



Service Co-ordination Operation Plan 2009-2012

Service Coordination Operational Plan 2009 -12

The overall outcome sought for consumers is the enhancement of wellbeing and quality of life, reduced prevalence, incidence and burden of illness/disability, the needs of hard to reach and vulnerable groups are met, and health inequalities between population groups are reduced.

Strategic Objectives for service co-ordination

- Partner agencies develop and implement a consistent, streamlined and evidence-based approach to initial contact, initial needs identification, referral, assessment and care planning.
- Service co-ordination practice enhances the capacity of the integrated chronic disease management & supports an integrated and coordinated health system by providing:
 - accurate information about services & programs;
 - accurate assessment & referral practices to facilitate, timely, efficient, and equitable access to services and
 - secure e-referral & e-mail facilities
- Engagement of general practice with a focus on:
 - Clarity of roles and responsibilities of general practice and other relevant private (e.g. private allied health) and public providers relating to shared consumer care.
 - Increasing the levels and quality of shared care and care planning between general practice, other private services and publicly funded providers.
 - Increasing the use of the Victorian State-wide Referral Form (VSRF) by general practice to assist appropriate referral of GP patients to other services.
 - Increasing access to information about human services offered locally and knowledge by general practice about how to assist their patients to access these services.
 - Embedding feedback to GPs as part of service delivery.

Operational Actions:

The actions outlined in this plan reflect the strategic priorities & key result areas reflected in the **2009 -12 Central Highlands Primary Care Partnership Strategic Plan**. The plan carries forward the two key **Strategic Priorities** identified in the previous 2006-09 Community Health Plan:

1. **Chronic Disease Prevention & Management.**
2. **Social Connection & Inclusion Including Mental Health**

The table beside lists the **Key Result Areas** & associated goals determined as the focus for 2009-12 by the Partnership. The operational plan is driven by some key expectations from the Department of Health & some carry forward work from the 2006-09 Community Health Plan.

DH expectations are:

- Implement the Victorian Service Coordination Practice Manual with a broader range of agencies, services and programs.
- Implement the updated SCTT/VSRF.
- Develop and implement agreed service coordination practice for prioritised hard to reach and vulnerable groups including indigenous communities.
- Contribute to the ongoing development of the Victorian Service Coordination Practice Manual and associated resources.
- Apply the Continuous Improvement Framework (resource of the Victorian Service Coordination Practice Manual) as part of partner agencies quality systems and report impacts through the Service Coordination Survey.
- Have shared care and multi-agency care planning protocols developed and implemented between general practice, other private and publicly funded services.
- Embed communication (including feedback) between general practice and other service providers.
- Support the sharing of relevant consumer health and care information (with consumer consent) via secure electronic systems (e-referral).
- Improve the depth and accuracy of service directory information.

KRA 1 Partnerships

Aim: To collaborate to enhance and support effective structures, reduce duplication and deliver outcomes that are innovative and flexible

1. Enhance governance arrangement and decision making between CHPCP member agencies
2. Identify and advance common needs for CHPCP member agencies including opportunities for collaboration and planning
3. Coordinate efforts for integrating chronic disease prevention and care including workforce development
4. CHPCP will advocate on government policies and reform on priority areas
5. CHPCP member agencies will support the promotion of mental health as everybody's business.

KRA 2 Marketing

Aim: CHPCP member agencies will communicate how we are achieving the goals of the partnership

1. Market the CHPCP to member agencies & potential members
2. Activate member agencies around priority areas and develop a joint campaign to promote healthy lifestyles to consumers.
3. Build and reinforce community capital and strength through actively engaging local government in utilising community branding.
4. Develop PCP portal for information sharing via CHPCP website and Connectingcare
5. CHPCP Member Agencies promote healthy lifestyle choices

KRA 3 Information Sharing & Capacity Building

Aim: CHPCP will be a comprehensive resource for information and data sharing

1. Provide support to relevant CHPCP member agencies to embed Service Coordination in organisational practices & processes
2. Facilitate capacity of General Practice to engage with the service system in chronic disease prevention and management
3. Develop an information management strategy that is supported by IT enablers
4. CHPCP identify and facilitate needs based training and education for CHPCP members in priority areas
5. Develop Partnerships that provide opportunities for socially disadvantaged people to engage with their communities

