

Inner East Primary Care Partnership Health Promotion Implementation Plan 2011/2012

Document Control

Version	Date	Review Process & Reason for Variation	By Whom
Version 1	December 2010. Endorsed by DH Jan 2011.	<ul style="list-style-type: none"> New document (IHP Catchment Plan due for submission 1 March 2011 waived by DH) 	Elizabeth Hargreaves, IEPCP IHP Coordinator in consultation with IHP Reference Group, IEPCP EO C Wood.
Version 2	July 2011	<ul style="list-style-type: none"> Work-plan changed to reflect financial year; to align with budgeting and Plan timeframes (ie. 3 financial years) Goals updated to reflect social determinants Objectives update to be 'SMART' and reflective of contributing factors Strategies updated, clarified, brought in line with specific project plans, and obsolete strategies removed from work-plan. Budget assigned. 	Elizabeth Hargreaves, IEPCP IHP Coordinator; Mandy Geary, IEPCP EO; IHP Reference Group
Version 3	August – September 2011	<ul style="list-style-type: none"> Submission for review and feedback Department of Health, Eastern Metropolitan Region (received 12 August 2011) Re-write by IEPCP IHP Coordinator (13 Aug – 8 Sept 2011) to integrate DH EMR feedback re demonstrating partners involvement Circulation for final review and feedback by IHP Reference Group 9th September (due date 21 September) 	Elizabeth Hargreaves, IEPCP IHP Coordinator; Mandy Geary, IEPCP EO; IHP Reference Group;
FINAL	16 th September 2011	<ul style="list-style-type: none"> Final review, typographical & grammatical amendments Inclusion of partnership principles and stakeholder listing 	Mandy Geary IEPCP EO.

Introduction

Inner East Primary Care Partnership's Integrated Health Promotion (IHP) plan outlines initiatives and activities developed and implemented in collaboration with PCP member agencies, principally represented by the IHP Reference Group as a formal standing committee, across the Inner East catchment over three years.

IHP Partnership Principles

The success of any partnership depends on sustaining the process, particularly as leadership, administrations, and policy makers change. Initial commitment and energy of partners commences the partnership, however IEPCP believes the following components are the key to sustaining partnerships over a long period or until they conclude naturally through meeting their goal (time limited):

- creating a sense of interdependence between IHP partners
- recognising and rewarding members for their contributions in the partnership work
- combining planning with action (whilst balancing ‘who’ undertakes the various tasks related to each initiative with each partner’s financial/non-financial resource capacity), and
- creating a learning partnership through IEPCP’s capacity building (organisational, workforce and partnership development, resourcing and leadership).¹

Glossary of Abbreviations:

Abbreviation	Description	Abbreviation	Description
ABS	Australian Bureau of Statistics	LGA	Local Government Area
AIHW	Australian Institute of Health and Wellbeing	Manningham CC	Manningham City Council
CHS	Community Health Service	MCHS	Manningham Community Health Service
CoW	City of Whitehorse	Monash CC	Monash City Council
DH	Department of Health	PCP	Primary Care Partnership
DHS	Department of Human Services	PPP	Population and Place Profile EMR document
ECLS	Eastern Community Legal Service	PVAW	Prevention Violence Against Women
EDVOS	Eastern Domestic Violence Service	RFVP	Regional Family Violence Partnership
EMR	Eastern Metropolitan Region	RG	Reference Group
EH	Eastern Health	SI	Social Inclusion
FV	Family Violence	WG	Working Group
GMGPN	Greater Monash GP Network	WHE	Women’s Health East
IEPCP	Inner East Primary Care Partnership	VHA	Victorian Healthcare Association
IHP	Integrated Health Promotion		

Stakeholders and Partners

The extensive scope and reach of partnerships (both internal and external) who provide resources to undertake the full range of tasks required for successful governance, planning, implementation, monitoring and evaluation of the initiatives contained within the plan are evident in the following table:

Collaborative Initiatives	Groups	Agencies/Sectors involved in IHP related partnership activities
ECLS/IEPCP- Elder Abuse Prevention Strategy Project	Elder Abuse Prevention Strategy Steering Group EMR Elder Abuse Network	Eastern Community Legal Centre All Local Governments across EMR

¹ Victorian Council of Social Service publication: Partnership Guide (undated)

