



WIMMERA PRIMARY CARE PARTNERSHIP

Strategic Directions
2009-2012

Methodology

This Strategic plan, incorporating our integrated health plan, has been informed by a series of workshops with our partner agencies including the work from two workshops on health promotion opportunities arising out of climate change and rural adjustment. Two further sessions focusing on priority setting for integrated health planning in our catchment followed.

Each planning forum facilitated by Anita Thomas provided a platform for partner agencies to engage in discussion of local needs & opportunities. Information taken from evidence, local data, community consultations and service providers enabled the selection of priority population/ target groups & settings for our Wimmera catchment.

Our process also reviewed evidence gathered from an extensive community consultation across the catchment interviewing over 500 residents from Patchewollock to Dadswells Bridge. Information about current level of activity in a range of target groups and settings identified across the catchment was also considered.

Claire Flanagan-Smith from RMCG consulting then ran a further workshop with partner agencies to review our strategic intent and directions. This resulting plan brings together all our work while being conscious of the current policy environment in which we operate. (list included)

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Wimmera Primary Care Partnership

Over 800 agencies have come together in 31 Primary Care Partnerships (PCPs) across Victoria with the aim to improve the overall health and wellbeing of Victorians by:

- Improving the experience and outcomes for people who use primary care services.
- Reducing the preventable use of hospital, medical and residential services through a greater emphasis on health promotion programs and by responding to the early signs of disease and/or people's need for support.

The Wimmera Primary Care Partnership's strategic plan outlines a shared direction for partner agencies in addressing the local priority health and wellbeing issues. Within this plan sits our Integrated Health Promotion (IHP) Plan.

Our over arching goal is to reduce health inequities within our catchment. Increasing social inclusion and physical activity are our integrated health promotion focus. Health promotion opportunities will also be identified from our strategic focus on rural adjustment (mental health) and new arrivals in our communities.

The social model of health provides the framework for our planning.

The social model of health includes:

- Recognition of the broad social, economic and environmental determinants of health and wellbeing
-
- The importance of health promotion and disease prevention
-
- The importance of community participation in decision making
-
- The importance of working with sectors outside of health
-
- An understanding that equity is an important outcome of health intervention

Governance

The Wimmera Primary Care Partnership is formed under a Memorandum of Understanding (MOU). The purpose of the MOU is to provide a framework for Wimmera PCP members to work together. It formalises agreements between members of the Wimmera PCP in terms of governance matters.

This partnership approach seeks to enable a more effective system of primary care services to develop common approaches, integrate, collaborate and undertake joint planning and priority setting around health promotion, chronic disease management and service coordination.

Wimmera PCP governance arrangements will be reviewed in the next 3 year period as the Department of Health (DH) is seeking more formalised agreements for the Primary Care Partnerships across the state.

The Wimmera PCP is auspiced by Wimmera Uniting Care and governed by an Executive Committee made up of representatives of 9 member agencies and a DH ex officio member. The Executive Committee meets monthly except for January.

The Wimmera PCP is made up of 33 partner agencies including local government, welfare, disability, division of general practice and education. We include, 5 health services spread over 14 campuses, 2 bush nursing centres and an Aboriginal controlled health organisation (ACHO). We cover an area of 28,216 sq km with a population of 37,689^(ABS,2006) including the shires of West Wimmera, Yarriambiack, Hindmarsh and Horsham Rural City. Just over half the population resides in Horsham, with only three other towns Nhill, Dimboola and Warracknabeal having populations of more than 1,000 people.