KRA 4 Health Promotion

Aim: Creating an environment that enables individuals and the community to have the best possible health outcomes

1. Work with disadvantaged groups on healthy lifestyle choices
2. Increase understanding and capacity of integrated health promotion and health promotion network
3. Preventing chronic disease and promoting social inclusion through the promotion of healthy lifestyles
4. Increase evidence base on effective integrated health promotion
5. Implement strategies that support children and their families to thrive

KRA 5 Consumer Engagement

Aim: To engage consumers in service development, review and improvement

1. CHPCP to facilitate consumer consultation on identified service review areas
2. Member agencies to increase sharing of and collaboration on consumer consultations
3. Support member agencies in community engagement for service review and planning

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Strategic Priority Areas:		Key Result Areas (KRA):						
3. Chronic Disease Prevention & Management. 4. Social Connection & Inclusion Including Mental Health		1. Partnership	4. Health Promotion	Goals: As numbered under each Key Result Area (see p2 of Operational plan)				
		2. Marketing	5. Consumer Engagement					
		3. Information Sharing & Capacity building						
Goal Area	Objective	Strategy	Linked actions	Key Performance Indicator/s	Planning Links	Time Frame	Responsibility	
Service Coordination Practice	Implementation of SCTT09 & service coordination best practice	Service Coordination Survey Partner agency involved with service coordination completes the survey survey questions Instructions for completing the survey	Implementation of Communication strategy re survey July/Aug preceding Marketing to target 3 levels; Full alliance; CHADA; Operational level staff Development of action plan subject to survey outcomes (post release of data)	# partner agencies responding to survey Partner agency response to key questions Survey completed within timeframe	PCP Planning and reporting guidelines 2009-2012 Strategic Priority1; Key Result Area 3 Goal 1	Annual survey Sept -Oct 2009 2010 2011	Service Co-ordination Industry Advisor Member Agencies	
	Partner agencies develop and implement a consistent, streamlined and evidence-based approach to initial contact, initial needs identification, referral, assessment and care planning	Promote the Victorian Service Coordination Practice Manual with a broader range of agencies, services and programs as an integral resource to support service co-ordination.	Use of Connectingcare to support service co-ordination Protocols & guidelines support the implementation of Living At Home Assessment by the assessment agencies in Central Highlands.	Agency response to annual service co-ordination survey	PCPs Program Logic: service co-ordination Strategic Priority 1 Key Result Area 3 Goal 1	Jul 09- Jun 12	SCIA Member agencies	
	Implementation of the SCTT/VSRF2009.	<i>Support implementation of the SCTT09 by member agencies</i>	Implementation through Connectingcare Training to support use	SCTT09 used by all Central Highlands agencies SCTT09 implemented on Connectingcare Use reflected in Service coordination survey	PCPs Program Logic: service co-ordination	Jul 09 – Jun 10		
		<i>Provide support to Division GPs to implement use of the VSRF 09 by general practitioners</i>	<i>Service Co-ordination Industry Advisor provides support to division Bench mark current usage</i>	<i>%Usage of VSRF09 by Gps</i>	PCPs Program Logic: service co-ordination Strategic Priority 1 Key Result Area 3 Goal 1 & 2	<i>Jul 09 – Jun 12</i>	<i>Ballarat District Division of General Practice</i>	
		<i>Living At Home assessment protocols & guidelines promote the use of SCTT/VSRF 09 as preferred referral documentation</i>	<i>Active Service Model Connectingcare</i>	<i>% compliance by referring agencies</i>	PCPs Program Logic: service co-ordination LAHA frame work Active Service Model Ballarat Partnership project		SCIA; Project Coordinator Partnering And Personal Care Projects	

