

Central Highlands Primary Care Partnership

2009 – 2012

Strategic Plan



Central Highlands Primary Care Partnership

Message from the Chair

The Central Highlands Primary Care Partnership Strategic Plan 2009 -2012 was developed with the participation of over 35 agencies, including health and community services and four local government councils over a 12 month period. The CHPCP has taken an evidence- informed approach, utilising data and information about health and social status, reviewing the policy context and assessing the availability and capacity of services to address the health and wellbeing issues facing our communities into the future. The Strategic Plan is a culmination of those rich discussions which took place.

The CHPCP has been mindful of resource availability, and has deliberately chosen to focus efforts on a small number of priorities in order to achieve intended outcomes. The CHPCP has made a commitment to monitoring progress and reviewing the Strategic Plan annually to ensure that it remains relevant to the Central Highlands communities and member agencies.

The Plan is a reflection of the commitment that member agencies have made to work together to address the priority issues of chronic disease prevention and management and social connection and inclusion. It is our “shared business”.

I commend the CHPCP Strategic Plan to you.

Joanne Gell

Chief Executive Officer
Ballarat District Nursing and Healthcare
Chair of Central Highlands Primary Care Partnership

CHPCP Vision:

“Working together we build individual and community health and wellbeing”

Priorities:

Chronic Disease Prevention and Management

Aim: To implement strategic interventions to address the social and cultural determinants of chronic disease

Social Connection & Inclusion (including Mental Health)

Aim: To improve mental health within the community through addressing social connection and inclusion

In preparing for the development of the CHPCP Strategic Plan 2009 – 2012 work has been undertaken by CHPCP members and the CHPCP Team based on the following:

1. Full Alliance Planning

Discussions and preparations for the new plan commenced at the June 2008 Full Alliance Planning Session where the CHPCP members developed the new CHPCP vision statement. Since then through consultation of agency priority areas the two priority areas and agreed principles were developed and refined.

Principles: Through Service Design, Service Coordination Health Promotion and Workforce Development we will:

- i. Improve service flexibility
- ii. Build community skills
- iii. Support participation in care
- iv. Provide affordable and accessible access to services
- v. Provide access to information
- vi. Drive organisational cultural change

In June 2009 a further Full Alliance Planning session was held facilitated by Colin Pidd, Bti Consulting. Agencies were asked to identify issues under the two priorities and to identify areas of work that CHPCP should focus on in building the partnership for the future. From this work five priority focus areas were developed: Partnerships, Marketing, Information Sharing & Capacity Building, Health Promotion and Consumer Engagement. A further session was held with the Executive and CHPCP staff team to identify goals for the partnership for the Strategic Plan. These have been discussed at the Full Alliance meetings in 2009 and in checking alignment with agency priorities.

Each Local Government was asked to the process for the development of their Municipal Public Health Plans at the May 2009 Full Alliance meeting. City of Ballarat and Golden Plains Shires are updating current plans as their plans were completed late in 2008. Opportunities for shared work have been identified and will be articulated in the operational plans. Hepburn and Moorabool Shires are developing their plans and CHPCP will work with them in progressing shared work. The Strategic Plan will be reviewed on an annual basis to address any new and emerging issues.

CHPCP member agencies have identified five areas of focus in working on the two priority areas.

These include:

- Partnerships
- Marketing
- Information Sharing and Capacity Building
- Health Promotion
- Consumer Engagement

Specific areas of work have been identified under these categories.

2. Health & Wellbeing Analysis of the Central Highlands region

In late 2008 CHPCP contracted the University of Ballarat to undertake a comprehensive Health and Wellbeing Analysis of the Central Highlands region. Agencies were encouraged to contribute data that might not normally be shared and emphasis was also given to compiling information by local government area to assist planning and future funding submissions.

The analysis of data contained in the final report was received in June 2009 with 21 recommendations for actions. The majority of those recommendations align with the strategic priorities identified by CHPCP. The document has also been made available through the CHPCP website for download and as a web-based document.

Feedback from member agencies and others confirm that the document will be a valuable tool for agencies to utilise in planning and sourcing funding. The Health and Wellbeing Analysis of the Central Highlands has provided information in the development of the Strategic Plan 2009 – 2012. It is envisaged that the resource will be further built upon in the future.

