

Southern Grampians and Glenelg Primary Care Partnership

integrated health promotion Progress Report 2013-2014

introduction

Welcome to the Southern Grampians and Glenelg Primary Care Partnership Progress Report 2013-2014: a document that states what actions have taken place during 2013-2014 to achieve the strategies and objectives of the Southern Grampians and Glenelg Primary Care Partnership Strategic Plan. The Strategic Plan can be found at www.sggpcp.com or please do not hesitate to contact our office if you would like a copy.

This objective of the Progress Report is to document the progress of partners and SGGPCP support staff to share progress to work collectively towards common goals and objectives in the Strategic Plan. This Progress Report 2013-2014 will inform the 2014-2015 Action Plan.



focus area

healthy food and active living

goal increase the rate of fruit and vegetable intake whilst reducing the consumption of nutritionally poor energy dense (NPED) food and beverages and increase physical activity for children and their families, while concurrently improving their oral health

objective 2.1 By 2017 there will a significant increase in our community capacity to undertake sustainable community based obesity prevention work as measured by Community Capacity Index (UoQ) or equivalent

Strategy	action	Detail	when by	leader	Progress
2.1.1 Build collaborative and sustainable partnerships	2.1.1.1	Build partnership with Deakin University and The Collaboration of Community-based Obesity Prevention Sites (CO-OPS Collaboration)	March 2014	SGGPCP - on Thomas	An in principle partnership has been established with Deakin.
	2.1.1.2	Develop an appropriate partnership with the South West Primary Care Partnership and others outside our region	March 2014	SGGPCP - Clinton Thomas	An in principle partnership has been established with SWPCP
2.1.2 Develop community driven action plans through undertaking systems mapping and an "ANGELO" process across the Glenelg and Southern Grampians area	2.1.2.1	Engage relevant stakeholders in the ANGELO process; <ul style="list-style-type: none"> • Primary schools and childcare centres • Southern Grampians and Glenelg Shire (integrate with the SGS community planning process) • WDHS, PDH, HRH, CMH, BBNC • Local sporting clubs • Food providers • Physical activity providers • Additional key community members 	September 2014	SGGPCP - Clinton Thomas	PDH and SGGPCP are developing an engagement plan for Portland. PDH have drafted a logo and they are currently consumer-testing. List of potential participants drafted, commenced engagement, agreement from DWECH, Salvo Connect & GSWW. An engagement plan for the remaining Glenelg region and Southern Grampians region will be developed pending the Great South Coast outcome. Other key stakeholders have since been engaged via a series of meetings and the Keeping Well newsletter.
	2.1.2.2	Conduct 'Systems Mapping' workshops in three separate locations	October 2014	SGGPCP - Clinton Thomas	The date for the Portland 'Systems Mapping' workshop is currently being established. The other workshops will be determined pending the Great South Coast outcome.

2.1.2.3	Conduct ANGELO workshop/s for Glenelg and Southern Grampians	November 2014	SGGPCP - Clinton Thomas	The date for the Portland 'ANGELO' workshop is currently being established. The other workshops will be determined pending the Great South Coast outcome.
2.1.2.4	Appoint a skilled workforce of 1.3EFT to achieve objectives in Portland	February 2014	PDH - Fiona Heenan	Team commenced March/April

evaluation method

Outcome Evaluation: Baseline data collection using CCI

Process Evaluation: Diverse participation rate in community planning process

objective 2.2 By 2017 there will be 15 significant process changes relating to either physical activity or healthy eating across Southern Grampians and Glenelg areas