By coming together we provide:

- A partnership platform to plan and integrate our work
- Opportunities for capacity building
- A platform for systems work
- Opportunities for advocacy at a catchment level
- A communication portal
- A “brains trust” – if the PCP staff can’t help they usually know who can

Our Partners

Access For All Abilities

Benetas

Community AXIS

Dunmunkle Health Services

Edenhope and District Memorial Hospital

E.W. Tipping Foundation

Goolum Goolum Aboriginal Co-operative

Grampians Community Health

Harrow Bush Nursing Centre

Hindmarsh Shire Council

Hopetoun & District Neighbourhood House

Horsham Rural City Council

Horsham Regional Arts Association

Horsham Salvation Army Family Services

Karkana Support Services Inc

Rural North West Health

SLAAM, Murtoa Neighbourhood House

University Of Ballarat Horsham Campus

West Vic Division of General Practice

West Wimmera Health Services

West Wimmera Shire Council

Wimmera Uniting *Care*

Wimmera Health Care Group

Wimmera Hearing Society

Wimmera HUB Inc.

Wimmera Regional Library Corporation

Wimmera Regional Sports Assembly

Wimmera Southern Mallee Local Learning Employment Network

Wimmera Volunteers Inc.

Women's Health Grampians

Woomelang & District Bush Nursing

Yarriambiack Shire Council

YMCA, Horsham Aquatic Centre

Our Aspirations

Partnerships are the embedded way of delivering improved health and well being outcomes to our catchment communities in an effective, planned, equitable and informed manner.

We will - Strengthen and develop relationships and partnerships that enable improved health and well being outcomes in our catchment's communities.

As partners we will endeavour to -

- Actively participate in the partnership
- Use collaboration to achieve the most effective results for the community
- Seek consensus as the driving force in decision making
- Value diversity of opinion, background and service
- Be innovative and responsive (in our approaches) to health and wellbeing issues
- Be open and honest with each other to foster trust between partners
- Be fair, so that there is equity of access for all partners, and all community sectors, regardless of size or beliefs

Our Strategic Priorities

- **Reduce health inequities**

- refocus partnership work to ensure that we are working with communities where the most disadvantage exists. Nearly all of our small towns fall within the lowest Socio Economic Indexes of Areas (SEIFA). Horsham North area is also in the lowest index.

- supporting the regional implementation plan on "Closing the gap on Indigenous disadvantage" is part of this work.

- **Be responsive to local issues including**

- climate change and rural adjustment with an emphasis on mental health now described as Solastalgia: the distress caused by environmental change (Albrecht G, Sartore GM, Connor L, Higginbottom N, Freeman S, Kelly B, Stain H, Tonna A and Pollard G. Solastalgia: the distress caused by environmental change. *Australasian Psychiatry* 2007; 15: s95-s98).

- the impacts of natural disasters, i.e. heatwave and fire

- **Support agencies, services and community to cater for increasing regional migration including migrants from overseas and expected refugee arrivals**

Our Work is achieved through:

Integrated Health Promotion

Service Coordination

Partnership Development & Capacity Building

Integrated Chronic Disease Management

Integrated Health Promotion (IHP) Goals

Integrated Health Promotion Priorities: all priorities have a focus on health equity aiming to reduce disadvantage

These are outlined in the IHP action plan (p. 17) and are as follows.

To reduce health inequalities through a partnership approach to increase:

- physical activity of young families
- social connection of older adults
- social connection of youth

Problem gambling is also included in the plan as a priority for integrated health promotion and service coordination.

Integrated Chronic Disease Management (ICDM)

To improve the service system for clients with chronic conditions

The Integrated Chronic Disease Management program will draw upon service coordination work and centre on improving the service system for clients with chronic conditions. Our work will use quality cycles and the service coordination frameworks to place consumers at the centre of service delivery to ensure that they have:

- Access to the services they need
- Opportunities for early intervention
- Chronic disease care pathways and
- Relevant health promotion programs

Our focus will be to improve the care and outcomes for clients with chronic and complex conditions through improved systems and engagement across the spectrum of care. This work will be undertaken through:

- Enhanced capacity of our local workforce
- Developed local service systems that provide best practice clinical care
- Support for self management and
- Addressing the barriers to both participation and service access of hard to reach and vulnerable groups, including individuals.

Service Coordination

Improve the experience and outcomes for people who use primary care services

The work plan for service coordination will flow out of the work of the chronic disease working group as well as problem gambling and other projects such as Delkaia Best Start and Wimmera Men's sheds. We will also be responding to the needs of individual agencies to support improvement of their own agency practices.