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		2. Marketing	5. Consumer Engagement				
		3. Information Sharing & Capacity building					
Goal Area	Objective	Strategy	Linked actions	Key Performance Indicator/s	Planning Links	Time Frame	Responsibility
Chronic Disease Management	Service co-ordination practice enhances the capacity of the integrated chronic disease management	Provision of accurate information about services & programs	Connectingcare directory development	% Connectingcare service directory updated	PCPs Program Logic: service co-ordination; chronic disease management Strategic Priority 1 Key Result Area 1 Goal 3 Key Result Area 3 Goal 1 & 2	Ongoing	SCIA Member Agencies
		Accurate assessment & referral practices to facilitate, timely, efficient, and equitable access to services	Service coordination training,	Training delivered		Ongoing	
			Continuous Improvement Framework	QA/CIF processes in place		Ongoing	
		service co-ordination survey	agency responses in survey	annual		SCIA; Department of Health; Member agencies;	
		Expand the capacity of agencies to access secure e-referral & e-mail facilities via Connectingcare	Connectingcare e-referral support	% CDM agencies using e-referral		Ongoing	SCIA Member Agencies
		Support work on development of referral pathways to support complex needs clients	Diabetes Referral Pathways project Gamblers Help Agencies Central Intake Agencies	Project completed by Jun 10		Oct 09- Jun 10	SCIA CDM Officer Target Member Agencies
Engagement Of General Practice	Clarity of roles and responsibilities of general practice and other relevant private (e.g. private allied health) and public providers relating to shared consumer care.	Connectingcare service directory development to include listing of private allied health providers and the services they provide	Ballarat District Division of General Practice Care planning project Diabetes Referral Pathways Project Feedback to GPs	# allied health providers listed on Connectingcare.	PCPs Program Logic: service co-ordination Strategic Priority 1 ; Key Result Area 3 Goal 2	Ongoing	SCIA; Allied health providers
	Increasing the levels and quality of shared care and care planning between general practice, other private services and publicly funded providers.	Liaison with Ballarat District Division of General Practice on Care planning project	Diabetes Referral Pathways Project Connectingcare allied health listings LAHA Framework Implementation	Partnership developed for the project	PCPs Program Logic: service co-ordination Strategic Priority 1 ; Key Result Area 1 Goal 2 Key Result Area 3 Goal 1 & 2	Oct 09 – onwards	SCIA CDM; Ballarat District Division of General Practice
	Increasing the use of the Victorian State-wide Referral Form (VSRF) by general practice to assist appropriate referral of GP patients to other services.	On going support for Connectingcare Strategic Group & Argus\Connectingcare interface	Ballarat District Division of General Practice care planning project Connectingcare directory development	Argus interface implemented	PCPs Program Logic: service co-ordination Strategic Priority 1 & 2 Key Result Area 3 Goal 1 & 2	Ongoing	Service Co-ordination Industry Advisor; Connectingcare strategic group
		Living At Home Assessment Agencies protocols support use of VSRF	MC2SIG group & liaison with project officer	Protocols developed & marketed	PCPs Program Logic: service co-ordination LAHA frame work Active Service Model Ballarat Partnership project		LAHA Project Officer