Strategy	action	Detail	when by	leader	Progress
2.2.1 Implement systems changes as detailed from the community driven action plans (see strategy 2.1.2)	2.2.1.1	Implementation of system change actions will be developed pending the completion of the 'ANGELO' process	To be determined	Various – to be determined	
	2.2.1.2	Develop and analyse foot and bike path connectivity, especially to schools and review active transport/bike strategy for Portland, Casterton and Heywood	June 2014	Glenelg Shire Council - Ann Kirkham	Applying for funding to complete Glenelg Open Space Strategy. Continue to implement Active Transport Strategies
	2.2.1.3	Develop a process to ensure public drinking water access is incorporated into future developments in the Glenelg LGA	June 2014	Glenelg Shire Council	All infrastructure project briefs include provision of drinking water
	2.2.1.4	Develop a process to ensure public drinking water access is incorporated into future developments in the Southern Grampians LGA	June 2014	SGSC – Jason Thomas	Strategy has been implemented to ensure public drinking water access is incorporated into future Southern Grampians developments
	2.2.1.5	Work with the Western Victoria Football Commission to include healthy catering and food vending options in their strategic plan, in conjunction with other health and wellbeing priorities.	Nov 2014	SG Shire – Jason Thomas	SGGPCP to lead work with Western District Football Commission. Initial conversations indicate that while drug, alcohol and tobacco are on the radar, healthy eating isn't in the near future.
2.2.2 Track systems changes from community driven action plans to inform ongoing improvement	2.2.2.1	'System Tracking' and 'Feedback Loop' actions will be developed pending the completion of the 'ANGELO' process	March 2015	SGGPCP - Clinton Thomas	To be developed pending completion of the 'System Tracking' workshop
	2.2.2.2	Establish appropriate partnership structures to support ongoing implementation pending completion of the ANGELO process	March 2015	SGGPCP - Clinton Thomas	To be developed pending completion of the 'ANGELO' workshop

evaluation method

Outcome Evaluation: Process to be determined as part of action 2.2.2.1

Interim Evaluation: Annual report of system changes

objective 2.3 By 2017 there will be three significant changes to the built environment that support improvements in physical activity or healthy eating

Strategy	action	Detail	when by	Leader	Progress
2.3.1 Implement built environment improvements as outlined in the community planning process (see strategy 2.1.2)	2.3.1.1	<p>Accessible public drinking water incorporated into Glenelg Shire Council development plans and construction of;</p> <ul style="list-style-type: none"> Portland Youth Activity Space Plan Bridgewater Master Plan Portland Civic Precinct Master Plan Casterton Kelpie Interpretative Centre Plan 	June 2014	Glenelg Shire Council	YAS concept design and CMP contain provision of drinking fountains BMP underway KIC not commenced
	2.3.1.2	<p>Accessible public drinking water incorporated into Southern Grampians plans and construction of;</p> <ul style="list-style-type: none"> Tarrington Structure Plan Pedrina Park Plan Dunkeld Hall redevelopment Hamilton Botanic Gardens Master Plan 	June 2014	SGSC – Michael McCarthy	Provision of drinking water has been added to the structure plan for Hamilton and Tarrington and infrastructure (pipes at soccer, no tap yet and a drinking fountain at netball) has been provided at Pedrina Park and the Lakes Edge Adventure Playground

evaluation method

Interim Evaluation: Annual report of built environment improvement

objective 2.4 By 2017 six influential workplaces across the Southern Grampians and Glenelg will use the health promoting framework “Healthy Together Victoria Achievement Program”, and of these workplaces, four will achieve all five benchmark indicators for both “physical activity” and “healthy eating” and the remaining registered workplaces will achieve a 50% improvement

Strategy	action	detail	when by	Leader	Progress
2.4.1 Implement the “Healthy Together Victoria Achievement Program” in workplaces for “healthy eating” and “physical activity”	2.4.1.1	Implement the Healthy Together Victoria Achievement Program at SGGPCP achieving all five benchmarks – I think this is meant to be two benchmarks??	June 2014	SGGPCP - Robyn Holcombe	Completed Recognition Point 1, which includes the development of a health promotion charter and summary of key actions.
	2.4.1.2	Explore the opportunity for Southern Grampians Shire to become a Healthy Together Victoria Achievement Program workplace for ‘healthy eating and oral health’ and ‘physical activity’, in conjunction with other program priorities.	June 2014	SG – Vickie Williams	HILAC have signed up for the HTVA program. The council will be proceeding with the HTVA program and are establishing whether to extend the HILAC program or to sign up independently