Partnerships

The role of partnership integration intensifies from networking through to formalised collaborative partnerships. We will work towards the highest level of integration and collaboration. The entry point and progression along this continuum may vary depending on background, leadership, capacity and prior development of the working relationships.

Reference: Integrated health promotion: a practice guide for service providers

Capacity Building

The Wimmera PCP aims to promote leadership and capacity building in our agencies and community. We will organise and provide formal and informal opportunities for learning. During the life of this plan capacity building will be tailored to support the strategic intent of the partnership including an early focus on evaluation training to allow agencies to effectively monitor and measure the impact of their work together.

The environment in which Wimmera PCP operates

The environment in which the WPCP is currently operating sets the context for the new strategic plan:

- Nearly all of small towns across the Wimmera fall within the lowest Socio Economic Indexes of Areas (SEIFA). The Horsham North area is also in the lowest index.
- Ageing population - impacts on type and amount of community spaces, services and staffing required.
- Climate change – it is increasingly hard to separate drought from climate change. Communities will need to adapt to health challenges in a drier, warmer climate with increased variability.
- The community had hoped drought would not continue to be an issue, however the impact continues not just on farmers' health and wellbeing, but has effects on the whole of rural communities.
- Heatwave has already impacted our region and we will need to further build our preparedness.
- Fire recovery, prolonged drought and rural adjustment issues have highlighted the need for personal support and counselling services alongside early intervention
- Distance/ geographic issues include: large distances between agencies, clients, community and resources. Much time is spent driving between meetings that limits the "doing" time. Many smaller agencies in remote locations can become physically isolated. Issues of fatigue.
- Policy uncertainty – uncertainty over the future and funding for PCP's and how the new federal government health structures impact on us.
- Changing of management and staff within agencies always challenges relationships
- A recent increase in skilled overseas migration is changing the cultural demographic profile of our communities and the Culturally and Linguistically Diverse (CALD) needs for services and community
- Regional migration - city people move to take advantage of affordable accommodation in small rural towns; and also farming families leaving the land or retiring move to bigger population centres such as Horsham

- Horsham is expecting a group of Karen refugees from Northern Burma to settle here in early 2010

Opportunities

- Further coordination and facilitation of regional projects. Opportunities for partners to look at pooling resources under the PCP banner to fund shared positions.
- Build new strategic partnerships
- Build the skills of member agencies to be able to effectively evaluate and present their work
- Support partners to build an evidence base for advocacy around local issues
- Good will and desire amongst partners to work with the local indigenous community on "Closing the gap on Indigenous disadvantage "

We are informed by:

	Recent Policies, Plans & Key Reports	Source	Date
Local	Council Plans Municipal Public Health Plans (MPHP) Heatwave plans	Horsham Rural City, Hindmarsh Shire Council, West Wimmera Shire Council, Yarriambiack Shire Council	2009 Still in progress
	Active communities, positive living - Planning for longevity in the Wimmera	Wimmera Shires (aged care strategy)	2009
	Wimmera Local Drug Action Plan 2009-2012	Grampian Community Health	2009
	Wimmera Southern Mallee Regional Priorities	DPCP – Regional Manager’s Forum	2009
	Delkaia Aboriginal Best Start Action Plan	Delkaia Aboriginal Best Start Partnership	2009
	Grampians Regional Implementation Plan on Closing the Gap (Draft)	Grampians Indigenous Reference Group (GIRG)	2009
State	Better Access to Services: A Policy and Operational Framework	Department of Human Service	2001
	Victoria: A Better State of Health	Department of Human Service	2005
	Rural Directions for a Better State of Health	Department of Human Service	2005
	Taking Action on Problem Gambling Strategy	Department of Justice	2006
	Victorian Mental Health Reform Strategy	Department of Human Service	2009
	A Fairer Victoria –Standing together through tough times	State Government of Victoria	2009
	Victorian Climate Change Green Paper	Department of Prime Minister and Cabinet	2009
	VCOSS response to Victorian Climate Change Green Paper	Victorian Council Of Social Services (VOCSS)	2009
	VACKH Aboriginal Health Plan 2009	Victorian Advisory Council on Koori Health (ACKH)	2009