3. Department of Health - Policy and Reporting Requirements

The work that will occur through 2009 – 2012 will align with the *"Primary Care Partnerships – Planning and reporting guidelines 2009 – 2012, July 2009 and Primary Care Partnerships – Revised Program Logic July 2009"*. The Strategic Plan will also be supported by detailed operational plans that will outline specific work across the four core areas of work – Partnerships, Service Coordination, Integrated Chronic Disease Management and Integrated Health Promotion.

4. Operational Plan

The CHPCP Operational Plans will articulate shared partnership work of the CHPCP membership and in the Service Coordination, Integrated Health Promotion and Integrated Chronic Disease Management areas and should be read in conjunction with the Strategic Plan.

Central Highlands Primary Care Partnership – Member Agencies

Current membership of CHPCP is thirty six members.

Ballarat Community Health Centre (BCHC)	Hepburn Health Service (HHS)
Ballarat & District Aboriginal Co-op (BADAC)	Hepburn Shire Council (HSC)
Ballan District Health & Care (BDHC)	Hesse Rural Health Service (HESSE)
Ballarat & District Division of General Practice (BDDGP)	Karden Disability Support Foundation (KARD)
Ballarat District Nursing & HealthCare (BDNH)	McCallum Disability Services (MDS)
Ballarat Health Services (BHS)	Moorabool Shire Council (MSC)
Ballarat Hospice Care Inc (HOSP)	Pinarc Support Services (PINARC)
Bluearth (BE)	Relationships Australia Victoria (RAV)
Central Highlands General Practice Network (CHGPN)	Salvation Army Karinya (SAL)
Centacare (CENT)	Southern Cross Care Vic (SCC)
Central Highlands Sports Assembly (CHSA)	St John of God Health Care (SJOG)
Child & Family Services (CAFS)	Unitingcare Ballarat (UC)
City of Ballarat Council (CoB)	United Way Ballarat (UWB)
Department of Health, Grampians Region (DoH)	University of Ballarat (UB)
Department of Veteran Affairs (DVA)	Vision Australia (VA)
Djerriwarrh Health Service (DJHS)	Women's Health Grampians (WHG)
Glastonbury Family Services (GLAST)	YMCA Ballarat (YMCA)
Grampians Integrated Cancer Services (GICS)	
Golden Plains Shire Council (GPS)	

CHPCP Strategic Plan 2009 – 2012

Priority Areas:

- 1. Chronic Disease Prevention and Management (P1)**
- 2. Social Connection & Inclusion (including Mental Health) (P2)**

Partnerships

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

Goal	What we will do	Who will be involved	Links to	Key Result Area
1. Enhance governance arrangement and decision making between CHPCP member agencies	Year 1: <ul style="list-style-type: none"> • Review effectiveness of platforms and initiatives and implement planning processes and mechanisms • Review MoU and terms of reference for CHPCP Executive in relation to platform involvement. • Utilise PCP lifestage platforms in developing integrated responses in priority areas. 	Child & Family, Youth and Aged services.	Terms of Reference for Platforms and PCP Committees (P1&2)	Terms of reference of all structures reviewed by Dec 2010
		CHPCP Full Alliance	Communication Plan (Marketing)	That member agencies identify that there is enhanced governance and decision making in the partnership
2. Identify and advance common needs for CHPCP member agencies including opportunities for collaboration and planning	Year 1: <ul style="list-style-type: none"> • Undertake mapping exercise of agency requirements and needs in priority areas. • Agencies to compare their own operational and strategic plans to 	CHPCP team with CHPCP Member Agencies	Chronic disease plan IHPromotion Plan Service Coordination Plan (P1&2)	Mapping exercise undertaken with member agencies by April 2010
		All CHPCP member agencies	Health and Wellbeing Analysis (P1&2)	Agency feedback at Full Alliance

