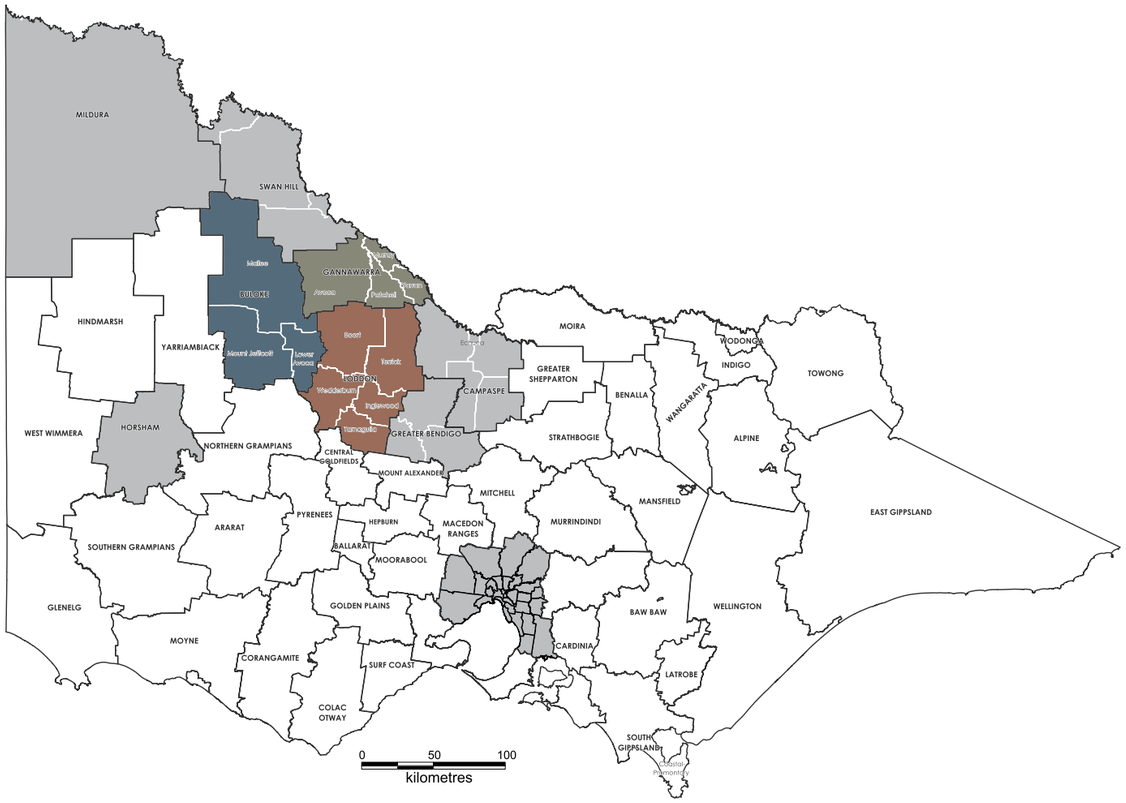
BULOKE LODDON GANNAWARRA

HEALTH NEEDS ANALYSIS IMPLEMENTATION PLAN

MARCH 2019

The Executive Summary and Full Version of the Buloke Loddon Gannawarra Health Needs Analysis Implementation Plan are accessible on the following websites
Bendigo Loddon Primary Care Partnership website www.blpcp.com.au
Southern Mallee Primary Care Partnership website www.smpcp.com.au



ACKNOWLEDGEMENT of COUNTRY

We respectfully acknowledge the traditional land of the Kulin Nation and we acknowledge the DjaDja Wurrung, Barapa Barapa, Wegaia, Wemba Wemba and Yorta Yorta people who are the traditional custodians of this land. We pay respect to their elders past, present and emerging.

We express our gratitude in the sharing of this land, our sorrow for the personal, spiritual and cultural costs of that sharing and our hope that we may walk forward together in harmony and in the spirit of healing.