2.4.1.3	Develop and implement a Healthy Catering Policy at the Glenelg Shire Council as a prelude to registration for the Healthy Together Victoria Achievement Program	June 2014	Glenelg Shire Council - Carol Stewart	Healthy Catering Policy adopted by Glenelg Shire Council Dec 2013
2.4.1.4	Explore the Healthy Together Victoria Achievement Program and determine Western District Health Service commitment to undertake	June 2014	WDHS – Exec Team	Commencing the HTVA program at WDHS has been explored, but readiness and capacity are currently limited and preventing implementation
2.4.1.5	Adopt a Healthy Together Workplace approach at Portland District Health by; Undertaking a staff needs assessment Develop a staff owned action plan Implementation of the plan	June 2014	PDH - Fiona Heenan	Plan drafted. Commenced implementation. Conducted PDH staff Healthy eating survey, reported, commenced delivery of strategies. Have achieved recognition for completing first stage.

evaluation method Lead agency internal actions measured against the ‘Healthy Together Victoria Achievement Program’ benchmark indicators for healthy eating & oral health and physical activity

objective 2.5 By 2017 twelve primary schools and four childcare centres across the Southern Grampians and Glenelg area will utilise the health promoting framework “Healthy Together Victoria Achievement Program”, and of these nine schools and three childcare centres will achieve all five benchmark indicators for both “physical activity” and “health eating and oral health”, and the remaining registered sites will achieve a measureable improvement

Strategy	action	Detail	when by	Leader	Progress
2.5.1 Implement the “physical activity” and “healthy eating and oral health” components of the Achievement Program for “Primary Schools” and “Early Childhood Education and Care Service Settings” (or equivalent) in the Southern Grampians and Glenelg primary schools and childcare centres	2.5.1.1	Interview the Principals of the primary schools and childcare centres across the Southern Grampians LGA	End of term 2, 2014	WDHS - Jess Nobes	6 schools formally interviewed (Baimbridge, Penshurst, Balmoral, Tarrington, St Mary’s, Hamilton North) 4 further primary school’s consulted through network meeting opportunities. Remainder to be contacted week 1 Term 3. Liaison with child care centres via top teeth project.
	2.5.1.2	Build partnerships with interested primary schools and childcare centres across the Southern Grampians LGA	End of term 2, 2014	WDHS - Jess Nobes	HTAV Workshop facilitated (1 st of 3) completed – attended by 2 schools (Hamilton and Alexander College and Penshurst) and 4 Early childhood centres (Roscoe Ave, Nth Hamilton Kindergarten, HAAC ELC, Dunkeld Kindergarten and Good Shep College Child Care)

	Establish ongoing setting specific working groups for the purposes of;				Working group not established as yet, utilising HTAV Workshops as platform to establish working group. Jess attending SGSC Child and Family Network Meetings.
2.5.1.3	<ul style="list-style-type: none"> Resource sharing Networks for schools Ongoing coordinated and integrated intervention efforts where relevant Ongoing support for framework implementation	End of term 4, 2014	WDHS - Jess Nobes		
2.5.1.4	Provide individual support for schools as required to assist with framework implementation	End of term 4, 2014 – ongoing	WDHS - Jess Nobes		Penshurst Primary School completed co-ordinate phase. This is being utilised as a local case study as a tool for other schools.
2.5.2	Implement Top Teeth Oral Health Project within pre-school settings to improve early childhood centres promotion of oral health and increase access to dental services				
2.5.2.1	Build a relationship with Mitchell Park and one other kindergarten (possibly Branhholme)	June 2014	WDHS - Jess Nobes		Relationship built with 8 Kindergartens and EC Settings with particular focus on Top Teeth Program and HTAV
2.5.2.2	Conduct education and screening sessions at Mitchell Park kindergarten and one other location	July 2014	WDHS - Jess Nobes		Screening and education session conducted in partnership with South West Dental clinic at 5 kindergartens (Mitchell Park, Branhholme, Coleraine, Dunkeld, Hamilton North).

evaluation method

Actions measured against the 'Health Together Victoria Achievement Program' benchmark indicators for healthy eating & oral health and physical activity

focus area

community culture of responsible drinking

Goal develop a community culture of responsible drinking and reduced harm from smoking

objective 3.1 By 2017 there will be a significant increase in our community capacity to undertake sustainable community driven responsible drinking health promotion work as measured by Community Capacity Building Index (UoQ) or equivalent

Strategy	action	detail	when by	leader	Progress
3.1.1 Collate key information about reducing the harm from alcohol and smoking	3.1.1.1	PDH to assign workforce minimum 0.5 EFT	February 2014	PDH - Fiona Heenan	Staff commenced March/April.
	3.1.1.2	Evaluate our community capacity to undertake sustainable community based responsible drinking health promotion work prior to any intervention, using the Community Capacity Index (CCI) (UoQ) or equivalent	February 2014	SGGPCP- Rowena Wylie	Determined CCI is best tool for longer term. Planning for collection of simple baseline data underway.