	Problem Gambling Steering Group	
Population Place & Profile (PPP) Stage 2	PPP Steering Group	Manningham City Council Yarra Ranges Council Knox City Council City of Monash City of Boroondara Maroondah City Council Whitehorse City Council
	PPP Alliance	
	PPP Working Group (Inner East)	
Opening Doors Project (Regional)	Opening Doors Steering Committee	Outer East Health and Community Support Alliance All Community Health Services across EMR MonashLink Inner East Community Health Service Manningham Community Health Service Whitehorse Community Health Service Ranges Community Health Service Knox Community Health Service Yarra Valley Community Health Service
	Workshop Planning Working Group	
WHE Social Inclusion Project (Regional)	Social Inclusion Project Committee	
'External' Networks- related to IHP/LPN priorities	EMR Prevention of Family Violence Project Working Group	Monash University Villa Maria Society Eastern Health Department of Health EMR Community representatives Uniting Care Community Options Melbourne East General Practice Network Greater Monash General Practice Network Greater Eastern Primary Health Eastern Domestic Violence Service Office of Senior Victorians Department of Justice, Office of Gaming and Racing Department of Community Planning and Development Women's Health East EACH
	Elder Abuse Network	
	Aged/CALD Network	
	Boroondara Health Promotion Network	
	Manningham 'Kids Go For Your Life' program	
'Ready Set Baby' Initiative	Eastern Health 'RSB' Project Group	
'Stepping Out' Event Planning	EMR Prevention Family Violence Partnership	
'Baby Makes 3' Whitehorse (expanding to Inner East LGs)	BM3 Project Committee	
Healthy Partnerships in Kindergartens	Manningham 'Healthy Kinder' Group	
	'Healthy Partnerships in Kindergartens' Initiative Steering Group	
Boorondara Health Promotion Network	HP Network Boorondara	
	'Every Body Healthy Body'	
'Internal' IEPCP led IHP related Networks	IHP Reference Group	
	Family Violence Working Group	
	Social Inclusion Working Group	
	Prevention of Violence Against Women Steering Committee	
	Social Inclusion Evaluation Toolkit Working Group	
Whitehorse Local Planning Network 'Tastes to Remember' CALD/Dementia Event	LPN Executive Group	
	LPN Working Group	

Partner agencies share accountability for the management and outcomes of initiatives through the various meeting and governance structures in place. They undertake project related tasks as necessary to progress these initiatives according to their capacity. Some of these tasks include providing information, establishing contacts and networks within their own sectors, reviewing and revising project plans and data collection tools, providing experience, insight and expertise in the development of local and catchment wide priorities and interventions, organising events and meetings, collecting and analysing data.

The Planning Process

An initial Implementation plan for the Jan-Dec 2011 period was developed, submitted to and subsequently endorsed by the Department of Health EMR at the end of 2010. Since that time the plan, as a 'living' document and consistent with the continuous quality improvement approach adopted by the partnership, has undergone a number of iterations to ensure the relevance, achievability and progress of planned activities. Version 3 articulates planned activities for a 12 month period to align with the financial year, IEPCP planning and reporting cycles, accepted timeframes for operational or business plans (one year) and the end of 3 year strategic plan cycle (June 2012).

The Implementation Plan 2011/12 outlines;

- Goals that reflect the social determinants around family violence and social inclusion.
- Specific and measurable objectives that address the contributing and protective factors of family violence and social inclusion
- Evidence based strategies that are clear and current
- Initiatives related to the broader role of the Inner East PCP in building capacity, quality improvement and supporting population health planning.

An IHP Evaluation Plan and IHP Budget document have also been developed (July 2011), which outline the key measures, process and timelines that will be used for evaluating the IHP Plan 09/12 and the budget allocated for the planned activities. A record of variations made (and rationale) to the original IHP Plan 09/12 has been maintained.

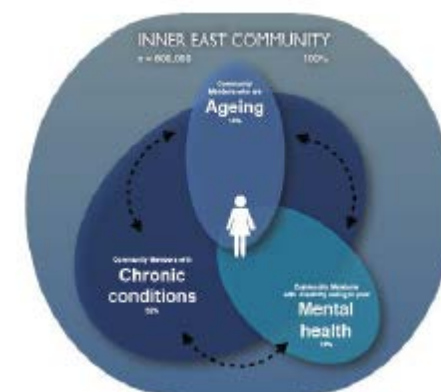
Background Information

The Inner East PCP's Strategic Plan 2009-2012 (revised June 2011) outlines the focus of the PCP's collective work. It considers broad environmental variables, local social and health needs, our existing service system and the potential directions suggested by current primary care reforms. Three distinct yet inter-related priority areas throughout 2009 – 2012 were identified, benefiting those:

- who have complex and chronic conditions;
- who are ageing
- who experience poor mental health.

The Inner East PCP's Health Promotion (HP) Plan 2009-2012 aligns with the PCP's Strategic Directions and was informed by a series of consultation and planning workshops (held 2009-2010) with community and health agencies operating in the Inner East region. Stakeholders chose the PCP priority area of 'poor mental health' to be the focus of the HP Plan. This priority area was chosen as it;

- aligned with many of the partners' current priorities/plans and/ or core work, thereby providing many opportunities for partnership and engagement
- is a recognised leading cause of death and disability



- aligns with national and state health and HP priorities and directions.