MARCH 2019

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BULOKE LODDON GANNAWARRA HEALTH NETWORK

The Buloke Loddon Gannawarra Health Needs Analysis Implementation Plan was commissioned by the Buloke Loddon Gannawarra (BLG) Health Network and produced in collaboration with Bendigo Loddon Primary Care Partnership

The BLG Health Network wishes to acknowledge the generosity and work of the participating BLG Network agencies in workshop consultations and the contribution of the production team at Bendigo Loddon Primary Care Partnership including 'Words and Pictures – Design Fusion' for the report design.

The Buloke Loddon Gannawarra Health Network wishes to acknowledge the support and funding of the Department of Health and Human Services – Loddon Mallee Region in the production of The Buloke Loddon Gannawarra Health Needs Analysis Implementation Plan.

FOREWORD

As the Chairperson of the Buloke Loddon & Gannawarra Health Network (known as the BLG) I am very pleased to present the Health Needs Analysis Implementation Plan (the plan). The Buloke Shire joined the Loddon and Gannawarra shires in 2018 to ensure that the communities across all three shires had equitable access to the health services needed.
The health, community and local government agencies are working collaboratively to share and extend the reach of services across this large geographic area. The plan has focussed our effort to address the health needs of our communities.

A health needs analysis for the Loddon and Gannawarra shires had been completed more than 18 months previously. That document provided clear information regarding the health needs of the communities within the shires and supported a number of funding submissions. This has now been updated and extended to include the health needs of the Buloke Shire and to identify key themes to be addressed to improve the health and wellbeing of the communities within these Local Government Areas.

Importantly the development of a document such as this implementation plan, provides a clear geographical boundary that makes sense to the community and to potential funding bodies. The needs assessment has identified that the target cohort has multiple and complex needs that cannot be addressed by a single agency. These needs are largely influenced by the unique social and environmental determinants of the place and are typically interrelated. While we may be aware of some of the needs and some of the complexities, this document will assist us to focus and progress in addressing and improving health outcomes for the future. We are confident that the evidence within the health needs analysis implementation plan, will provide potential funding bodies and government agencies the ability to commit to a long-term approach to planning and investment. This recognises that there will be some quick wins, but most outcomes will manifest in the longer term.

I would like to acknowledge the generosity of the various agencies and the individuals within those agencies for their contributions in the development of this valuable resource. I particularly want to acknowledge the skill and expertise of Eileen Brownless, Executive Officer, Bendigo Loddon Primary Care Partnership for her effort in driving and managing this project to this outcome.

I commend the Buloke, Loddon Gannawarra Health Needs Analysis Implementation Plan to you and trust that the value and opportunities gained from this work will benefit communities across the three shires well into the future.

Tracey Wilson
Chairperson
Buloke Loddon Gannawarra Health Network
March 2019

INTRODUCTION

BULOKE LODDON GANNAWARRA (BLG)

HEALTH NEEDS ANALYSIS
IMPLEMENTATION PLAN

INTRODUCTION

The Buloke Loddon Gannawarra (BLG) Health Needs Analysis Implementation Plan consists of three sections. The Executive Summary lays out the high- level strategies and action sequencing across the timeframe. The Health Area Priority Action Plans document the place-based wisdom of the BLG Health Network agencies and guides the strategic action. The Reference Documents provide the context and demonstrates the alignment between and with State, Municipal and current Health Service planning.

PARTNERSHIP IN ACTION

The Loddon and Gannawarra Health Services Executive Network (LGHSEN) from 2015 identified that there are opportunities for the health of their communities in collaborative planning based on a shared understanding of the health needs and priorities of their communities within their Shires. In 2018 the parallel health priorities and health system issues in the adjoining Buloke Shire led to the incorporation and formation of the BLG (Buloke Loddon Gannawarra) Network.

A health needs analysis was undertaken and published in early 2017 providing an evidence base and broad recommendations for future action. The BLG Health Needs Analysis Implementation Plan informs and guides collaborative and strategic health service planning and action to achieve health outcomes within the Buloke, Loddon and Gannawarra Shires in the context of current state and commonwealth government priorities.