	Recent Policies, Plans & Key Reports	Source	Date
Federal	National Primary Health Care Strategy	Department of Health and Aging	2009
	National Health and Hospital Reform Strategy	Preventative Health Taskforce	2009
	It's about people: Changing perspectives on Dryness, A report to Government by an Expert Social Panel	Department of Agriculture Fisheries and Forests	2008
	A Compendium of Social inclusion Indicators How is Australia faring?	Social Inclusion unit Department of Prime Minister and Cabinet	2009
	Building a 21 st Century Primary Health Care System – a Draft of Australia's First National Primary Health Care Strategy	Department of Health and Aging	2009
	Australia the Healthiest Country by 2020 – a discussion paper	Australian Government Preventative Health Task force	2008
	Making Progress – The health, development and Wellbeing of Australia's children and young people	Australian Government Australian Institute of Health and Welfare	2008
	Closing the gap on Indigenous disadvantage: the challenge for Australia	Department of Families, Housing, Community Service and Indigenous Affairs	2008
Global	Closing the gap in a generation Health equity through action on the social determinants of health	World Health Organization (WHO) Commission on Social Determinants of Health	2008

We will report through:

PCP Deliverable	Reporting Process to Department of Health	Frequency
Service Coordination	Service Coordination Survey	annual (Sept)
	E-Referral report	annual (Sept)
Integrated Health Promotion (IHP)	Report includes new IHP Performance Measures	annual (Sept)
	Case study	annual (Sept)
Integrated Chronic Disease Management (ICDM)	ICDM Survey	annual (Sept)
	Case Study	annual (Sept)
Partnerships	Membership Data base	annual (Sept)
	Financial statement	end of financial year

PCP Deliverable	Reporting within the Partnership	Frequency
Service Coordination	Activity report to Executive	monthly
Integrated Health Promotion (IHP)	Activity report to Executive	monthly
	Progress Report to HP network	monthly
Integrated Chronic Disease Management (ICDM)	Progress Report to ICDM network	monthly
		monthly
Partnerships	Membership update to Exec	monthly
	Financial report to Exec	monthly

PCP Deliverable	Reporting to external Funders	Frequency
Smiles 4 Miles	Dental Health Services Victoria	bi annually
Problem Gambling	Activity report to Executive	monthly
	Progress Report to Consortia	bi monthly
	Annual report to Department of Justice	annually (July)
Home and Community Care Living at Home Assessment Project	Activity report to project working group members	monthly

Integrated Health Promotion Plan 2009 -2012

From our planning forums it became evident that agencies would focus their work through an equity lens to reduce the health inequalities that exist in the Wimmera catchment.

Each planning forum provided an opportunity for partner agencies to engage in discussion of local needs & opportunities. Review of evidence, local data, community consultations and service provider's feedback enabled the selection of priority population/ target groups & settings for our catchment.

Wimmera PCP partner agencies then articulated the desired outcomes for these groups – *what is it that we want to see change in our three years of work together.*

Interventions and strategies for these groups were then selected and are based on those in the Department of Health (DH) interventions portfolio.

Strategies selected aim to cover a range of areas within the Ottawa Charter

- Healthy Public Policy
- Creating Settings and Supportive Environments
- Building Personal Skills
- Strengthening Community Action
- Reorienting Health Services

The DH capacity building Framework was also utilised to identify ways to improve partnerships, shared knowledge and build capacity of agencies working on our priority areas.

Our priority areas for 2009-2012 are:

A focus on health equity aiming to reduce the disadvantage across Wimmera communities

- **Increased levels of physical activity and opportunities for participation of young families**
- **Increased health and wellbeing through improved opportunities for social connection of older adults**
- **Increased wellbeing through improved choices and access for social connection of youth**

Integrated Health Promotion Priorities: all priorities have a focus on health equity aiming to reduce the disadvantage across communities.