3.1.1.3	Identify and partner with organisations which can provide expertise and support on prevention of on alcohol-related harm and smoking.	March 2014	SGGPCP-Rowena Wylie	Partnership established with Deakin Uni on alcohol prevention.
3.1.1.4	Identify key resources on alcohol and smoking (eg NHMRC Guidelines, social marketing resources and service information/ referral pathways), including those for specific target groups eg young people, parents, pregnant women, the Aboriginal community	March 2014	SGGPCP-Rowena Wylie	Resources identified through Deakin Uni, ADF, DVA. Additional client specific resources to be identified.
3.1.1.5	Identify relevant evidence-based approaches for workplaces and specific target groups eg young people, parents, pregnant women, the Aboriginal community	May 2014	SGGPCP-Rowena Wylie	Approaches identified through Deakin Uni, ADF, DVA. Additional client specific approaches to be identified.

3.1.2

Inform and engage key organisations, stakeholders and community leaders about reducing the harm from alcohol and smoking

3.1.2.1	Present local data and evidence on interventions to identified workplace champions and partners	Yr 2 (Aug 2014)	TBC	AOD paper almost completed. To be disseminated to partners and other stakeholders.
---------	-------------------------------------------------------------------------------------------------	-----------------	-----	------------------------------------------------------------------------------------

3.1.3

Develop local action plans through community based planning processes

3.1.3.1	Explore the opportunity to work with Deakin Uni and GSCML on interventions to prevent alcohol-related harm in Portland	March 2014	SGGPCP-Rowena Wylie	Partnership established with Deakin Uni. First initiatives agreed, implementation plan being drafted.
3.1.3.2	Identify and collect local data on the impact of harmful alcohol consumption and tobacco use, including high risk areas, times, events and target groups, if required, to inform community planning process	May 2014	PDH	Planning for data collection re underage alcohol use is underway.
3.1.3.3	Conduct community planning process in Portland	May 2014	PCP	To be undertaken after first initiatives including data collection.
3.1.3.4	From community planning process develop annual action plan	May 2014	PDH	Implementation plan drafted for first initiatives.
3.1.3.5	Establish local community implementation structures to support integrated implementation of the action plans in Portland	May 2014	PDH	Local steering committee has been established for first initiatives.
3.1.3.6	Explore the need to collect additional local data on the impact of harmful alcohol consumption and tobacco use, to inform Southern Grampians Shire planning processes.	Oct 2014	SGSC – Bronwyn Herbert	

evaluation method

Outcome Evaluation: Baseline data collection using CCI

Process Evaluation: Diverse participation rate in community planning process

objective 3.2 By 2017 eight influential workplaces across the Southern Grampians and Glenelg area will utilise the health promoting framework - 'Healthy Together Victoria Achievement Program', and of these workplaces, four workplaces will achieve all benchmark indicators for 'Alcohol' and 'Smoking' and the remaining registered workplaces will achieve a measurable improvement

Strategy	action	detail	when by	leader	Progress
3.2.1 Implement the Achievement Program's alcohol and smoking components in workplaces	3.2.1.1	Register and complete Healthy Together Victoria Achievement Program smoking and alcohol components at SGGPCP	June 2014	SGGPCP – Robyn Holcombe	PCP has registered with HTVAP, we have developed our healthy workplace charter and working through the alcohol and physical activity components.
	3.2.1.2	Commence implementation of healthy workplace practices at PDH for alcohol and smoking based on Healthy Together Victoria Achievement Program.	June 2014	PDH	Smoke-free workplace policy implemented; Quit options available to staff; Achievement Program underway
	3.2.1.3	Explore the opportunity for Southern Grampians Shire to become a Healthy Together Victoria Achievement Program workplace for alcohol and smoking, in conjunction with other program priorities.	June 2014	SGSC – Vicki Williams	HILAC has registered with HTVAP. The SGSC is considering extending participation to the Shire.
	3.2.1.4	Establish steering and support structures to provide guidance and support to workplaces implementing the alcohol and smoking components of the Achievement Program	Year 2	TBC	
	3.2.1.5	Monitor and support progress of workplaces and facilitate peer support structure	Year 2-4	TBC	

evaluation method

Lead agency internal actions measured against the 'Healthy Together Victoria Achievement Program' benchmark indicators for alcohol and smoking

objective 3.3 By 2017 more than 5 significant changes will be implemented to improve the community culture of responsible drinking and reduced harm from smoking