An ‘upstream’ prevention approach to Mental Health (primary and some secondary prevention) was chosen to align with existing regional HP work and DHS direction. To reflect this, the wording of the health issue was expanded and positively reworded to ‘mental health and wellbeing’ to better reflect the prevention spectrum of the mental health continuum.

From the planning workshops, two known key determinants of mental health and wellbeing (as per VicHealth Framework for Action 2009-2013) were selected to be the focus of the HP Plan;

1. Family Violence
2. Social Inclusion

Data Supporting IHP Priorities: Family Violence

National and international communities identify family violence and specifically violence against women, as being a serious health issue that is prevalent and preventable, requiring urgent attention of government and communities.

In Australia, data indicates that from the age of 15 years;

- One in three women experience some form of domestic abuse in her lifetime ²
- In any given year, some 70,000 Australian women experience domestic violence³
- 16% of women experienced violence by a current or previous partner⁴

Violence against women has serious social, health and economic consequences for women, their families and their communities.

- Domestic violence is the leading contributor to death, disability and illness in women aged 15-44 (Vic Health, 2004)
- Women who have been exposed to violence have a greater risk of developing stress, anxiety, depression, pain syndromes, phobias (WHO 2000) and are more likely to use medication for these conditions (VicHealth 2008)
- Women who have been exposed to violence report poorer physical health overall (WHO 2000)
- Domestic violence will cost Australians \$15.6 billion per year by 2021 if appropriate action to prevent it is not taken now (KPMG, 2009)
- Australian businesses are losing at least \$500 million per year because of the effects of intimate partner violence.
- Three women are killed every fortnight at the hands of a current or former partner (Australian Institute of Criminology, 2002).

² FaHCSIA, 2009

³ ABS, 2006

⁴ ibid

At a regional level, the EMR Population and Place Profile (2009) identified that ‘violence against women is a key risk factor, contributing to significant proportion of burden of disease’ and that in the EMR women are at a significantly higher risk of family violence than men. This is consistent with data at state and national levels. Whilst the Inner East region has consistently experienced a lower rate of family violence incidents relative to Victoria (PPP, 2009), this determinant of poor mental health continues to be supported as a priority issue for the Inner East and the HP Plan on the basis that;

- Family violence is under-reported. The data cited in the PPP (2009) was based on incidents reported to police and charges brought (convictions by the criminal justice system) which is not representative of the extent of the issue across the community. In Australia, it is estimated that only 14% of intimate-partner violence are reported to police and only 4% of incidents resulted in charges being laid (Dept of Justice, Victorian Family Violence Database Volume 4: Nine Year Trend Analysis)
- 1921 family violence incidents occurred in the Inner East region in 2009-2010 (DH EMR ‘Health Status’ Report, 2011).
- There is no acceptable level of family violence.
- Violence against women is a human rights issue requiring urgent attention (‘Right To Respect’ DPCD 2010; ‘A time for Action’ Commonwealth of Australia, 2009)
- The known social, health and economic impacts are serious and significant (strong evidence exists showing the link and impact of family violence on mental health & wellbeing)
- Primary prevention of family violence aims to ‘prevent violence before it occurs’ and is not an immediate response to family violence incident rates
- Violence against women is recognised as a preventable problem and its impacts can be reduced by taking action (WHO 2002)
- Growing evidence that prevention strategies are effective (VicHealth 2008)
- It aligns with state and national strategies and HP priorities.

Data Supporting IHP Priorities: Social Inclusion

Social inclusion is a recognised determinant of mental health and well-being. Research conducted and/or utilised by organisations such as World Health Organisation, Australian Institute of Health and Wellbeing, VicHealth, Department of Planning and Community Development identifies that poor social networks and social participation show strong correlations with poor mental health.

- People who are socially isolated have between 2 and 5 times the risk of dying from all causes in comparison to those who are able to maintain strong ties with family, friends and community⁵
- Direct community engagement has been indicated to empower communities, build capacity and have a positive impact on indicators such as education, income and crime⁶
- Older people who are socially isolated are more likely to have poorer health⁷
- Social support, including emotional and practical help, is thought to moderate the impacts of stress and negative life events⁸

⁵ Berkman & Glass 2000

⁶ National Institute for Health and Clinical Excellence 2008

⁷ Cornwell & Waite 2009

The determinant of social inclusion was chosen as a focus for the HP Plan in recognition that;