PLACE-BASED APPROACH AND POPULATION HEALTH PLANNING

The BLG Health Needs Analysis Implementation Plan is based on the needs, opportunities, priorities and options identified through the needs assessments, the Municipal Health and Wellbeing Plans and the Integrated Health Promotion plans. The Victorian Public Health and Wellbeing Plan and the Victorian Public Health and Wellbeing Outcomes Framework has guided the structure with a focus on population health strategies designed with a place-based understanding and approach.

The rural context is one in which Access and Equity of health opportunity is a primary consideration in health planning and advocacy for system development. The environmental, economic, political, social, cultural and behavioural factors that contribute to the health and wellbeing of rural communities need to be appreciated to design systems respond appropriately to local needs and issues. To achieve better health outcomes in the longer term it is necessary for funding bodies and government agencies to commit to a long-term approach to planning and investment.

THE BLG HEALTH NEEDS ANALYSIS IMPLEMENTATION PLAN AND IDENTIFIED HEALTH PRIORITIES

- Heart Health and Respiratory Health
- Diabetes
- Mental Health
- Oral Health

The Health priorities are common to each of the three Shires, cross the population age continuum and outline strategies for health planning and action. The expertise of the BLG Health Network agencies was drawn upon to develop initiatives for each health priority. Three aspects of each health priority were considered in the local context

- Prevention Initiatives
- Early Intervention, Treatment and Recovery Initiatives
- Health System Initiatives

EXECUTIVE SUMMARY

BULOKE
LODDON
GANNAWARRA
HEALTH NEEDS ANALYSIS
IMPLEMENTATION PLAN

HEART HEALTH AND RESPIRATORY HEALTH

PREVENTION	HEART & RESPIRATORY IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
PLANNING ALIGNMENT AND MEASURES				
Undertake Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires considering current plans to ensure alignment of effort		✔		
Identify and build on the actions and support consistency of Integrated Health Promotion plans and interventions	Physical Activity Smoking	✔	✔	✔
Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years	Measures	✔	✔	✔
SETTINGS				
Develop setting specific plans for "healthier eating and active living", respiratory health education and smoking cessation programs across the three Shires	Settings Food Security	✔	✔	✔
Undertake a three Shire campaign for the promotion of the Healthy Choices framework	Settings		✔	
Undertake a three Shire community education campaign aimed at raising awareness of high rates of heart disease and risk factors	Settings Smoking	✔	✔	✔
Consider smoking cessation barriers and enablers in development of a three Shire campaign on smoking cessation as a follow up to the Heart and Respiratory Health and Risk factors campaign	Settings Smoking Smoking Cessation	✔	✔	✔
Map the Achievement Program delivery and coordinate effort through BLG Health Network	Settings	✔	✔	✔
HEALTH EDUCATION				
Undertake a three Shire campaign for the promotion of healthy eating link with modification of heart and respiratory disease risk factors and Shire statistics	Settings Smoking	✔	✔	✔
Consider a Sleep Quality campaign				✔
WORKFORCE DEVELOPMENT				
Health service staff education - heart and pulmonary health risk factors and prevention initiatives	Settings Smoking	✔	✔	✔
Undertake a three Shire coordinated workplace campaign and professional development	Smoking Workforce Development	✔	✔	✔

EARLY INTERVENTION AND TREATMENT	HEART & RESPIRATORY IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SERVICE SYSTEM MAPPING				
Map the Heart Health and Respiratory Health Service Systems	Service System Mapping	✔		
SETTINGS				
Develop heart health and respiratory health service user pathways for different population groups. Promote to General Practitioners	Settings Service User Pathways Service Development	✔	✔	
Embed service coordination processes across BLG Health Network organisations	Service User Pathways		✔	✔
Undertake Discharge planning review from all hospitals to all health services across the three Shires	Service User Pathways		✔	
Develop Smoking cessation referral and support pathways across three Shires	Smoking Cessation		✔	✔
SERVICE DEVELOPMENT AND SMOKING CESSATION				
Build on a focussed community awareness campaign of high prevalence and risk factors for heart and respiratory diseases with early intervention strategies, referrals and service promotion	Settings Service Development Smoking Cessation		✔	✔