Goal: Increased levels of physical activity and opportunities for participation of young families

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
Improve settings and supportive environments for physical activity (PA) in young families, especially our most disadvantaged families.	Identify physical activity settings of young families (work, rest, play, schools) and determine any gaps	PCP member agencies	Years 1,2	<ul style="list-style-type: none"> • Undertake mapping or PA settings at start of year 1 and review against at end of year 3. • Increased utilisation of physical activity options • Percentage of residents participating in walking/cycling/other PA options • Changes in economic, social or built environments to enable people from low socio economic status groups to participate in PA
	Develop PA in settings where gaps have been identified and/or further support opportunities that are already working well	PCP member agencies	Year 2, 3	<ul style="list-style-type: none"> • % of participants in a health promotion (HP) program who are from Horsham North or target group who fit into low SEIFA • % of participants that maintain their PA three months post program • increase in PA options where gaps exist • increased participants in PA in HP programs
Strengthen community action	Conduct community consultation on barriers and needs, support local/community based activities	PCP member agencies	Years 1, 2, 3	Number of key stakeholders involved in needs analysis

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
Improve social marketing and health information on physical activity for young families	Identify different ways of promoting existing activities to improve participation	PCP member agencies	Year 2	Increased health related knowledge and awareness, including where to go to access PA options
	Promote and use directories which display opportunities/activities such as Sportslink			Increased number of sportslink website hits www.sportlink.org.au/wimmera
Develop personal skills of young families re physical activity	Increase knowledge of PA options in the Wimmera to young families	PCP Members agencies	Year 2	% of targeted community members who have an increased awareness of the importance of physical activity
	Identify current barriers to PA and improve skills of young families to engage in physical activity	PCP member agencies	Year 1	Increased understanding of the value and benefits of PA on their mental and physical health

Goal: To improve partnerships, shared knowledge and capacity building of agencies working with young families on physical activity

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
Improve organisational development	Identify different agencies needs for HP capacity building	PCP Staff	Year 1	Undertake organisational audits to identify gaps in HP skills and training needs
	Improve higher level support from management for HP	PCP Staff	Year 2, 3	<ul style="list-style-type: none"> • Increase in number of senior managers participating on HP Committees and working groups • Increased representation of HP interests on the senior management team of the agency
	Support workers to better define HP work that is part of their current role	PCP Staff	Year 1	Percentage of organisations that assess staff involvement in HP programs as part of their performance appraisal processes
	Embed good organisational procedures and policies around use of evidence, evaluation and HP induction	PCP Staff working with member agencies	Year 2	<ul style="list-style-type: none"> • Percentage of HP projects that demonstrate use of evidence to support identification of need and proposed interventions • % of agencies that provide health promotion induction to staff
Improve workforce development	Increase staff trained in HP – provide options for HP courses (5 day or 1 day)	PCP Staff working with member agencies	Year 1, 2	Number of staff who attend training in areas of need specifically identified through audits
	Improve skills and knowledge of HP workers in community consultation	PCP Staff working with member agencies	Year 2	Number of staff who attend training in areas of need specifically identified through audits
	Increase in the number of staff trained and using health promotion evaluation	PCP Staff working with member agencies	Year 1, 2, 3	Increased numbers of staff trained and using health promotion evaluation