3.3.1 Implement system change activities as developed in the action plans through	3.3.1.1	Smoke free areas: Introduce smoke free areas outside HILAC, Hamilton Library and at all sports reserves managed by SG Shire.	Sept 2014	SGSC – Jason Thomas	Smoke free areas introduced at all children's sporting and recreational facilities, in line with new State legislation, and extended to include HILAC car park. Will consider area outside Hamilton Library
---------------------------------------------------------------------------------------------	---------	-------------------------------------------------------------------------------------------------------------------------------------	-----------	---------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

community based local planning (see strategy 3.1.3)

as part of 2015 bylaws review.

3.3.1.2	Sports clubs: Support sports clubs to participate/ progress levels in the Good Sports Program and Responsible Serving of Alcohol training and enforcement in Glenelg Shire.	Year 1-4	Glenelg Shire-Ann Kirkham	20 clubs involved in Good Sports Program
3.3.1.3	Sports clubs: Work with the Western Victoria Football Commission to include responsible consumption of alcohol and reducing harm from smoking in their strategic plan, in conjunction with other health and wellbeing priorities.	Nov 2014	SGSC – Jason Thomas	Discussions to be initiated by PCP.

evaluation method

focus area

community resilience through climate change adaption

Goal

objective 4.1 By 2017 we will build community capacity to adapt to climate change as measured by the four domains of the Community Capacity Indexⁱ; network partnerships, knowledge transfer, problem solving and infrastructure

Strategy	action	detail	when by	leader	Progress
4.1.1 Increase our integration and partnerships with stakeholders and partners	4.1.1.1	Expand on current stakeholders and partners	March 2014	SGGPCP – Jo Brown	Extensive networks developed through VCCCAR. New partnership with DEPI through VASP
	4.1.1.2	Establish a forum to facilitate and further investigate participation and network/co-ordination mechanism	March 2014	SGGPCP – Jo Brown	Investigations through CMA – meeting one completed.
	4.1.1.3	Formalise preferred mechanism	June 2014	SGGPCP – Jo Brown	
4.1.2 Undertake vulnerability mapping to increase knowledge of our community's vulnerability to climate change and develop a plan for action	4.1.2.1	Work with partners and stakeholders to seek funding and commitment to conduct vulnerability mapping through application to DEPI VASP or similar funding programs	December 2013	SGGPCP – Jo Brown SGSC RMIT	VASP Funding secured. Phase 1 Understanding Vulnerability underway
	4.1.2.2	Review existing mechanisms and policy	February 2014	RMIT – Ali Rance	Literature review underway
	4.1.2.3	Conduct stakeholder and community workshop to engage stakeholders and community and to understand social vulnerability	June 2014	SGGPCP – Jo Brown SGSC	Consultation underway using semi-structured interviews and workshops. Two community Workshops and 5 stakeholder workshops completed.

4.1.2.4	Conduct research workshop with stakeholders	October 2014	RMIT – Ali Rance
4.1.2.5	Develop community resilience strategy	November 2014	SGGPCP – Jo Brown SGSC RMIT
4.1.2.6	Disseminate project learnings to partners and stakeholders	December 2014	SGGPCP – Jo Brown SGSC RMIT