HEALTH SYSTEM	HEART & RESPIRATORY IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SERVICE ACCESS				
Identify Service access barriers across the three Shires to enable better service coordination and advocacy resources to fill service gaps	System Improvements	✔		
SYSTEM IMPROVEMENTS				
Review current discharge planning processes and gaps	System Improvements Service User Pathways		✔	
3 areas of Focus required 1. Cultural shifts in our organisations 2. Service planning to increase access 3. Workforce development	System Improvements Settings Smoking Workforce Development	✔	✔	✔
Support coordination and referral knowledge for health professionals through referral pathways development	System Improvements Service User Pathways Service Development		✔	✔
WORKFORCE DEVELOPMENT				
Three Shires membership of the Victorian Network of Smoke-free Healthcare Services (VNHS) and VNHS standards implementation	System Improvements Workforce Development		✔	✔
Strategic review of Workforce needs and three Shire Plan development	System Improvements Workforce Development		✔	✔

DIABETES

PREVENTION	DIABETES IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
PLANNING ALIGNMENT AND MEASURES				
Undertake Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires considering current plans to ensure alignment of effort	Planning Alignment and Measures	✔		
Identify and build on the actions and support consistency of Integrated Health Promotion plans and interventions	Physical Activity (See H&R) Smoking (See H&R)	✔	✔	✔
Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years	Measures	✔	✔	✔
SETTINGS				
Continue to support setting specific plans for Diabetes Education programs and awareness raising campaigns across the three Shires	Settings	✔	✔	✔
Link with Prevention initiatives in Heart and Respiratory Health Prevention	Settings	✔	✔	✔

EARLY INTERVENTION AND TREATMENT	DIABETES IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
IDENTIFICATION OF HIGH RISK COMMUNITY MEMBERS				
Use point of contact opportunities to screen people to support early detection and intervention incorporating workplace and community engagement opportunities	Identification of High Risk Community Members		✔	✔
SCREENING SERVICE SYSTEM MAPPING				
Map current screening opportunities to support increased screening	Screening service system mapping Service system mapping Identification of High Risk Community Members	✔		
SERVICE USER PATHWAYS				
Review and further develop Diabetes Service user pathways across the three Shires for different population groups	Service User Pathways Service system development	✔	✔	
SERVICE MODELS				
Explore and consider current service models and incorporate them into Service User Pathways	Service Models	✔	✔	
Explore prevention programs to standardise and meet best practice care guidelines for Diabetes complications	Service Models		✔	✔
Explore additional service models to meet identified gaps including telehealth access	Service Models Service system development	✔	✔	✔

HEALTH SYSTEM	DIABETES IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SERVICE SYSTEM MAPPING				
Undertake Diabetes Service within the three shires building on existing mapping. Identify gaps in service access including telehealth.	Service system mapping	✔		
Undertake a review of Shared Care Planning and Service planning opportunities across the services of the three Shires	Service system mapping	✔	✔	
SERVICE SYSTEM DEVELOPMENT				
Expand current “Diabetes in Loddon Action Group” to incorporate practitioners from all three Shires. Review strategy in 3 years	Service system development	✔		
Support telehealth access in small communities to support endocrinology and Credentialed Diabetes Educator access	Service system development Service Models	✔	✔	✔
Support Service user pathways development and implementation across the three Shires.	Service system development Service User Pathways	✔	✔	✔
Support best practice care across the three Shires	Service system development Service Models	✔	✔	✔
Implement “Healthy Choices” guidelines in health services	Service system development Settings Food Security	✔	✔	
Link with Local and State Government initiatives	Service system development Physical Activity	✔	✔	✔
WORKFORCE DEVELOPMENT				
Develop a Workforce Development strategy to support ongoing and best practice care across the three Shires	Workforce Development		✔	✔