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
	Provide a clear definition of disadvantage for agencies to use in their HP work	PCP Staff	Year 1	Increased knowledge of staff on disadvantage in catchment
	Increasing skills of sector in data collection	PCP Staff to arrange	Year 1	Percentage of staff who can collect data and can integrate this knowledge into their HP practice
Improve access to resources	Sharing of funding and grant opportunities between member agencies	PCP Staff and member agencies	Duration of plan	<ul style="list-style-type: none"> • Increase in percentage of HP resources directed to groups with the poorest health status • Increase in percentage of HP funding used in evidenced based programs • Increased number of successful funding submissions
Improve partnership opportunities to do this work	Provide opportunities and develop communication pathways (or tools) for agencies to work in partnership	PCP Staff and member agencies	Year 1 and 2	Number of additional joint projects developed
	Build on the mapping document (grid of work in Physical Activity across each local government area) in identifying common pieces of work to identify partnering opportunities	PCP Staff and member agencies	Year 1 and 2	Increase in the percentage of planned HP initiatives that are delivered in partnership with local community and other organizations
Provide opportunities in leadership to do this work	Agencies to come together on specific project work for larger tasks and appoint a project leader	PCP Staff and member agencies	Duration of plan	Increase in the amount of agency staff time dedicated to joint partnership projects
	Develop consistent tools to capture data which is applicable for all agencies	Department of Health	Year 1	Agencies using tools to capture HP impacts

Goal: Increased health and wellbeing through improved opportunities for social connection of older adults.

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
Improve settings and supportive environments for social connection in older adults, especially our most disadvantaged older adults.	Provide a clear definition of what is a healthy older network using a cross sector approach	PCP Staff and member agencies	Year 1	Definition developed and used by all agencies
	Encourage collaboration with different sectors to support opportunities for social connection in older adults	PCP Staff and member agencies	Duration of plan	Increased numbers of agencies working in collaboration in health promotion projects for older adults in social connection
	Encourage supportive environments for skills sharing across generations – bringing youth and elderly together to improve social connection	PCP Staff and member agencies	Year 2, 3	<ul style="list-style-type: none"> • Increase in partnership projects that improve skills sharing across generations • Number of participants in a HP Program • Increased participants in social connection in HP programs
Strengthen community action	Community consultation on barriers and needs of older adults for social connection and support local/community based activities	PCP member agencies	Year 1, 2	Number of key stakeholders involved in needs analysis
Improve social marketing and health information on social connection in older adults	Understand older adults needs regarding social connection and develop a marketing strategy that is appropriate using a common message	PCP Staff and member agencies	Year 2, 3	Increased health related knowledge and awareness of older adults including where to go to access social connection options

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
Develop personal skills of older adults re social connection	Improve access and sharing of opportunities for older adults to connect in communities	PCP member agencies	Year 2, 3	% of targeted community members who have an increased awareness of the importance of social connection
Create healthy public policy	Provide a clear definition of what is a healthy older network using a cross sector approach (noted above)	PCP Staff and member agencies	Year 1	Definition developed and used by all agencies

Goal: To improve partnerships, shared knowledge and capacity building of agencies working with older adults on social connection.

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
Improve organizational development	Improve senior management understanding of HP and opportunities for training opportunities	PCP Executive, PCP Staff and member agencies	Duration of plan	% of senior managers and agency staff who report confidence/adequate knowledge/ training in Health Promotion
	Improve communication of HP initiatives to board members of organizations	PCP Executive, PCP Staff and member agencies	Duration of plan	Increased number of HP reports tabled at agency board meetings
Improve workforce development	Improve evaluation skills for staff so that our work is planned, implemented, captured, recorded and communicated	PCP staff and member agencies	Duration of plan	Increased numbers of staff trained and using HP evaluation in their work
	Sharing case studies from within and other regions to inform our work	DH staff, PCP Staff and member agencies	Year 1, 2	<ul style="list-style-type: none"> Increased numbers of case studies reflecting good HP practice produced in catchment Number of HP papers presented by agency staff at conferences, workshops and seminars

