referral purposes. As DHS program areas develop and refine specific assessment tools (eg: HACC), ensure that member agencies are supported to implement these within the overall service coordination framework</p> <p>SC training to be made available</p> <p>Utilise the SC Continuous Improvement Framework through the SC work groups</p>	<p>Implementation of the revised SCTT tools by 80% of member agencies that utilize service coordination, within 6 months of release and/or training</p> <p>Staff report knowledge/practice change</p> <p>% increase in member agencies utilising SCTT and implementing the Practice Manual / Resources</p> <p>Participation in training</p> <p>Increased focus on quality and continuous improvement that can be also linked to agencies own accreditation processes</p>	<p>All mandated agencies have access to SCTT2006 and have been given copies of the Victorian Service Coordination Manual and Continuous Improvement Framework</p> <p>All resources have been made available on a number of websites</p>	

Goal				
4. Change management support for implementation of e-referral.				
Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
<p>Assist agencies to implement e-referral systems.</p> <p>Improve the quality of e-referral information between agencies and GPs</p>	<p>A. Training and support sessions to be offered:</p> <p>1) General Sessions on Navigating the Service Directory and sending e-Referrals using connectingcare.com</p> <p>2) Specific Sessions for Organisation Intake Staff</p> <p>B. Completion of Project Report Parts 1, 2 and 3</p> <p>C. Appointment of e-Referral Support Officer to provide:</p> <ul style="list-style-type: none"> * Advice and technical support on as-needs basis * Conduct monthly test transmissions to monitor activities and encourage members to participate at a minimal level <p>D. Advocate interoperability improvement between ConnectingCare and Argus (GP system)</p> <p>E. Development of buddy system between referring agencies</p>	<p>% increase in e-referral business by agencies.</p>	<p>15 agencies participating in training and support.</p> <p>“Buddy” system, promoting e-referral between agencies still being developed</p> <p>Agencies utilising technical support officer</p>	<p>PCPs supported the uptake of Argus referral system by GPs in the expectation that interoperability with Connecting Care would be addressed.</p> <p>This continues to be an obstacle to e-referral progress.</p>
Goal				
5. Improved amount and accuracy of information to support referral through the Human Services Directory.				
Objective	Strategies/Interventions	Estimated Impact	Responsibility	Timing
		<p>DHS to provide reporting to PCP re HSD monitoring and assist PCP EO in this role</p>		

Kingston Bayside PCP

Community Health Plan 2006-09

Deliverable 4: Integrated Chronic Disease Management

July 2008

Primary Care Partnerships

Community Health Plan Implementation Agreement (CHPIA)

Endorsed by PCP Chair:

Name:

Signature:

Date:

All PCPs

Goal	Objective	Strategies/Interventions	Estimated Impact	Actual Impact	Comments
1. Completion of a mapping of self-management interventions (provided by agencies within the catchment). Facilitate planning processes to develop self-management interventions within member agencies that respond to gaps identified in the mapping process.	Identify self management interventions within catchment	Participate in DHS self mapping survey		KB agencies contributed to the DHS survey	DHS has provided an interim survey report highlighting challenges and enablers to the implementation of self-management interventions
2. Facilitation of a process for agencies to define their roles and responsibilities, especially acute and community health services, in relation to providing self-management interventions for people with chronic disease.	Defined roles and responsibilities of member agencies, in relation to the provision of self-management interventions.	Include the facilitation process within the KBPCP 08/09 Service Coordination Plan; development and implementation of the sub-regional response to the treatment and prevention of Diabetes	All members will have an agreed position in relation to roles and responsibilities and work towards providing appropriate interventions	KBPCP 08/09 Service Coordination Plan to be developed July / August 08	SC/CDM Project Coordinator appointed July 08
3. Successful implementation of the Better Access to Services (BATS) framework by progressing common practices, processes, protocols and systems for initial contact, initial needs identification, referral, assessment and care planning by member agencies, particularly as it relates to people with chronic disease.	(i) Assess the level of service coordination implementation within Kingston Bayside agencies; (ii) share the learnings from the CBCHS EICD model development	Establish levels and share learnings as part of the KBPCP 08/09 Service Coordination Plan	All members will have a baseline level of service coordination and have a plan to address gaps.	KBPCP 08/09 Service Coordination Plan to be developed July / August 08	SC/CDM Project Coordinator appointed July 08

<p>4. Developed and defined local agreements and systems to identify clients with chronic disease who require comprehensive assessment, by working with PCP member agencies, particularly GPs.</p>	<p>Objectives 4-6 to be developed through the KBPCP 08/09 Service Coordination Plan</p>	<p>Strategies 4-6 to be developed through KBPCP 08/09 Service Coordination Plan, CBCHS Workplan and GP Engagement Strategy, Sub – region Diabetes Project</p>			
<p>5. Developed and defined local agreements and systems to identify clients with chronic disease who require cross-disciplinary/multi-agency (including GP) care planning, by working with PCP member agencies, particularly GPs.</p>					
<p>6. Developed and defined local agreements and systems around initiating and coordinating care planning for people with chronic disease by working with PCP member agencies, particularly GPs.</p>					
<p>7. Strengthened approaches to address disadvantage and health equality in Integrated Health Promotion initiatives, including barriers to participation such as chronic disease.</p>	<p>Introduce IHP focus to the EICD program</p>	<p>KBPCP and CBCHS will continue to work on joint approaches to identify IHP/CDM initiatives over the next 12 months</p>			

PCPs working with CHSs funded under the EIiCD initiative

Goal	Objective	Strategy	Planned Impact	Actual Impact	Comments
8. Successful implementation of workforce development strategies for self-management, particularly for community health services and GPs.	Develop self-management training package for agency personnel	identify training needs and appropriate workforce development strategies	Planned self management training remains a long term prospect.		Self- management strategies may be developed 08/09
9. Successful implementation of communication and marketing strategies (developed in conjunction with the Divisions of General Practice) that promote the benefits and availability of local self-management interventions to GPs.	Support and resource the development of the GP engagement strategy for the EICD program	Central Bayside, Monash DGP and Bayside GPN to implement strategy as per project plan. Strategies implemented will now continue post the pilot project as part of the ABHI	Improved GP knowledge in relation to self management interventions	Communication Strategy is in place and will continue as part of the ABHI program	GP Reference Group will promote the concept of self-management by looking at how CHCs can support GPs in the Diabetes Annual Cycle of Care
10. Improved communication and collaborative care planning (by working closely with the Divisions of General Practice) between GPs and community health services.					Goals 10-14 to be addressed through KBPCP 08/09 Service Coordination Plan, CBCHS Workplan and GP Engagement Strategy, Sub – region Diabetes Project
11. Development and adoption of disease-specific care pathways to ensure that clients get the right care in the right place, regardless of where they enter the service system.					

Goal	Objective	Strategy	Planned Impact	Actual Impact	Comments
12. Support for change management provided to agencies, particularly community health services, which are implementing new systems or strengthening existing systems to provide proactive care rather than reactive care for clients with chronic disease.					
13. Facilitation of a process for agencies to develop and implement consistent approaches to the use of decision support tools to support ICDM.					
14. Dissemination of transferable change management lessons in relation to ICDM.					
15. Completion of the statewide evaluation tools for ElicD.	To support the DHS Statewide Evaluation Process	Timely completion of reports		Reporting completed; awaiting final Evaluation Process Report	