MENTAL HEALTH

PREVENTION	MENTAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
PLANNING ALIGNMENT AND MEASURES				
Undertake Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires considering current plans to ensure alignment of effort	Planning alignment and Implementation	✔		
Build on the actions and support consistency of Integrated Health Promotion plans and interventions	Planning alignment and Implementation	✔	✔	✔
Build on the Loddon Healthy Minds Network model in other Shires	Planning alignment and Implementation		✔	✔
Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years	Measures	✔	✔	✔
Conduct an annual rural mental health forum within the three Shires	Planning alignment and Implementation	✔	✔	✔
Undertake collaborative prevention work across the three Shires in the following areas: • Preventing violence against women • Reducing race-based discrimination • Young people and resilience • Arts and social connection	Planning alignment and Implementation	✔	✔	✔
SETTINGS				
Continue to support setting specific plans for mental health and the prevention of family violence across the three Shires.	Settings	Plan	✔ Plan	✔

EARLY INTERVENTION AND TREATMENT	MENTAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SERVICE MAPPING AND SERVICE COORDINATION				
Map and clarify service catchments and funding to support people with high prevalence disorders (anxiety and depression)	Service mapping and Service Coordination	✔	✔	
Map and clarify service catchments and funding to support people with low prevalence disorders (e.g. bi-polar disorder, schizophrenia etc).	Service mapping and Service Coordination	✔	✔	
Map the Alcohol and Other Drugs service system to support pathways including Dual Diagnosis pathways	Service mapping and Service Coordination	✔	✔	
Identify existing service and procedural gaps	Service mapping and Service Coordination	✔	✔	
Using maps consider service planning to support early intervention and treatment	Service mapping and Service Coordination		✔	✔
Review coordination of care and referral systems using Service Coordination principles	Service mapping and Service Coordination		✔	✔
SERVICE USER PATHWAYS				
Develop Mental Health Service user pathways for different population groups to enable service system cross -referral opportunities and management integration	Service user pathways	✔	✔	✔

SETTINGS AND INTERVENTIONS				
Develop mental health initiatives and settings interventions across the three Shires including: • Mental Health service promotion • My Health Record - Mental Health Record • Improving data collection • Alcohol and Other Drug Services • Reconciliation Action Plans • LGBTIQ Network	Settings and Interventions	✔	✔	✔

HEALTH SYSTEM	MENTAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SERVICE ACCESS AND DEVELOPMENT				
Place-based Service access Map, promote and support out-of-area outreach services to enhance community access	Service Access and Development	✔	✔	
Develop a service promotion strategy drawing on web information, app design and Primary Care Partnerships information, ensuring universal information to support all community members	Service mapping and Service Coordination		✔	✔
Acute Mental Health access Develop a strategy to strengthen coordination of mental health services in an acute setting and build on current projects	Service Access and Development	†	✔	✔
Develop advocacy and strengthened relationships with Bendigo Health and other admitting hospitals	Service mapping and Service Coordination Service user pathways	✔	✔	✔
Family Violence Response Review hospital discharge planning process to support safety of family members	Service Access and Development	✔	✔	
Link with “Orange Door” services in Mildura, Swan Hill and Bendigo	Service mapping and Service Coordination	✔	✔	✔
Build on the SMPCP Buloke Family Violence Project and Action Plan	Service mapping and Service Coordination	✔	✔	✔
Further develop Family Violence Networks across the three Shires	Service user pathways	✔	✔	✔
WORKFORCE DEVELOPMENT				
Develop workforce development strategy to build capacity across areas including: • Cultural awareness and cultural safety training • Family violence • Mental health needs of LGBTIQ people • Youth mental health • Suicide prevention • Staff in acute settings • Mental health of health /community service staff	Service Access and Development		✔	✔

ORAL HEALTH

PREVENTION	ORAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
PLANNING ALIGNMENT AND MEASURES				
Undertake Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires considering current plans to ensure alignment of effort	Planning Alignment and Measures	✔		
Build on the actions and support consistency of Integrated Health Promotion plans and interventions	Planning Alignment and Measures	✔	✔	✔
Ensure the link between Oral Health benefits and Smoking cessation is considered and included in oral health and smoking cessation education programs	Smoking Cessation	✔	✔	✔
Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years	Planning Alignment and Measures	✔	✔	✔
SETTINGS				
Develop setting specific plans for oral health education programmes across the three Shires	Settings (Oral Health)	Plan	✔ Plan	✔
Develop targeted workforce development strategy and promote the Child Dental Benefits Scheme	Settings (Oral Health)		✔	✔