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
	Develop skills in communication (social and technical)	PCP Staff	Year 1, 2	Number of staff who attend training in communication skills
Improve access to resources	Advocate for more flexibility for agencies in making funding applications and in re-current funding to work in improving social connection in older adults	DH Staff, PCP Staff, PCP Executive	Year 2	<ul style="list-style-type: none"> • Progress in flexibility for agencies around funding for HP programs • Percentage of total agency HP funding from sources other than IHP funding through DH.
Improve partnership opportunities to do this work	Continue the good partnership work and evaluate networks to remain focused on goals of networks.	PCP Staff and member agencies	Year 1,2	Ratings on quality and effectiveness of partnerships (using Vic Health or New York assessment tools)
	Build on mapping document in identifying common pieces of work across the partnership to identify partnering opportunities	PCP member agencies contributing information to PCP staff	Year 1, 2	Increase in the percentage of planned HP initiatives that are delivered in partnership with local community and other organizations
	Improved referrals of older adults to services and community resources that can improve their social connection		Year 2, 3	Increased number of referrals of older adults to services and community resources
Provide opportunities in leadership to do this work	Advocate to boards of management of organisations and Local Government – presenting our successes to the rest of Victoria.	PCP Executive, PCP Staff and member agencies	Year 2, 3	<ul style="list-style-type: none"> • Number of agency staff who actively participate in and provide leadership for regional HP planning, networking and working groups established through groups such as local councils • Increase in presentations by agency staff at conferences, workshops and seminars

Goal: Increased wellbeing through improved choices and access for social connection for youth.

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
Improve settings and supportive environments for social connection in youth, especially our most disadvantaged youth.	Identify how to engage and work with schools to improve social connection opportunities for youth	PCP member agencies	Year 1 & 2	<ul style="list-style-type: none"> • Percentage of local schools participating in a HP program • Number of schools that value working with HP staff to improve social connection in youth
	Encourage collaboration with different sectors and working in new environments to support opportunities for social connection in Youth	PCP member agencies and PCP staff	Year 1	<ul style="list-style-type: none"> • Number of key stakeholders involved in needs analysis • Number of HP interventions to engage youth in social connection • Percentage of youth participating from low SES backgrounds • Increase in key indicators measuring the 'friends, family and neighbourhood' components of social connectedness
	Encourage supportive environments for skills sharing across generations – bringing youth and elderly together to improve social connection	PCP member agencies and PCP staff	Year 1	Increase in partnership projects that improve skills sharing across generations
Strengthen community action	Working with existing youth networks (FREEZA) to promote community action	PCP member agencies and PCP staff	Year 1 & 2	Increased participation in FREEZA and community events by youth

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
Improve social marketing and health information on social connection in youth	Identify social marketing opportunities and ways of utilising these to provide health information to youth	PCP member agencies and PCP staff	Year 2 & 3	Increased health related knowledge and awareness of youth including where to go to access social connection options
Develop personal skills of youth re social connection	Create a work environment for youth and PCP member agencies to collaborate and create opportunities for youth to learn skills of older generations	PCP member agencies and PCP staff	Year 1, 2	<ul style="list-style-type: none"> • % of targeted community members who have an increased awareness of the importance of connection • Increase in partnership projects that improve skills sharing across generations • Increased social connectedness and social networks among Youth (especially disadvantaged)
	Highlight and recognize the initiatives of young people around social connection	PCP Executive, PCP Staff and member agencies	Year 2 and 3	Increase in opportunities to showcase good health promotion practice and initiatives of youth in social connection
	Provide mentoring opportunities for younger and older generations (and vice versa).	PCP Member agencies and PCP Staff	Year 2 and 3	<ul style="list-style-type: none"> • Increase in partnership projects that improve skills sharing across generations • Increased social connectedness and social networks among Youth (especially disadvantaged)
Create healthy public policy	Advocate for funding for health promotion work to improve social connection in disadvantaged youth	PCP member agencies and PCP staff	Year 3	Increased amount of project funding attracted by the agency to improve social connection in youth

Goal: To improve partnerships, shared knowledge and capacity building of agencies working with youth on social connection.