	<p>CHPCP Health & Wellbeing Analysis.</p> <ul style="list-style-type: none"> Member Agency Strategic plans include PCP commitment. 	All CHPCP member agencies	Health and Wellbeing Analysis (P1&2)	By 2012 75% of member agencies include PCP commitment in Strategic plan
	<p>Year 2:</p> <ul style="list-style-type: none"> Ensure ongoing/timely and up to date information on population and statistics for planning purposes. 	University of Ballarat, Member Agencies contributions of information	PCP Portal (Info Sharing/Capacity Building) (P1&2)	By 2012 CHPCP will have consolidated population data for planning.
	<p>Year 3:</p> <ul style="list-style-type: none"> Develop processes to ensure joined up planning occurs. 	CHPCP Member Agencies	(P1&2)	Evidence of collaborative planning across sectors.
<p>3. Coordinate efforts for integrating chronic disease prevention and care including workforce development</p>	<p>Year 1:</p> <ul style="list-style-type: none"> Develop a Chronic Disease plan for the PCP including workforce development. <p>Year 2:</p> <ul style="list-style-type: none"> Evaluation of progress of relevant member agencies implementation of Wagner Model of Chronic Care <p>Year 3:</p> <ul style="list-style-type: none"> Implement effective evidence based strategies to identify those who are at risk of developing a chronic disease. 	<p>Chronic Disease Group EliCD Projects – BCH, HHS Diabetes Steering Group</p> <p>All relevant CHPCP Member Agencies</p> <p>CHPCP member agencies</p>	<p>Chronic Disease Plan Diabetes Steering Group EliCD Projects (P1)</p> <p>PCP Planning & Reporting Guidelines 2009-2012 Chronic Disease Plan (P1)</p> <p>Health & Wellbeing Analysis IHP Plan EliCD Plans (P1)</p>	<p>Chronic disease plan implemented and evidence of workforce development actioned</p> <p>Relevant agencies will complete ACIC tool to develop benchmark of implementation by Dec 2010</p> <p>Chronic disease plan will identify strategies for targeting those at risk of chronic disease.</p>

<p>4. CHPCP will advocate on government policies and reform on priority areas</p>	<p>Year 1- 3</p> <ul style="list-style-type: none"> • Provide opportunities for member agencies to seek support from the Full Alliance in advocating on priority areas. 	<p>CHPCP Full Alliance</p>	<p>BHS – Primary Care & Population Health Advisory Committee Chronic Disease Plan Integrated Health Promotion Plan Service Coordination Plan (P1&2)</p>	<p>Evidence of three opportunities for joint advocacy by the partnership</p>
<p>5. CHPCP member agencies will support the promotion of mental health as everybody's business.</p>	<p>Year 1 - 3</p> <ul style="list-style-type: none"> • CHPCP Member agencies will support and participate in the implementation of the Child & Youth Mental Health Re-Design Demonstration Project 	<p>Participation through Executive, Consortium and Regional Partnership Group</p>	<p>CHPCP Operational Service Coordination, Integrated Health Promotion and Chronic Disease plans Training (Information Sharing & Capacity Building) (P1 &2)</p>	<p>Evidence of member agency support of the Child & Youth Project with Action Plan for reform by March 2010</p> <p>Evidence of member agencies actively participating in the implementation of project</p>
	<p>Year 1 – 3</p> <ul style="list-style-type: none"> • All member agencies will be supplied with information on the project for promotion through their agencies 	<p>Project Executive, Consortium and Regional Partnership Group</p>		<p>Evidence of the partnership being kept informed of the project progress.</p>

Priority Areas:
1. Chronic Disease Prevention and Management (P1)
2. Social Connection & Inclusion (including Mental Health) P2)

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

Goal	What we will do	Who will be involved	Links to	Key Result Area
1. Market the CHPCP to member agencies & potential members	Year 1: <ul style="list-style-type: none"> • Define CHPCP branding • Define target areas required to market the PCP. 	CHPCP members and staff team	Organisation Plans (P1&2)	PCP branding is reviewed and target areas identified.
	Year 2: <ul style="list-style-type: none"> • Develop communication plan including: <ul style="list-style-type: none"> • Workforce • Partnership Agreement • Internal agency communication • Measure impact and review 	All CHPCP members	CHPCP Website development CHPCP Full Alliance CHPCP Platforms and other committees Agency plans PCP Reporting Guidelines 2009-2012	Communication plan including partnership agreement developed and signed off by Full Alliance by June 2011 that articulates roles and responsibilities of member agencies
	Year 3: <ul style="list-style-type: none"> • Evaluation of progress and identification of additional needs 	CHPCP Team and member agencies	PCP Reporting Guidelines 2009-2012	Evaluation of progress reported regularly to the Full Alliance in