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3. Chronic Disease Prevention & Management. 4. Social Connection & Inclusion Including Mental Health		1. Partnership 2. Marketing 3. Information Sharing & Capacity building	4. Health Promotion 5. Consumer Engagement	Goals: As numbered under each Key Result Area (see p2 of Operational plan)				
Goal Area	Objective	Strategy	Linked actions	Key Performance Indicator/s	Planning Links	Time Frame	Responsibility	
Engagement Of General Practice	Increasing access to information about human services offered locally and knowledge by general practice about how to assist their patients to access these services.	Connectingcare directory development and updating of service information – extending the range & depth of information	Ballarat District Division of General Practice care planning project	Evidence of Connectingcare directory being used by practices	Strategic Priority 1 Key Result Area 3 Goal 1 & 2	Ongoing	Service Co-ordination Industry Advisor ; Ballarat District Division of General Practice	
	Embedding feedback to GPs as part of service delivery.	Focus on acknowledgement & feedback processes supported by Connectingcare	Communication strategy	E-referral reports from Connectingcare show increased acknowledgement & feedback activity	PCPs Program Logic: service co-ordination; Strategic Priority 1 Key Result Area 3 Goal 1, 2 & 3	Ongoing	Service Co-ordination Industry Advisor	
			Training package developed & delivered	Training delivered				
			Process & procedures developed to support agencies to deliver using Connectingcare (i.e. procedures at agency level to embed practice)	Process & procedures developed				
	Support for Connectingcare Strategic Group & Argus\Connectingcare interface	Promotion of Connectingcare secure e-mail with practices	ARGUS Interface implemented	Connectingcare Strategic Planning Group. Strategic Priority 1 Key Result Area 3 Goal 3	Ongoing	Executive Officer; Service Co-ordination Industry Advisor		
Service Co-Ordination Practice	Vulnerable groups: Improved service coordination practice for prioritised hard to reach and vulnerable groups including indigenous communities.	Support the develop referral pathways with targeted agencies to improve access to services eg BADAC; LLEN-YOG:CRTs	Connectingcare service directory; e-referral uptake	Target agencies take up support & Connectingcare supports service co-ordination	PCPs Program Logic: service co-ordination; chronic disease management Strategic Priority 1 Key Result Area 1 Goal 2 Key Result Area 3 Goal 1 & 2	Ongoing	Service Co-ordination Industry Advisor; Target agencies	
	Continuous improvement of service co-ordination in partner agencies	Contribute to the ongoing development of the Victorian Service Coordination Practice Manual and associated resources.	State-wide service co-ordination network	SCIA attends State wide SC group Participates in revues when conducted				Service Co-ordination Industry Advisor
		Apply the Continuous Improvement Framework (resource of the Victorian Service Coordination Practice Manual) as part of partner agencies quality systems and report impacts through the Service Coordination Survey.		Agencies responses in service co-ordination survey	PCPs Program Logic July 2009 Strategic Priority 1 Key Result Area 3 Goal 1	annual	Service Co-ordination Industry Advisor; Member agencies	
		Have shared care and multi-agency care planning protocols developed and implemented between general practice, other private and publicly funded services	Ballarat District Division of General Practice care planning project LAHA implementation CHADA - Elder abuse & living squalor SIGs Diabetes referral pathways project	Protocols developed	PCPs Program Logic: service co-ordination; chronic disease management Strategic Priority 1 Key Result Area 1 Goal 2	Ongoing	Service Co-ordination Industry Advisor; Ballarat District Division of General Practice Member agencies Chronic Disease Management Officer	

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Goal Area	Objective	Strategy	Linked actions	Key Performance Indicator/s	Planning Links	Time Frame	Responsibility
Service Co-Ordination Practice	Support the sharing of relevant consumer health and care information (with consumer consent) via secure electronic systems (e-referral).	Expand the range of services using Connectingcare for secure e-referral	Marketing of Connectingcare & e-referral through Integrated Health Promotion program & Integrated Chronic Disease Management program	Increased e-referral - PCP E-referral report	PCP Planning and reporting guidelines PCPs Program Logic; service co-ordination; chronic disease management Strategic Priority 1 Key Result Area 3 Goal 1, 2 & 3	annual	Service Co-ordination Industry Advisor
Service Directory Development & E-referral	Increase e-referral in Central Highlands	Increase the number of agencies on Connectingcare that are enabled for e-referral. PCP completes DH E-referral report on an annual basis E-referral reporting tool	Report produced by Connectingcare. Liaison with RIMS management for any additional information to integrate into report. Ballarat District Division of General Practitioners – for GP referral statistics to integrate into report. Ongoing Implementation of Connectingcare strategies.	Increase in number of agencies engaged in e-referral. Increase in e-referral statistics Report lodged on time	PCP Planning and reporting guidelines 2009-2012 Strategic plan PA1; KRA3-G1	Annual report Sept -Oct 2009 2010 2011	Service Co-ordination Industry Advisor Support from RIMS manager Connectingcare state strategic group
	Improve the depth and accuracy of services information available on the Connectingcare Services Directory	Connectingcare directory development and updating of service information – extending the range & depth of information	Connectingcare training implemented to agencies & users Communication strategy with full alliance members (presentation)	% services & programs up to date; E-referral report shows increased stats.	PCP Planning and reporting guidelines PCPs Program Logic; service co-ordination; chronic disease management Strategic Priority 1 Key Result Area 3 Goal 1, 2 & 3	Ongoing	Service Co-ordination Industry Advisor
		Member agencies supported to become responsible for own information	Responsibility for Human Services Directory data	Number of agencies with Service Directory Officer nominated & role include in position description	Strategic Priority 1 Key Result Area 3 Goal 1	Ongoing	Member Agencies Service Coordination Industry Advisor
	Promote agencies responsibilities to review information on the Department of Human Services HSD	Promotion of the HSD in primary care partnership newsletter		Item in primary care partnership newsletter 3 times year	PCPs Program Logic; service co-ordination	2009-12 Feb: Jun; Oct	Service Coordination Industry Advisor
Support Connectingcare management group discussion with DCA in respect of HSD			partnership developed between DCA & Connectingcare	PCPs Program Logic; service co-ordination Strategic Priority 1 Key Result Area 3 Goal 3		Executive Officer: representative on Connectingcare Strategic Group.	