EARLY INTERVENTION AND TREATMENT	ORAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SERVICE SYSTEM MAPPING				
Map the oral health service system and identify service gaps	Service System Mapping	✔	✔	
SERVICE USER PATHWAYS				
Develop of Oral Health Service user pathways for different population groups	Service User Pathways		✔	✔

HEALTH SYSTEM	ORAL HEALTH IMPLEMENTATION PLAN REFERENCE	IMPLEMENTATION STAGE		
		YEAR 1	YEAR 2	YEAR 3
SYSTEM CHANGE INTERVENTIONS				
Develop system change interventions including: • Health System • Community Organisations • Early Years/ Education System • Local/ State Government	System Change Interventions			
Incorporate in planning interventions the Dental Health Service Victoria (DHSV) new strategic plan – Life stage approach to oral health	System Change Interventions Workforce Development			
WORKFORCE DEVELOPMENT				
Build workforce capacity engaging La Trobe University and DHSV	Workforce Development			

RESCOURCING THE PLAN

RESOURCING

- ☐ Consider the workforce needs to implement setting specific interventions including professional development training
- ☐ Consider opportunities and resourcing through Integrated Health Promotion Funding
- ☐ Explore opportunities for collaborative programs and resourcing/ submissions to enable plan activities
- ☐ Explore other programs and opportunities for health promotion
- ☐ Consider seeking funding to support worker EFT to drive the collaborative effort across the three Shires in all the 4 identified health priority areas

HEALTH PRIORITY ACTION PLANS

BULOKE
LODDON
GANNAWARRA
HEALTH NEEDS ANALYSIS IMPLEMENTATION PLAN

HEART HEALTH AND RESPIRATORY HEALTH

1. PREVENTION RECOMMENDATIONS

Prevention to focus on the modifiable risk factors to:

- Increase fruit and vegetable consumption
- Decrease sugar-sweetened beverage consumption
- Reduce obesity in both men and women
- Increase physical activity
- Decrease tobacco use

Promote respiratory health through better prevention strategies such as QUIT

Promote respiratory health through greater community awareness of asthma

2. EARLY INTERVENTION AND TREATMENT RECOMMENDATIONS

- Focus on reduction of extremely high Heart disease rates
- Develop campaign and strategies to reduce high smoking rates

EARLY INTERVENTION

- Consider early intervention and self –management strategies development across primary care system
- Ensure best practice school community education about Asthma and emergency response
- Campaign to support individual Asthma plan for each person
- Promote respiratory health through better early detection, education and treatment

TREATMENT

- Promote respiratory health through better early detection, education and treatment

3. HEALTH SYSTEM RECOMMENDATIONS

Consider review of capacity of Cardiac Rehabilitation Service systems to meet local needs

Consider cultural and systems change in health services required to support smoking cessation

ACTION PLAN HEART AND RESPIRATORY HEALTH

1. PREVENTION

1.1 PLANNING ALIGNMENT

Consider current plans to ensure alignment of effort
- Municipal Health and Wellbeing Plans
- Municipal Early Years Plans
- Integrated Health Promotion (Integrated Health Promotion) Plans
- Victorian Health and Wellbeing Framework
- Organisational Strategic Plans – inclusions and gaps

Consider undertaking a Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires

Build on the actions and support consistency of Integrated Health Promotion plans and interventions

Ensure the link between the Heart and Respiratory Health benefits and smoking cessation is considered and included in heart /respiratory and smoking cessation education programs

1.2 SETTINGS

Develop setting specific plans for “healthier eating and active living”, respiratory health education and smoking cessation programs across the three Shires.
The setting plans to include:
- School Settings
- Early Years Settings
- Universal Health Settings
- Aboriginal Health Settings
- Community/ Sporting Group Settings
- Workplace settings including all government funded workplaces

Consider a three Shire campaign for the promotion of the Healthy Choices framework drawing on those organisations who have implemented the framework as champions

Consider a three Shire community education campaign aimed at raising awareness of high rates of heart disease and risk factors. Seek additional resources, possible partnership with VicHealth, local community groups, sponsors, etc