- Social isolation and connection are recognised contributing factors of mental health and wellbeing
- Social exclusion has been highlighted as an issue for the region by studies measuring indicators of social wellbeing and connectedness.
- There is growing evidence that prevention strategies are effective and contribute to improved mental health and wellbeing
- Social inclusion is a health issue common to the priorities of many PCP partner agencies
- A focus on social inclusion aligns with state and national health promotion priorities and work

Prevalence:

- Nearly 16% of Australian households cannot afford to participate in social activities such as family holidays, having a night out or having family or friends over for a meal⁹
- The proportion of people living alone is increasing markedly, with projections indicating that by the year 2021 between 2.4 and 3.4 million people could be living alone, an increase of 52-113% from the number in 1996¹⁰
- Between 1992 and 1997 the proportion of waking time people spent alone increased by 14% to 3 hours per day (ABS 2000). While living and being alone can be a positive choice for many, ABS found rates of mental and behavioural problems and 'a very high level of psychological distress' were higher amongst adults who lived alone compared with adults living in a household with at least one other person¹¹

In the Inner East region, a recent DH Health Status Report presented the results of a study on 'Indicators of Community Strength' that measured social wellbeing and connectedness indicators per LGA.¹² This report showed the EMR rated lower than state averages for 11 of the 17 indicators of community strength including:

- Volunteers (41.4%)
- Members of organised groups (41.3%)
- Members of groups that have taken local action (41.1%)
- Members of a decision making boards or committees (17.3%)
- Attendance at community events (38.7%)
- Feeling valued by society (66.4%)
- Having opportunities for a real say on issues that are important (55.1%)
- Feeling safe on the street alone after dark (63.9%)

⁸ VicHealth 2010

⁹ Saunders 2003

¹⁰ ABS 2002

¹¹ ABS 2003

¹² Department Planning & Community Development 2006

Priority Area: Mental Health & Wellbeing- PREVENTION OF FAMILY VIOLENCE

Goal:	To prevent family violence within the Inner East PCP catchment, with a key focus on primary prevention of violence against women.	
Target population/s:	<ul style="list-style-type: none"> • Women and families living and working in Melbourne’s Inner East Metropolitan Region • Organisations operating in Melbourne’s Inner East Metropolitan Region and who have prevention of family violence/violence against women as a priority area. 	
Objective 1	Demonstrated understanding of the significance and determinants of violence against women by Inner East PCP IHP partners and their organisations by June 2012.	<p>1.1 To research the incidence, prevalence and impacts of family violence within the Inner East region.</p> <p>1.2 To increase member agency’s levels of understanding of the gendered nature of violence against women.</p> <p>1.3 Identify, support and advocate for quality evaluation, CQI and the implementation of evidenced-based violence prevention activities across the Inner East.</p>
Objective 2	Sustainable actions are taken by all PCP IHP partner agencies that contribute to prevention of family violence within the Inner East catchment by June 2012.	<p>2.1 To complete a project that aims to build the capacity of local government to contribute to the primary prevention of violence against women.</p> <p>2.2 To support the development of an evidence base and the regional expansion of the Baby Makes 3 Program (WCHS) this promotes respectful and equal relations through the transition to parenthood.</p> <p>2.3 To conduct an elder abuse prevention project (secondary and primary prevention) that aims to increase the Inner East communities levels of understanding of older people’s rights; of support services and by developing the capacity of local agencies to respond appropriately to suspected cases of elder abuse.</p> <p>2.4 To improve access to systems of support for victims of family violence by supporting the EMR Family Violence Prevention Network in printing and distributing ‘Family Violence Help-Cards’ within the region.</p> <p>2.5 Partner with the Regional Family Violence Partnership (RFVP) in their ‘PVAW Media and Advocacy project’, which aims to develop a network of agencies who think strategically about using media to advocate for the prevention of violence against women.</p> <p>2.6 Partner with WHE to evaluate the effectiveness and impact of media and advocacy initiatives upon influencing community attitudes to family violence and as a strategy for prevention of violence against women.</p>