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		3. Information Sharing & Capacity building					
Goal Area	Objective	Strategy	Linked actions	Key Performance Indicator/s	Planning Links	Time Frame	Responsibility
Service Directory Development & E-referral	Engagement of general practice with a focus on Connectingcare	Expand service directory to include information about GP practices	Connectingcare training implemented to agencies & users	# Practices represented on Connectingcare service directory	PCPs Program Logic; service co-ordination Strategic Priority 1: Key Result Area 3 Goal 1 & 2	Ongoing	Service Co-ordination Industry Advisor
		Market service directory to practice nurses as a resource to access services	Communication strategy	# practices using Connectingcare service directory			
		Market secure e-mail to practice nurses as a method for movement of information between GPs & service providers for feedback and care planning	Communication strategy Connectingcare training implemented to agencies & users Integrated Chronic Disease Management	# practices using Connectingcare secure e-mail			
Central Highlands Aged & Disability Alliance	Increase information sharing & organisational capacity to engage in CHADA	Continued development of My Connected Community (MC ²) as a platform for virtual Special Interest Groups (SIGs) as an alternative to ongoing sub-committee meetings.	MC ² training delivered at CHADA	Level of engagement in SIGs	Strategic Priority 1& 2 Key Result Area 1 Goal 2 Key Result Area 3 Goal 3		Service Co-ordination Industry Advisor
	Increase the presence of Disability Services in CHADA	MC ² SIG developed to support members progress work on themes of QA & Reorientation		SIG developed Demonstrated use of MC2 by Agencies			
		Engage Department of Human Services Disability sector in discussion around a presence at CHADA - Meetings with key DHS Disability Services Staff targeted at merging CHIL with CHADA	Quality Framework for Disability Services Reorientation of day services	Meetings initiated & relationships developed Presence at Central Highlands Aged & Disability Alliance	Nov 09 – on		
		Fiona Strahan\Kathy McEwen to speak to Central Highlands Aged & Disability Alliance		Presentation at CHADA	Feb 2010		
		Review Connectingcare directory information to ensure that this reflects disability service programs accurately	Department Of Human Services Disability Day Service Reorientation	Program information updated	Jan -2010 - ongoing		