4.1.3 Develop indicators to measure resilience to indirect impacts of climate change	4.1.3.1	Conduct a literature review	June 2014	SGGPCP – Jo Brown	Held over to be completed after Rural People Resilient Futures Project completed
	4.1.3.2	Develop climate change adaptation indicators with community, stakeholders and research partners	June 2017	SGGPCP – Jo Brown	

evaluation method Establish baseline indicators using the Community Capacity Index and map improvements in community capacity through re-administration of the CCI

objective 4.2 By 2017 we will implement responsive action and test local solutions to increase resilience through adaptation to climate change as measured by indicators (to be developed)

strategy	action	detail	when by	leader	Progress
4.2.1 Develop and implement local programs that pilot adaptation solutions	4.2.1.1	Implement the LIEEP funded Glenelg SAVES Project	June 2016	SGGPCP – Penny Fraser	Milestone reports all up to date. Launch and training completed Recruitment and data collection underway.
	4.2.1.2	Seek funding and resources to support implementation of local projects	June 2014	SGGPCP – Jo Brown	Awaiting reply from Energy Information Fund – unsuccessful.
4.2.2 Expand the implementation of successful adaptation programs	4.2.2.1	Seek funding and resources to support projects	June 2015	SGGPCP	

evaluation method Individual project evaluation

focus area

community life participation

goal

objective 5.1 By 2017 there will be a significant increase in the community capacity within the Southern Grampians and Glenelg area to support whole of community participation in all aspects of life, as measured by Community Capacity Building Index (UoQ) or equivalent

strategy	action	detail	when by	leader	progress
5.1.1 Compile local data, develop narratives of the lived experience of disadvantage in our community and share this information with key decisions makers, community leaders and service providers	5.1.1.1	Establish a working group to provide guidance and support to the lived experience study and facilitate steering group meetings	February 2014	SGGPCP – Rowena Wylie	Discussion with some stakeholders and potential working group members.
	5.1.1.2	Identify partners/ experts and other studies into the lived experience of disadvantage.	March 2014	SGGPCP – Rowena Wylie	Partners and some studies identified.
	5.1.1.3	Scope and cost project; identify potential sources of funding and apply for funds.	April 2014	SGGPCP – Rowena Wylie	Project yet to be scoped.
5.1.2 Establish mechanisms to share learnings and good practice that support implementing changes in the way we work which better meet the needs of all the community particularly disadvantaged groups	5.1.2.1	Explore options with partners to share learnings and good practice and to collaboratively find solutions to identified barriers, including communities of practice and e-newsletters.	May 2014	SGGPCP – Rowena Wylie	Preliminary discussions with HPRG.
5.1.3 Coordinate workforce training and promote resources to build skills in engaging and delivering services and programs to disadvantaged populations		Future years			

evaluation method

Evaluate our community capacity to support whole of community participation in all aspects of life prior to any intervention, using the Community Capacity Index (UoQ) or equivalent

objective 5.2 By 2017 more than 15 significant changes in the way we work will be implemented to better meet the needs of all the community, particularly disadvantaged groups

Strategy	action	detail	when by	leader	
5.2.1 Review and improve civic engagement processes, to ensure we hear and respond to the voices of disadvantaged groups	5.2.1.1	Develop Glenelg Shire Council Community Engagement Policy for people with a disability	December 2013	Glenelg Shire Council – Brad Charman	The GSC People with a Disability Communication Strategy 2013/17 was endorsed by Council in August 2013.
	5.2.1.2	Review Glenelg Shire Council Community Engagement Plan	February 2014	Glenelg Shire Council – Adele Kenneally	The new Community Engagement Framework was adopted by Council in December 2013.
	5.2.1.3	Review Southern Grampians Shire Community Engagement Guidelines and develop inclusive community engagement policies and processes.	2015	SGSC - TBC	
	5.2.1.4	Improve ways of hearing and responding to the youth voice in decision making, including sourcing funding to support this action.	Sept 2014	SGSC - TBC	
5.2.2 Apply a social inclusion lens to all integrated health promotion activities within the Southern Grampians and Glenelg area	5.2.2.1	Develop indicators, tools and a process to assist organisations to apply a social inclusion lens to all Integrated Health Promotion and health and wellbeing work including all the focus areas within this Action Plan	May 2014	SGGPCP – Rowena Wylie	PCP is participating in VicHealth’s evaluation of the Fair Foundations framework and plans to develop other supports for an equity focus at a practice level. Ongoing support to apply a social inclusion lens to all HP work.
5.2.3 Implement changes in the way we work to better meet the needs of all the community		Future years			

evaluation method

text

ⁱ Bush, R., Downer, J. and Mutch A Community Capacity Index (V2) University of Queensland (2002).