				Years 1-3 Evidence of increased understanding of PCP processes in member agencies
2. Activate member agencies around priority areas and develop a joint campaign to promote healthy lifestyles to consumers.	Year 1: <ul style="list-style-type: none"> Develop resources to support agency engagement 	Member agencies and Health Promotion Network	Integrated Health Promotion Plan Chronic Disease Plan (p1&2)	Resources developed with Health Promotion Network and distributed to member agencies Evidence of partnership work implementation and evaluation.
	Year 2: <ul style="list-style-type: none"> Activate and monitor implementation 			
	Year 3: <ul style="list-style-type: none"> Continue implementation and evaluation of outcomes 			
3. Build and reinforce community capital and strength through actively engaging local government	Year 1: Engage local government for members to gain understanding of LGA planning processes	CoB, HSC, GPS, MSC, CHPCP team	LGA Municipal Public Health Plans, other LGA Plans (P1&2)	Meet with each LGA to progress understanding of municipal processes
	Year 2: PCP members integrate with LGA activity regarding healthy lifestyle and social inclusion in supporting local identity promotions	All PCP member agencies		Evidence of increased activity with LGAs on healthy lifestyle and social inclusion
	Year 3: Evaluate outcomes to inform future planning	CHPCP Staff team and member agencies	(p1&2)	CHPCP team undertake evaluation of activities and report developed to inform future planning

<p>4. Develop PCP portal for information sharing via CHPCP website and Connectingcare</p>	<p>Year 1 – 3: a. Develop mechanics delivery to identify needs, collect and share information. b. Allocate resources c. CHPCP members to promote portal as primary source of information for the community.</p>	<p>All CHPCP member agencies and CHPCP team</p>	<p>CHPCP Website CHPCP Communication Plan (Info Sharing & Capacity Building) Partnerships (P1 & 2) Connectingcare Strategic and Regional User Groups</p>	<p>The CHPCP Web Portals are expanded and developed to provide greater access to information and data</p>
<p>5. CHPCP Member Agencies promote healthy lifestyle choices</p>	<p>Year 1:</p> <ul style="list-style-type: none"> Develop joint campaign through CHPCP as identified in Integrated Health Promotion Plan 		<p>CHPCP Integrated Health Promotion Plans EIICD Projects (P1 & 2)</p>	<p>Evidence of partnership responses to increased responses to health and wellbeing needs</p>
	<p>Year 2:</p> <ul style="list-style-type: none"> Identify funding sources Implementation of promotion through agencies 		<p>(P1&2)</p>	<p>Evidence of one joint funding submission</p>
	<p>Year 3:</p> <ul style="list-style-type: none"> Evaluation and monitoring of implementation and outcomes 		<p>(P1&2)</p>	<p>Evaluation of implementation of IHP Plan</p>

Priority Areas:

- 1. Chronic Disease Prevention and Management (P1)**
- 2. Social Connection & Inclusion (including Mental Health) (P2)**

Information Sharing & Capacity Building *Aim: CHPCP will be a comprehensive resource for information and data sharing*

Goal	What we will be doing	Who will be involved	Links to	Key Result Area
1. Provide support to relevant CHPCP member agencies to embed Service Coordination in organisational practices & processes	Year 1: <ul style="list-style-type: none"> • Work with individual agencies to embed Policies, Procedures & Protocols in agencies, eg: policies, job description etc. Use Service Coordination manuals & resources to achieve this. • Agencies undertake review of intake, initial assessment & referral pathways. • Identify agencies who require intensive support to review service coordination practices in their agency. 	Member agencies & CHPCP staff and platforms eg: CHADA Chronic Disease Group, & CEO Group Diabetes Steering Group Child & Youth Service System Re-Design Demonstration Project	Service Coordination Plan Chronic Disease Plan Connectingcare Gamblers Help Plan (P1&2)	Member agencies identify that service coordination roles are articulated in their policies and procedures. Intake practices reviewed in chronic disease, problem gambling and Child & Youth Demonstration Project. Agencies identified who require intensive support
	Year 2: <ul style="list-style-type: none"> • Support agencies identified in service 	CHPCP member agencies		Evaluation of implementation and