Objective 1	Demonstrated understanding of the significance and determinants of violence against women by Inner East PCP IHP partners and their organisations by June 2012.			
Strategy	Workplan Activity	Time Line	Partners/Who	IEPCP Allocated Resource
1.1 To research the incidence, prevalence and impacts of family violence within the Inner East region.	<ul style="list-style-type: none"> To access data on the incidence of family violence in the Inner EMR (including from police and the DH's 'EMR health Status - summary profile 2010'). Explore and access data sources showing the prevalence and impacts of family violence. To write a report presenting these findings showing the relevance and importance of this issue for the EMR. Make this document available to IEPCP IHP partners as a resource to support their prevention of family violence work. 	End July 2011 Aug 2011	This report is a key deliverable of the PVAW Local Govt Project. <ul style="list-style-type: none"> Monash Council (project Lead) and Project Steering Committee 	Within PVAW Project Budget (\$100,636)
	<ul style="list-style-type: none"> IHP partners to utilise this incidence report (by PVAW Project) and other key documents (VicHealth) to advocate for Family Violence as a regional issue. 	Jan-June 2011	<ul style="list-style-type: none"> IEPCP IHP members 	
	<ul style="list-style-type: none"> Advocate for the inclusion of data on the incidence, community impacts, contributing and protective factors of family violence during the consultation phase of the Population and Place Profile Project Stage #2. 	By July 2011	<ul style="list-style-type: none"> All IEPCP IHP members PPP Project Lead/Project Steering Group 	
1.2 To increase member agency's understanding of the gendered nature of violence against women.	<ul style="list-style-type: none"> IEPCP and IHP Partners to support, utilize/attend and promote FV related training and resources to partners that addresses the determinants of violence against women (including VicHealth Prevention of violence against women- short course', and the DH Peer Learning Network session on PVAW). 	July-June 2012	<ul style="list-style-type: none"> IEPCP IHP Coordinator All IHP Partners addressing FV. 	
1.3 Identify, support and advocate for quality evaluation, CQI and the implementation of evidenced-based violence prevention activities across the Inner East.	<ul style="list-style-type: none"> To conduct a literature review outlining current best and promising practice, the policy context and the role of Councils in primary prevention of VAW. Make this document available to IEPCP IHP partners as a resource to inform their prevention of family violence work. 	End July 2011 Aug 2011	<ul style="list-style-type: none"> PVAW Worker PVAW Steering Committee Monash Council (Project Lead). 	

Objective 2	Sustainable actions are taken by all PCP IHP partner agencies that contribute to prevention of family violence by addressing contributing factors (as per VicHealth Framework) within the Inner East catchment by June 2012.			
Strategy	Workplan Activity	Time Line	Partners	Approx. budget (excl. IEPCP Administrative and Salary Costs)
2.1 To conduct a project that builds the capacity of local government to contribute to the primary prevention of violence against women.	<ul style="list-style-type: none"> To initiate, plan, implement and evaluate a PVAW project based in local government. Details of activities and timescales as per PVAW Project Plan document. 	Jan 2011- June 2012	<ul style="list-style-type: none"> Monash Council (Project Lead) IEPCP (Project Sponsor) <p>Key Stakeholders and Project Steering Committee includes;</p> <ul style="list-style-type: none"> 4 Councils, WHE, EMR RFVP, IEPCP, MonashLink. 	Within PVAW LG Budget- \$100,636
2.2 To support the development of an evidence base for, and the regional expansion of the Baby Makes 3 Program (WCHS) which promotes respectful and equal relations through the transition to parenthood.	<ul style="list-style-type: none"> WCHS to conduct program evaluation (due Sept 2011) as per work plan and funding agreement with DH. Evaluation report to be circulated and presentation conducted to ensure that learnings from this program are shared within the Inner East. Resource development by WCHS (Sept 2011-March 2012)–implementation guide, toolkit and facilitators package (funded by VicHealth). IEPCP to partner with EAPS, MCC PVAW LG Project and with BM3 Project Committee to coordinate and collaborate on working with the 4 Inner East Councils. Explore need for LG specific training around primary prevention- explore current work by VicHealth and Standout re: training planned/”101 Module” IEPCP IHP Coordinator invited to join project steering group. 	<p>Sept 2011</p> <p>Dec 2011</p> <p>Sept 2011- March 2012</p> <p>Sept 2011- June 2012.</p> <p>Aug 2011</p>	<ul style="list-style-type: none"> WCHS (Project Lead) IEPCP DH (Project Sponsor) VicHealth (project sponsor) ECLC MCC/PVAW Project Worker 	\$10,000 for resource and workforce development related costs.