Achievement Program coordination and shared resource approach to delivery across the three Shires

1.3 FOOD SECURITY

Access to fresh fruit and vegetables mapping and promotion. Consider costs

“Water as first preference” campaign

Explore barriers to adequate fruit and vegetable intake

Link food security to modification of risk factors for heart and respiratory health at the consumer level to support understanding

1.4 HEALTH EDUCATION

Link healthy eating with modification of heart and respiratory disease risk factors and Shire statistics. Consider three Shire coordinated campaigns

Consider a Sleep Quality campaign

1.5 PHYSICAL ACTIVITY

- Map sporting activities opportunities across the Shires incorporating timing and seasonal availability
- Identify barriers to participation for a range of groups: women, men, primary school children, secondary school children, elderly people, people with disabilities, indigenous people, people with low income, LGBTIQ people, other cultural considerations

- Identify non- sporting physical activity opportunities across the Shires incorporating timing and seasonal availability
- Identify barriers to participation for a range of groups: women, men, primary school children, secondary school children, elderly people, people with disabilities, indigenous people, people with low income, LGBTIQ people, other cultural considerations

1.6 SMOKING

Leverage the three Shire community education campaign aimed at raising awareness of high rates of heart disease and risk factors. Develop a campaign and strategies to reduce high smoking rates targeting Loddon Shire in particular

Focus on settings-based planning to support interventions and environment and cultural change in a range of settings

1.7 WORKFORCE DEVELOPMENT

Education of all health service staff in heart and pulmonary health risk factors and access opportunities to prevention initiatives.

Education of all staff to support smoking cessation. Consider three Shire coordinated workplace campaign and professional development

1.8 RESOURCING

- Consider the workforce needs to implement setting specific interventions
- Consider opportunities and resourcing through Integrated Health Promotion Funding
- Explore opportunities for collaborative program and resourcing/ submission
- Explore other programs and opportunities for health promotion

1.9 MEASURES

Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years

ACTION PLAN HEART AND RESPIRATORY HEALTH

2. EARLY INTERVENTION AND TREATMENT

2.1 SERVICE SYSTEM MAPPING

Consider the service system elements identified and add to the map where possible. Mapping to include time availability of the resource (e.g. 2days per month). Identify service gaps.

Mapping

- Pathology Services and limitations
- Cardiac Rehabilitation Services noting distance for access
- Healthy Heart and Lungs Project knowledge
- Telehealth services
- Exercise Programs
- Allied health e.g. Dietitian, Counselling
- Support groups
- Asthma education programs
- Quit and other smoking cessation programs

2.2 SERVICE USER PATHWAYS

Consider the development of Heart Health and Respiratory health Service user pathways for different population groups including service system cross -referral opportunities and management integration.

Ensure service coordination processes are designed as a Client Centred approach

Ensure General practice is well informed of reviewed pathways. Partner with Murray Primary Health Network to support promotion of the pathways to General Practitioners

Undertake Discharge planning review from all hospitals to all health services across the three Shires. Bendigo Health participation is key.

Smoking cessation referral and support pathways development across three Shires

2.3 SERVICE DEVELOPMENT

Pathology Services review for universal access

Build on Healthy Heart and Lungs Project to support individualised maintenance programs

Explore additional resources for exercise programs

Build on a focussed community awareness campaign of high prevalence and risk factors for heart and respiratory diseases with early intervention strategies, referrals and service promotion

Support emergency management of asthma training with teachers, community group leaders etc:

Seek resourcing for colometric machines to enable real time testing of heart and respiratory health blood test indicators

2.4 SMOKING CESSATION

Consider smoking cessation barriers and enablers in development of three Shire campaign on smoking cessation as a follow up to the Heart and Respiratory Health and Risk factors campaign

Enablers

- Pregnancy and timeliness of support
- Health service culture supported by procedures aimed at smoking identification and early intervention referral
- All health professionals asking the questions (hospitals, community health, every point of contact with health)
- Support and engagement of GPs
- Changing the culture – Education for younger people to question parents etc & not take up
- Community education on supports available
- Nicotine replacement Therapy availability. Patches – trial packs?
- Brief intervention availability
- Timely support (approx. 63% lapse within 2 weeks)