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
Improve organizational development	Position descriptions to be more detailed in directive about our Health Promotion role	PCP Executive, PCP Staff and member agencies	Duration of plan	Percentage of agencies that specifically detail health promotion in position descriptions
	Strategic reflection – vision and mission statements to include health & wellness outcomes for community	PCP Executive, PCP Staff and member agencies	Year 1	Percentage of agencies that include health & wellness outcomes for their communities in their vision and mission statements
Improve workforce development	Provide ongoing opportunities for staff in health promotion at entry level and advanced level.	PCP member agencies	Duration of plan	Increased numbers of staff trained in HP at entry and advanced level
	Organise evaluation training to ensure projects are planned, evaluated and knowledge shared.	DH Staff, PCP Staff and member agencies	Year 1 & 3	Increased numbers of staff trained and using HP evaluation in their work
	Organise training in awareness of disadvantage & community engagement.	DH Staff, PCP Staff	Year 1 & 2	Number of staff who attend training in community engagement and in disadvantage.
Improve access to resources	Improving knowledge about funding opportunities and assistance with funding applications. Resources for training and back fill funding.	DH Staff, PCP Staff, PCP Executive	Duration of plan	<ul style="list-style-type: none"> • Progress in flexibility for agencies around funding for HP programs • Percentage of total agency HP funding from sources other than IHP funding through DH • Increase in assistance by PCP staff for funding applications
	Review Youth Services Mapping (2007), community consultations and Youth in Action and identify gaps		Year 1	Gaps identified and inform HP practice and partnership opportunities.

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
	Collect and share information on successful youth projects and partnerships (WPCP Website)	PCP Staff	Year 1	<ul style="list-style-type: none"> • Increased numbers of case studies reflecting good HP practice produced in catchment • Number of HP papers presented by agency staff at conferences, workshops and seminars
Improve partnership opportunities to do this work	Improving knowledge of who to work with, develop protocols, build trust, sharing plans and ideas to identify opportunities in the community	PCP Staff and member agencies	Year 1 & 2	<ul style="list-style-type: none"> • Increase in the percentage of planned HP initiatives that are delivered in partnership with local community and other organisations • Ratings on quality and effectiveness of partnerships (using Vic Health or New York assessment tools)
	Agencies to consider partnerships outside the square eg. Sport and art	PCP member agencies + PCP Staff	Year 1 & 2	Increase in the percentage of planned HP initiatives that are delivered in partnership with local community
Provide opportunities in leadership to do this work	Agencies to lead the way in up skilling Health Promotion positions and identify champions	PCP Member agencies	Year 2	<ul style="list-style-type: none"> • Number of agency staff who actively participate in and provide leadership for regional HP planning, networking and working groups established through groups such as local councils • Increase in presentations by agency staff at conferences, workshops and seminars

Goal: To increase the capacity of agencies within the Wimmera PCP catchment to address problem gambling by June 2010

Objective	Strategy / Intervention	Who will do this and who with?	Timeline	Impact Examples of how this can be evaluated/monitored
To increase the capacity of agencies within the Wimmera PCP catchment to address problem gambling	<p>IHP and Problem Gambling (PG) workshop presented to larger member agencies.</p> <p>Working with WPCP service coordinator to introduce revised SCTT tool and/or questions relating to PG.</p> <p>To bring updated information into the region and share best practice.</p>	<p>PCP staff, Wimmera Uniting Care delivered by consultant Anita.</p> <p>PCP staff, member agencies</p>	Year 1	<p>Number of staff who attend workshop and show increased knowledge of IHP and Problem Gambling.</p> <p>Increase in referrals to local Gambler's Help services.</p>
To share learning of a combined Community Education/Problem Gambling project officer role based in the Wimmera with the Department of Justice.	To provide "mind map" of the relationships and networks of both roles for the Department.	PCP staff	Year 1	Gaps identified to inform Department of Justice.
To reduce social isolation to support Women aged 45+.	Support development of a forum theatre "PG" themed show (based on need within area where there are no Electronic Gaming Machines) and to ensure sustainability of this group after the initial performance.	PCP staff, Wimmera Uniting Care, Women's Health Grampians, Grampians Community Health and Transvision Arts	Year 1 & 2	<p>To measure increase of social support of the participants.</p> <p>To measure increased knowledge of Problem Gambling of the audience.</p>