<p>2.3 To conduct an elder abuse prevention project (secondary and primary prevention) that aims to increase the Inner East community's understanding of older people's rights; of support services and by developing the capacity of local agencies to respond appropriately to suspected cases of elder abuse.</p>	<ul style="list-style-type: none"> OSV extended project funding from July-June 2012. Details of activities and timescales as per EAPS Project Plan document (submitted to OSV- due date July 2011). Project report due (from first funding round) June 2011. Findings from this report to be shared with IHP membership. Project Update to be provided at each IHP Reference Group meeting. Project and Elder Abuse Network activities to be promoted via PCP Email networks and on the PCP Website. 	<p>Until June 2012</p> <p>Aug 2011</p> <p>Quarterly</p> <p>Ongoing</p>	<ul style="list-style-type: none"> Eastern Community Legal Centre (Project Lead) Office of Senior Victorians Project Sponsor) 	<p>.</p> <p>\$35,000</p>
<p>2.4 To improve access to systems of support for victims of family violence by supporting the EMR Family Violence Prevention Network in printing and distributing 'Family Violence Help-Cards' within the region.</p>	<ul style="list-style-type: none"> IEPCP to fund the EMR Family Violence Prevention Network's second print run of 140,000 Help Cards. IHP Partner agency's to assist in distributing and measuring 'reach'. EMR FVP Network to conduct evaluation of FV Cards and to consider feedback provided from IEPCP IHP members on process and some impact evaluation measures. Evaluation Results to be presented to IHP partners by FV Network 	<p>By Dec 2011</p> <p>By June 2012</p> <p>By June 2012</p> <p>By June 2012</p>	<ul style="list-style-type: none"> IEPCP (funder) EMR FVP Network (Lead) IHP Partner agencies with networks to FV services 	<p>\$7,000</p>
<p>2.5 Partner with the Regional Family Violence Partnership (RFVP) in their 'PVAW Media and Advocacy project', which aims to develop a network of agencies who think strategically about using media to advocate for the prevention of violence against women.</p>	<ul style="list-style-type: none"> Family Violence Prevention Working Group (RFVP) to engage Jane Ashton to guide this work. Planned activities and timelines as per RFVP workplan IEPCP to continue to be an active member of this working group for this initiative. IEPCP, PVAW Project Worker, WHE to undergo media training (with Jane Ashton) to become better advocates for PVAW within the region IEPCP to explore capacity to financially support the evaluation of this project. 	<p>July 2011</p> <p>Ongoing</p> <p>Oct 2011</p> <p>Aug 2011</p>	<ul style="list-style-type: none"> RFVP (Project Lead and Sponsor) IEPCP PVAW Project Worker WHE 	
<p>2.6 Partner with WHE to evaluate the effectiveness and impact of media and advocacy initiatives upon influencing community attitudes to family violence and as a strategy for prevention of violence against women.</p>	<ul style="list-style-type: none"> To develop a project proposal for conducting this research project. To present proposal to key stakeholders and assess viability and engagement. Conduct project as per plan, if approved Sept 2011-Dec 2014. 	<p>Sept 2011</p> <p>Sept 2011</p>	<ul style="list-style-type: none"> IEPCP WHE ERFVN Prevention Working Group ECASA VicHealth University partner (TBC) Survivor advocates 	<p>\$110-130,000 (proposal awaiting endorsement)</p>

			<ul style="list-style-type: none"> • WDVCS Governance Group <ul style="list-style-type: none"> • IEPCP (Sponsor) • WHE 	
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Priority Area: Mental Health & Wellbeing- SOCIAL INCLUSION

Goal:	To build socially inclusive communities within the Inner East PCP catchment.		
Target population/s:	<ul style="list-style-type: none"> • Marginalised people or those experiencing or at risk of social isolation. Including: Women and Men, Older People, Culturally diverse communities, people experiencing a mental illness, new mothers (from VicHealth’s Participation for Health: Framework for Action 2009-2013). • Organisations operating in Melbourne’s Inner East Metropolitan Region and who have social inclusion as a priority area. 		
Objective 1	To build the capacity of PCP IHP Partner agencies to plan using evidence-based approaches and conduct rigorous evaluation of initiatives that promote social inclusion, by June 2012.	Develop a Social Inclusion Toolkit for PCP IHP partners that will provide a common language, understanding of the issue, and approach to planning and evaluation (process and impact) of social inclusion activities.	
		Develop an understanding by PCP IHP partners, of the theory and application of using a strength-based approach to address social isolation and promote social inclusion.	
Objective 2	To support 4 projects that increase opportunities for social connection for people living within the Inner East region and who are at risk of, or experiencing, social isolation, by June 2012.	To support the development of an evidence-base for the Ready Set Baby peri natal Program (EH) which aims to build coping skills and confidence of pregnant women at risk of social isolation and poor mental health.	
		To continue to implement the ‘Opening Doors’ project which aims to increase the social inclusion of people at risk of isolation in local communities in the Inner East region.	
		To implement the ‘Building Partnerships to reduce gambling related harm’ project to address social isolation and other contributing factors of problem gambling behaviour (primary and secondary prevention).	
		To support the planning, implementation and evaluation of the ‘Investing in Women- building a socially inclusive East’ project (WHE), this aims to build agencies’ capacity to effectively address social isolation amongst women and to establish meaningful social opportunities for women who are isolated and/or disadvantaged.	