	coordination implementation <ul style="list-style-type: none"> Review and monitor evaluation 			support provided to agencies
	Year 3: <ul style="list-style-type: none"> Identify additional agencies requiring support for service coordination implementation 	CHPCP member agencies		New agencies for support are identified.
2. Facilitate capacity of General Practice to engage with the service system in chronic disease prevention and management	Year 1: <ul style="list-style-type: none"> Continue to utilise EIICD programs to engage general practice eg: feedback, careplanning Explore options for IT based careplanning system (CDMnet) 	EIICD Programs Chronic Disease Practitioner Group & CEOs Group BDDGP & CHPCP	Integrated Health Promotion Plan Chronic Disease Plan Service Coordination Plan (P1)	Evidence of engagement with General Practice & Divisions CDMnet IT system is explored as an option for CHPCP
	Year 2: <ul style="list-style-type: none"> Expand work to include all chronic disease management areas in a coordinated approach across services. 	All member agencies involved with chronic disease management Divisions of General Practice		Evidence of implementation of chronic disease plan through CEOs group, DSG
	Year 1 - 3: <ul style="list-style-type: none"> General practice engagement included in CHPCP operational plans Monitoring and review of engagement progress 	Full Alliance and CHPCP Team		Progress of general practice engagement is reported to Full Alliance meetings and chronic disease groups
3. Develop an information management strategy that is supported by IT enablers	Year 1: <ul style="list-style-type: none"> Mapping of data sources across CHPCP members 	CHPCP Member Agencies	Communication Plan Connectingcare	Evidence of increased information and data

			Other software providers University of Ballarat Dept of Health (P1&2)	sharing by member agencies through CHPCP web portal
	Year 2: <ul style="list-style-type: none"> Establish mechanisms to update information through CHPCP. 			Evidence of increased opportunities for member agencies to share information.
	Year 3: <ul style="list-style-type: none"> Ensure that all relevant data sources are available to the CHPCP membership to inform planning and funding processes 			
4. CHPCP identify and facilitate needs based training and education for CHPCP members in priority areas	Year 1: <ul style="list-style-type: none"> CHPCP to undertake mapping of training needs across the membership 	All CHPCP member agencies	CHPCP Operational Plans in SC, IHP & CDM (P1&2)	Mapping of training needs completed by April 2010
	Year 2: <ul style="list-style-type: none"> CHPCP to work with member agencies in providing education and skilling for workforce as identified in mapping exercise 	All CHPCP member agencies		Evidence of collaboration on education and training in identified areas.
	Year 1 - 3: Monitor and evaluation training provided through CHPCP Identification of emerging needs in year 3	CHPCP Member agencies and staff team		Evaluation of outcomes of training developed. Review of training needs for next plan

5. Develop Partnerships that provide opportunities for socially disadvantaged people to engage with their communities	Year 1: <ul style="list-style-type: none"> Identify and prioritise socially isolated groups through IHP Operational Plan 	CHPCP Member agencies and other relevant stakeholders	Chronic Disease Plan IHP Plan Service Coordination Plan (P1&2)	Target groups are identified through IHP plan
	Year 2 – 3: <ul style="list-style-type: none"> Assist CHPCP member agencies in working with socially isolated communities through skill development, and linking to established supports. Monitor and evaluate CHPCP needs in working with disadvantaged communities 			Evidence of work with disadvantaged communities shared with member agencies Evidence of skill development with target groups Evaluation and dissemination of work

Priority Areas:
1. Chronic Disease Prevention and Management (P1)
2. Social Connection & Inclusion (including Mental Health) (P2)

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

Goal	What we will do	Who will be involved	Links to	Key Result Area
1. Work with disadvantaged groups on healthy lifestyle choices	Year 1: <ul style="list-style-type: none"> CHPCP will engage with member and non-member agencies who are working with disadvantaged groups 	Wendouree West Neighbourhood Alliance, Wendouree West Community House, Delacombe Neighbourhood Renewal, BADAC, BRMC, rural LGA areas as identified.	Integrated Health Promotion Plan Chronic Disease Plan Service Coordination Plan Diabetes Steering Group Agency Health Promotion Plans LGA Plans (P1&2)	Evidence of increased understanding of healthy lifestyles in target groups identified through plans
	Year 2: <ul style="list-style-type: none"> Develop partnership approaches to health promotion initiatives in welfare agencies and local government. 			Evidence of increased participation by welfare agencies and local government in health promotion activities promoting healthy lifestyles
	Year 3: <ul style="list-style-type: none"> Review and plan for next 3 years 			Evidence of evaluation and dissemination of work and planning for next plan
2. Increase understanding and capacity of integrated health promotion and health promotion network	Year 1: <ul style="list-style-type: none"> Provide training in health promotion to increase understanding of disadvantaged groups and healthy lifestyles. 	Welfare agencies and Local Government Centacare, CAFS, Relationships Australia, Unitingcare and other relevant non CHPCP member agencies,	Integrated Health Promotion Plan Chronic Disease Plan Service Coordination Plan Central Highlands Drug & Alcohol Action Plan	Evidence of training needs identified and actioned. Target groups identify increased understanding of