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Goal Area	Objective	Strategy	Linked actions	Key Performance Indicator/s	Planning Links	Time Frame	Responsibility
Central Highlands Aged & Disability Alliance	Elder abuse: Implementation of elder abuse guidelines	MC ² SIG established , develop this to progress work on implementing elder abuse guidelines		SIG developed Demonstrated use of MC2 by Agencies	Strategic Priority 1& 2 Key Result Area 1 Goal 2 Key Result Area 3 Goal 3	March 2010 - ongoing	SCIA CHADA Elder Abuse SIG; Member agencies
	Support the Office for Senior Victorians Elder Abuse Community Awareness program.	CHADA EA work group will provide a lead in Central Highlands for the development and establishment of elder abuse Local Agency Networks in the region	Grampians Region primary care partnership joint action under OSV awareness program	CHADA integrated into network	OSV – Victorian Elder Abuse Prevention Strategic Implementation Plan 2006-09 PCPs Program Logic: service co-ordination Strategic Priority 2 Key Result Area 1 Goal 5 Key Result Area 3 Goal 5 Key Result Area 4 Goal 1, 3 CHPCP CHP 2006-09	TBA	GPPCP SCIA; SCIA CHADA Elder Abuse SIG; Member agencies
	Heatwave planning: Increase the understanding about the impact of heatwave conditions	MC ² SIG developed to support members progress work on heatwave planning		SIG developed Demonstrated use of MC2 by Agencies	Strategic Priority 2 Key Result Area 2 Goal 2 Key Result Area 3 Goal 3	Ongoing	SCIA; CHADA Heatwave SIG; Member agencies
	Living in squalor: Develop a co-ordinated response for agencies to address issues where clients are living in squalor	MC ² SIG developed to support members progress work on Living in Squalor issues		SIG developed Demonstrated use of MC2 by Agencies	Strategic Priority 2 Key Result Area 2 Goal 2 Key Result Area 3 Goal 3	March 2010 - ongoing	
	Heath Promotion: Increase the information about integrated health promotion activities and the access to these for consumers	Promote the use of e-referral & Connectingcare service directory to support access to integrated health promotion activities	Connectingcare service directory E-referral Integrated chronic disease management	Increased flow of information to CHADA; service directory information reflect HP initiatives	PCPs Program Logic : service co-ordination; integrated health promotion Strategic Priority 1& 2 Key Result Area 3 Goal 3, 5 Key Result Area 4 Goal 2	Ongoing	SCIA; IHP Officer

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Goal Area	Objective	Strategy	Linked actions	Key Performance Indicator/s	Planning Links	Time Frame	Responsibility	
CENTRAL INTAKE	Support establishment of Central Intake processes in member agencies	Regional workshop conducted in partnership with Grampians Pyrenees Primary Care Partnership; Wimmera Primary Care Partnership (joint service co-ordination \ integrated chronic disease management initiative).		Delivery of workshop Evaluation feedback	PCPs Program Logic: service co-ordination; Strategic Priority 1 Key Result Area 1 Goal 2 Key Result Area 3 Goal 1	Planning commence Nov 09 Implementation Feb-Jun 10	Service Co-ordination & Chronic Disease Management staff CH,GP & W PCPs	
		Develop CI workshop within Central Highlands	EliCD projects	Workshop delivered,		By June 10	SCIA CDM Officer member agencies	
		Identify agencies to receive intensive support around setup of Central Intake	EliCD projects; Connectingcare service directory; E-referral	Agencies identified & support delivered		Ongoing	SCIA; Identified agencies	
Living At Home Assessment	Implementation of Living At Home Assessment	Provide support to project officer, DH & Assessment agencies for the implementation of Living At Home Assessment framework	Connectingcare service directory information up to date Extension of e-referral capacity	Connectingcare service directory lists LAHA agencies service directory info updated Increased e-referral	Strategic Directions in Assessment Report Dec 2005	Ongoing	Service Co-ordination Industry Advisor	
Training & Resource Development	Increase the skills & knowledge base within the Central Highlands catchment	Implementation of service co-ordination training Implementation of CHADA Special Interest Groups on MC2 as virtual working groups Use of Central Highlands Primary Care Partnership website	Benefits realisation of ICT Expansion of use of Connectingcare & e-referral training needs analysis.	service co-ordination training delivered MC2 Special Interest Groups established PCP web site developed	PCPs Program Logic: service co-ordination Strategic Priority 1 & 2 Key Result Area 1 Goal 3 Key Result Area 3 Goal 1, 3, 4,	Ongoing	Service Co-ordination Industry Advisor	
		Development or identification of service co-ordination resources, dissemination of this information	Protocols, policy & procedures Continuous Improvement Framework	Resources on pcp web site, selective dissemination of information via newsletter, Networks		Ongoing	PCP Team, Member agencies	
		Training needs analysis of member agencies undertaken		Training needs analysis completed		Jun 10		
		Service Co-ordination Industry Advisor sits on HACC Education Training Advisory Committee		Ongoing participation on TAC		Ongoing	Service Co-ordination Industry Advisor	