Objective 2	To support 4 projects that increase opportunities for social connection for people living within the Inner East region and who are at risk of, or experiencing, social isolation, by June 2012.			
Strategy	Workplan Activity	Time Line	Partners/Who	Approx. budget (excl. IEPCP Administrative and Salary Costs)
2.1 To support the development of an evidence-base for the Ready Set Baby perinatal Program (EH) which aims to build coping skills and confidence of pregnant women at risk of social isolation and poor mental health.	<ul style="list-style-type: none"> EH to develop and submit a funding proposal to IEPCP for financially supporting the data analysis of the program evaluation. EH to conduct program evaluation as per work plan. Evaluation report to be circulated and presentation conducted to ensure that learnings from this program are shared within the Inner East. EH, DH, IEPCP to consider evaluation findings and explore opportunities for conducting of similar initiatives within the Inner East. 	Sept 2011 By June 2012 By June 2012	<ul style="list-style-type: none"> EH IHP Dept IEPCP IHP 	\$9,500
2.2 To continue to implement the 'Opening Doors' project which aims to increase the social inclusion of people at risk of isolation in local communities in the Inner East region.	<ul style="list-style-type: none"> Details of planned activities as per project workplan document from Lead Agency (UCCO). IEPCP IHP Coordinator/IEPCP EO to continue to be active members of the Project Steering Committee IEPCP to continue to provide project updates on planned activities, opportunities to support and outcomes to PCP IHP partners via meetings, e-bulletin and email communication. OD project worker undertakes community promotion and recruitment of participants to program with support of working group; Dissemination of program learnings and impacts occurs via a regional launch and presentation of the program evaluation report to key stakeholders and potential future funders. IHP PCP partners to attend forum to build workers and agency's capacity to implement a strengths based approach for addressing SI. Printing, dissemination and launch of evaluation reports (Breakfast Event) Engage consultant to develop a plan for corporate engagement as a strategy for securing ongoing funding for 2012. 	Ongoing Ongoing Jan-March 2012 Aug 2011 By June 2012 Aug 2011	<ul style="list-style-type: none"> UCCO (lead agency) Committee: MonashLink CHS WCHS IEPCP Ronda (Consultant) Held UCCO Project Officer Multiple funders from Inner East community and health agencies (including IEPCP) and Trusts.	\$9,000 Design and publication of project reports and prospectus; Networking and promotional event.

		Sept 2011		
2.3 To implement the ‘Building Partnerships to reduce gambling related harm’ project to address social isolation and other contributing factors of problem gambling behaviour (primary and secondary prevention).	<ul style="list-style-type: none"> Recruitment of Project Officer in line with project funding period (30 June 2012). Development of workplan in line with Department of Justice (project sponsor and funder) requirements. Link with regional PG networks to support project governance, planning, implementation, monitoring and evaluation Engage existing regional IHP networks in the process of implementation of strategies with support from and PCP IHP Coordinator. Evaluation and project close 	Sept 2011 Sept 2011 By May 2012 May-June 2012	<ul style="list-style-type: none"> Department of Justice (Project Sponsor) Project Officer PCP IHP Reference Group Victorian PG Advisory Group Existing regional agencies providing PG related services i.e. EACH 	\$77,854.70
2.4 Participate in the planning, implementation and evaluation of the ‘Investing in Women- building a socially inclusive East’ project (WHE) , which aims to build agencies’ capacity to effectively address social isolation amongst women and to establish meaningful social opportunities for women who are isolated and/or disadvantaged.	<ul style="list-style-type: none"> Participate in and support project related activities of the Project Steering Committee. Engage broader IHP partners in project progress and outcomes via meetings, e-bulletin and email communication, project updates on planned activities. Disseminate learning via EMR IHP networks 	Ongoing Ongoing- Dec 2012	<ul style="list-style-type: none"> WHE (Project Lead) IEPCP 	\$5,000 Development of evaluative framework, implementation and analysis of impacts/outcomes

In addition to work planned around the two priority areas of social inclusion and prevention of family violence, the following projects will be conducted as part of the IHP Implementation Plan 2011-2012.

These projects relate to;

- Partnership Development (via partnership assessment and actions for improvement) and Competency (workforce) Development (via WFD planning based on a training needs analysis);
- Supporting Population health planning based on social determinants (Population & Place Profile Project) as an adjunct to PPP Phase 2 project and based on feedback from project participants during the course of that project and the literature regarding barriers to effective and/or integrated population health

planning relating to *analysis and application* of population health data (decision making processes, data analysis and reporting skills and competencies rather than infrastructure (e.g. access to information on-line).;

- Health Promotion projects awaiting finalisation from the previous 2010/11 IHP Plan having indirect links with Social Inclusion and/or Prevention of Family Violence priorities