	<ul style="list-style-type: none"> Increase agency representation in the Health Promotion Network 	LGAs, Neighbourhood Renewals, Neighbourhood Houses	CHPCP Platforms and Committees Dept of Justice – Problem Gambling resources (P1&2)	healthy lifestyles through work occurring in IHP Plan
	<p>Year 1 - 3:</p> <ul style="list-style-type: none"> Use of Health Promotion Network to build effective partnerships on issues using a social model of health approach Support agencies to evaluate integrated health promotion programs/project in the CHPCP priority areas 	All member agencies	Integrated Health Promotion Plan Chronic Disease Plan Service Coordination Plan Central Highlands Drug & Alcohol Action Plan CHPCP Platforms and Committees Dept of Justice – Problem Gambling resources Closing the Gap Policy (P1&2)	Increased understanding of evaluation practice supported through CHPCP
	<p>Year 2-3:</p> <ul style="list-style-type: none"> Monitoring and evaluation of the success of engagement of member agencies in health promotion. <p>6.</p>	CHPCP member agencies		Review and evaluation of IHP Plan activities
3. Preventing chronic disease and promoting social inclusion through the promotion of healthy lifestyles	<p>Year 1-2:</p> <ul style="list-style-type: none"> Implement Integrated Health Promotion Plan to prevent chronic disease, focusing on the key areas of healthy lifestyle, mental health & wellbeing, sexual & reproductive health, physical activity and oral health. Prioritise and action recommendations as per Health & Wellbeing 	CHPCP Member agencies and other relevant stakeholders.	Municipal Public Health Plans & Agency Plans (P1&2) Health & Wellbeing Analysis (P1&2)	Evidence of member engagement in the IHP plan activities Full Alliance review of recommendations and

	<p>Analysis</p> <ul style="list-style-type: none"> ○ Advocacy required ○ Local work, capacity building and initiatives <ul style="list-style-type: none"> ● Engage PCP platform areas and other PCP Committees to include focus on healthy lifestyle choices 			<p>actions developed.</p> <p>Evidence of PCP platforms and other committees actions in addressing needs.</p> <p>Increased opportunities are provided to the partnership to share ideas and issues</p> <p>Processes are implemented that ensure ongoing monitoring and evaluation of partnership activities.</p>
	<p>Year 2:</p> <ul style="list-style-type: none"> ● Monitor and evaluation of partnership and activities 			<p>Evidence of member agency participation in planning for next 3 years</p>
	<p>Year 3:</p> <ul style="list-style-type: none"> ● Review and plan for next 3 years 			
<p>4. Increase evidence base on effective integrated health promotion</p>	<p>Year 1-3:</p> <ul style="list-style-type: none"> ● Communicate and promote CHPCP website as central information point. ● Health Promotion Network to contribute evidence based information for the website. 	<p>All member agencies</p>	<p>DoH resources on evidence base (P1&2)</p>	<p>Increased awareness of the CHPCP Web Portal as a central information point.</p>

	<p>Year 1-2:</p> <ul style="list-style-type: none"> • LGAs promote and share community capacity building initiatives on CHPCP website 	LGAs	CHPCP Platforms CHPCP website Neighbourhood Renewal Neighbourhood Houses Integrated Health Promotion Plan LGA Plans (P1&2)	Evidence of LGAs promoting and sharing community capacity building initiatives through PCP website and committees
	<p>Year 3:</p> <ul style="list-style-type: none"> • Evaluate information content of the CHPCP website 	Feedback from member agencies	Communication (Marketing)	Review of information needs for the future
5. Implement strategies that support children and their families to thrive	<p>Year 1:</p> <ul style="list-style-type: none"> • Work with LGAs to Support Early Years Plans and initiatives on Community Hubs 	LGAs and member agencies and other relevant stakeholders	Child & Family Platform Youth Platform Child & Youth Mental Health Service System Re-Design Project (P1&2)	Evidence that relevant expertise on community hubs has informed future <u>planning</u>
	<p>Year 2:</p> <ul style="list-style-type: none"> • Continue and expand work undertaken in year one. 			Work with agencies and LGAs on community hub development.
	<p>Year 3:</p> <ul style="list-style-type: none"> • Evaluation and feedback from LGAs on member agency support 			Evaluation and feedback from LGAs and participating members on planning for community hubs