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Goal Area	Objective	Strategy	Linked actions	Key Performance Indicator/s	Planning Links	Time Frame	Responsibility
Mental Health & Wellbeing	Uptake of Connectingcare to support service co-ordination in mental health	Service Coordination Industry Advisor attends Grampians Region Cornerstone II meetings; there is a standing item on the agenda for PCP & service co-ordination. & promotes service co-ordination practice Connectingcare & e-referral	Cornerstone II regional mental health network; HLLLEN; YOG Community Reference Teams, Central Highlands Regional Youth Affairs Network	Attendance at Cornerstone meetings. Increased understanding of service co-ordination, Connectingcare & for e-referral	PCPs Program Logic: service co-ordination; chronic disease management Strategic Priority 1& 2 Key Result Area 3 Goal 1, 5 CHPCP CHP 2006-09	Ongoing	Service Co-ordination Industry Advisor
	Better access to services for children & youth with Mental health issues	SCIA provides support in service co-ordination & e-referral for Grampians Region Child & Youth Mental Health Service System Redesign project Connectingcare for e-referral embedded in mental health service practice	Participation in catchment networks & promotion of the project: Cornerstone II regional mental health network; HLLLEN; YOG Community Reference Teams, Central Highlands Regional Youth Affairs Network	Service system reflects greater accessibility and support for clients	PCPs Program Logic: service co-ordination; chronic disease management Strategic Priority 1& 2 Key Result Area 1 Goal 2 Key Result Area 3 Goal 1, 5 CHPCP CHP 2006-09	Nov 09 – Jun12	C&YM Project Officer Service Co-ordination Industry Advisor ,
Gamblers Help	Provide support to consortium in respect to service coordination	Work with Gamblers Help agencies consortium members in Central Highlands catchment (Relationships Australia (Victoria) – Ballarat & Child & Family Services Ballarat) to support service co-ordination & e-referral through a presence on Connectingcare & implementation of e-referral for Gamblers support services	Development of entries on Connectingcare service directory Connectingcare service directory management training Establishment of consortium agencies e-referral capacity E-referral, Service co-ordination & directory management & e-referral training Referral pathways flow chart	Services established on Connectingcare; e-referral capacity implemented, training delivered	Department of Justice FASA 2009-10 Strategic Priority 1& 2 Key Result Area 1 Goal 2 Key Result Area 3 Goal 1, 5 CHPCP CHP 2006-09	Funding for 2009-10 & 2010-11	Service Co-ordination Industry Advisor, Consortium agencies
	Home Hazard Checklist Tool Rollout	Implement template on Connectingcare & Template is incorporated into referral documentation - HHCT is completed by agencies as part of referral documentation	Connectingcare service directory information updated	Strategy implemented.	LAHA Framework Strategic Priority 1& 2 Key Result Area 3 Goal 1	Jan 10	Service Co-ordination Industry Advisor, LAHA project Officer
Care Planning	Department of Human Services Care Planning training program	Central Highlands Primary Care Partnership to submit an EOI for the rural catchment of proposed Care Planning Education Pilot care planning training	Ballarat District Division of General Practice care planning project	EOI submitted	PCPs Program Logic: service co-ordination Strategic Priority 1 Key Result Area 3 Goal 1	TBA	Service Co-ordination Industry Advisor

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Goal Area	Objective	Strategy	Linked actions	Key Performance Indicator/s	Planning Links	Time Frame	Responsibility
Climate Change & Sustainability	Support Work on service coordination issues in response to climate change & sustainability issues	Central Highlands Primary Care Partnership participates in Regional Sustainability Alliance - Ballarat		SCIA participation in the development of RSAB strategic direction	Strategic Priority 2 Key Result Area 1 Goal 1 Key Result Area 2 Goal 2 Key Result Area 3 Goal 5 Key Result Area 4 Goal 5 Commissioner for Environmental Sustainability Act 2003	Ongoing	Service Co-ordination Industry Advisor
Bushfire Recovery	Support recovery management	Promote Connectingcare to Regional Recovery DHS as a mechanism to support recovery management operations via service directory & through secure e-mail	Service directory updated to focus on recovery organisations Training to recovery teams	Connectingcare supports recovery operations	PCP Planning & reporting guidelines Strategic Priority 2 Key Result Area 3 Goal 1 Emergency Management Act 1986 Emergency Management Manual Victoria	Ongoing	Service Co-ordination Industry Advisor Department of Human Services Recovery team