Goal:		To lead and support integrated health promotion planning, implementation and evaluation within the Inner East region.		
Objective 1	Health Promoting Early Childhood Settings	To continue to support the planning, implementation and evaluation of the <u>'Promoting Healthy Partnerships in Kindergartens Initiative'</u>		
Objective 2	Core Business: Continuous Quality Improvement	To respond to IHP <u>partnership evaluation</u> by planning actions that build upon identified strengths and addressing areas where improvement is required.		
Objective 3	Capacity Building: Workforce Development	To identify the <u>training needs</u> of PCP IHP partners to facilitate quality and effective HP planning and activities within the Inner East region.		
Objective 4	Support population health planning: Population & Place Profile Project- stage 2.	To engage a consultant to conduct a feasibility study on the development of the EMR Population & Place Profile as an online and real-time data resource.		
Objective 5	Population Health Planning	To continue to participate in the VHA state-wide 'Population Health Planning' project and explore opportunities with VHA for piloting the resources in the EMR in 2012.		
Strategy	Workplan Activity	Time Line	Partners/Who	Approx. budget (excl. IEPCP Administrative and Salary Costs)
To continue to support the planning, implementation and evaluation of the <u>'Healthy Partnerships in Kindergartens Initiative'</u>	<ul style="list-style-type: none"> • Details of planned activities as per project workplan documents from Lead Agencies (Monash CC and Manningham CHS)- submitted to Regional DH in Dec 2010. • Build sustainability and evaluate the project impacts as per Work Plan. • IEPCP to continue to provide project steering support to lead agencies via Project Steering Committee meetings. • IEPCP to continue to provide project updates to PCP IHP partners at IHP Reference Group meetings, e-bulletins, email communication. • Establish and maintain links with Boroondara Health Start, Healthy Bodies Network, Manningham Bright Start, Bright Future Network 	<p>By Sept 2011</p> <p>Ongoing- until Sept 11</p> <p>Ongoing- until Sept 11</p>	<ul style="list-style-type: none"> • DH (Project Sponsor) • MCHS and Monash CC (Project Lead) • IEPCP (Co-Project Sponsor). 	\$13,034.46

<p>To respond to IHP <u>partnership evaluation</u> by planning actions that build upon identified strengths and addressing areas where improvement is required.</p>	<ul style="list-style-type: none"> • Implement a 2011Partnership Assessment using the ‘New York’ Tool • Engage IHP networks and partners in process of assessing strength of partnership • Disseminate findings and learnings • Consult on developing strategies for improvement documented in the IEPCP Improvement Action Plan • Gain commitment of IHP partners to re-evaluate partnership strength early 2012 	<p>July 2011 Aug 2011 Sept 2011</p> <p>March 2012</p>	<ul style="list-style-type: none"> • Consultation with IHP Reference Group • Completion of survey by IHP partners • Liaison with IEPCP team and governance group 	
<p>To identify the <u>training needs</u> of PCP IHP partners to facilitate quality and effective HP planning and activities within the Inner East region.</p>	<ul style="list-style-type: none"> • Design and implement an IHP focused Training Needs Analysis with support and input (incl. review) of data collection tool by partners • Conduct TNA in collaboration with Outer East PCP and support of EMR networks re submission of data using agreed tool • Work with OECHSA to collate data, analyse & disseminate results, make recommendations and develop a regional WFD program to address training needs. • Results to be shared with PCP IHP partners (workers and agencies), with DH/WHE (to inform Peer Learning Network topics) 	<p>Sept 2011</p> <p>Sept 2011 Oct 2011</p> <p>Oct/Nov 2011</p>	<ul style="list-style-type: none"> • IEPCP IHP Coordinator • OEHCSA • WHE • DH (EMR) • PCP IHP partners via existing networks 	<p>\$15,000 to implement training plan</p>
<p>To engage a consultant to conduct a feasibility study on the development of the EMR Population & Place Profile as an online and real-time data resource.</p>	<ul style="list-style-type: none"> • Activities as per PPP Project Plan (developed by Consultant). • IEPCP to conduct evaluation of PPP Resource with IHP Partners (Sept/Oct 2011). 	<p>Jan – July 2011</p>	<ul style="list-style-type: none"> • Consultant • OEHCSA • IEPCP • DH (project sponsor) 	<p>\$22,986.55</p>
<p>To explore opportunities to strengthen and build capacity in the region for effective population health planning.</p>	<ul style="list-style-type: none"> • IHP Coordinator, WCHS and City of Whitehorse to continue actively participate in the Resource Development Working Group for the ‘VHA Population Health Approaches to Planning’ Project. • Initiate discussions re potential partnership with VHA to implement an EMR regional pilot for the 101 Online- PHP Module and Toolkit in Jan-June 2012. 	<p>Jan-Dec 2011</p> <p>Sept 2011</p>	<ul style="list-style-type: none"> • WCHS • City of Whitehorse • IEPCP • OEHCSA • VHA 	<p>\$20,000 for complementary workshops (proposed).</p>