Priority Areas:
1. Chronic Disease Prevention and Management (P1)
2. Social Connection & Inclusion (including Mental Health) (P2)

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

Goal	What we will do	Who will be involved	Links to	Key Result Area
<ul style="list-style-type: none"> CHPCP to facilitate consumer consultation on identified service review areas 	<p>Year 1:</p> <ul style="list-style-type: none"> To support agencies to partner on consumer engagement approaches as identified in operational plans. Develop strategies in consumer engagement to ensure marginalised and socially disadvantaged consumers are able to contribute. 	<p>CHPCP member agencies</p> <p>University of Ballarat, Grampians Integrated Cancer Service, Diabetes Service Providers,</p> <p>Aboriginal services, CALD communities and services, Neighbourhood Renewals,</p>	<p>Health Information Centre (HIC) GICS Action Plan Chronic Disease Plan Service Coordination Plan Agency plans Child & Youth Mental Health Service System Re-Design Project (P1&2)</p>	<p>That consumers are engaged to provide the “consumer experience” in identified areas.</p> <p>Evidence that consumer consultation is used to inform service system improvement and planning.</p>
	<p>Year 1-2:</p> <ul style="list-style-type: none"> CHPCP to facilitate consumer feedback in chronic disease management ensuring that feedback is including cancer, mental health and diabetes Facilitate sharing of consumer feedback across CHPCP member agencies and through website 	<p>GICS, EliCD Projects, Diabetes Service Providers, Child & Youth Mental Health Service System Re-Design Project</p> <p>Full Alliance CHPCP Website</p>		<p>Evidence of agencies working together on consumer consultation</p> <p>Evidence of agencies sharing consumer consultation with the membership</p>

	<p>Year 3:</p> <ul style="list-style-type: none"> Develop template to identify 5 top consumer consultations and methods required by CHPCP 	CHPCP Member agencies and CHPCP team	Health & Wellbeing Analysis – evaluation resources (P1&2)	5 top consumer consultation areas identified.
<ul style="list-style-type: none"> Member agencies to increase sharing of and collaboration on consumer consultations 	<p>Year 1:</p> <ul style="list-style-type: none"> Work with agencies who have funding for consumer engagement to commission focus groups eg: GICS <p>Year 2:</p> <ul style="list-style-type: none"> Identify opportunities to integrate consumer engagement across agencies – a shared approach <p>Year 3:</p> <ul style="list-style-type: none"> Identify resources required by CHPCP to inform planning for consumer engagement in the next Strategic Plan 	<p>CHPCP member agencies and cancer services across the Grampians region</p> <p>CHPCP member agencies</p> <p>CHPCP Member agencies</p>	(P1&2)	<p>Consumer consultation for clients with cancer across the Grampians region has occurred by June 2010</p> <p>Evidence of agencies sharing consumer consultations</p>
<ul style="list-style-type: none"> Support member agencies in community engagement for service review and planning 	<p>Year 1:</p> <ul style="list-style-type: none"> Identify what consumer engagement is required for mental health & social inclusion, service coordination eg: what would help? 	Child & Youth Mental Health Services, Health Promotion Network, other CHPCP member agencies	(P1&2)	Training needs for consumer consultation identified and actioned.
	<p>Year 2 - 3:</p> <ul style="list-style-type: none"> To develop relationship with University of Ballarat in conducting consumer research (including service 	University of Ballarat and relevant CHPCP member agencies	(P1&2)	Evidence of support by University of Ballarat in consumer consultation and sharing research

	<p>availability, access to services available, information provided by services, ability to navigate the 'health' system, service improvement and meeting of consumer needs)</p> <ul style="list-style-type: none"> • Undertake Agency 'self review' of their consumer engagement in understanding agency capacity in consumer engagement. • Provide opportunities for discussion on consumer engagement. 	<p>All CHPCP member agencies</p> <p>Full Alliance and PCP Platforms and committees</p>		<p>available.</p> <p>Agency mapping of consumer engagement to inform training needs analysis.</p> <p>Evidence of consumer engagement discussion through Full Alliance and platform structures</p>
	<p>Year 3:</p> <ul style="list-style-type: none"> • Identify top two topics in each CHPCP agency and identify partners to work on specific areas of consumer engagement. 	<p>All CHPCP member agencies</p>	<p>(P1&2)</p>	<p>Two topics identified for work on consumer engagement into the next plan</p>

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