Messages

- Benefits of quitting
- Maximise effect of cost
- Benefits of not being exposed to passive smoke (other household/child/family member)

Barriers identified

- Nicotine Replacement Therapy Cost barriers - need to be included on Pharmaceutical Benefits Scheme (PBS)
- shame and social isolation of smokers
- waiting times for QUIT support can be 48 hours
- Lack of knowledge of services – referral pathways, link to services not happening
- Lack of community awareness of place-based cessation supports in Buloke

Review Nicotine Replacement Therapy (NRT) uptake and promotion. Design “NRT GP and pharmacies data collection” project. To include use of patches

ACTION PLAN HEART AND RESPIRATORY HEALTH

3. HEALTH SYSTEM
3.1 SERVICE ACCESS
Explore opportunities to expand Cardio Pulmonary Rehabilitation services in Buloke
Support service access through brochure development/website information for each Shire
Promote and support PACE (Pulmonary and Cardiac Exercise and Education) Program where appropriate and explore alternative options for other people
Explore the development of home -based rehabilitation
Explore resourcing opportunities to support exercise programs
Support community education about knowledge of the condition, referral system and eligibility
Consider gaps in pathology services across the Shires to support increased access for all
Consider health education sessions to support community clinical knowledge and understanding of access opportunities to the service system
Consider transport options for service access including volunteer drivers
3.2 SYSTEM IMPROVEMENTS
Review current discharge planning processes and gaps including community-based supports such as community health, general practice, pharmacy, support groups
3 areas of Focus required 1. Cultural shifts in our organisations - Victorian Network of Smoke-free Healthcare Services (VNSHS) framework 2. Service planning to increase access 3. Workforce development - update cardiac rehab training (Australian Cardiovascular Health and Rehabilitation (ACRA) / Royal Melbourne Hospital)
Support coordination and referral knowledge for health professionals through referral pathways development
Support coordination and referral knowledge sharing through information resource production e.g.: brochures/ website information/ published pathways
Organisational health literacy to support client access and understanding of their condition. Project can be supported through Primary Care Partnerships
Consider the recommendations from the “Healthy heart and lungs” project for future action including resourcing required
Ensure Hospital inpatient on discharge have smoking cessation referral included to support home support/ continuity of care and timely links with treatment services
3.3 WORKFORCE DEVELOPMENT
Consider membership of the Victorian Network of Smoke-free Healthcare Services (VNHS) by individual health organisations within the three Shires, supporting each other to demonstrate a # shires network. Leverage service promotion, media interest and funding body interest.
Incorporate the “Global Network Implementation Concept” to support VNHS standards in organisations as appropriate and leverage resourcing needs identification
Education of all health service staff in heart health and access opportunities to the service system
Review workforce with appropriate skills available across the three Shires. Consider workforce qualifications training strategy to ensure service delivery capacity and ability to meet appropriate standards
General Practitioner access review and strategy (“We want a GP eeee …….”)

DIABETES

1. PREVENTION RECOMMENDATIONS

Prevention to focus on the modifiable risk factors to:

- Increase fruit and vegetable consumption
- Decrease sugar-sweetened beverage consumption
- Reduce obesity in both men and women
- Increase physical activity
- Decrease tobacco use

Reduce modifiable risk factors in the general population

Resource and strengthen culturally safe programs to address the priority group of Aboriginal and Torres Strait Islander peoples

Make preschool, school and child care diabetes safe environments

2. EARLY INTERVENTION AND TREATMENT RECOMMENDATIONS

EARLY INTERVENTION

- Identify high-risk individuals and consider effective, evidence-based interventions
- Promote awareness and earlier detection of both Type 1 diabetes and Type 2 diabetes through regular screening and discussion of risk factors and symptoms inclusion in healthcare assessments
- Strengthen the culture of healthcare partnership with the patient/client to expand consumer engagement and self-management

TREATMENT SERVICES RECOMMENDATIONS

- Prioritisation of supported self-management of Diabetes
- Provide mental health care for people with diabetes, with regular monitoring
- Work within and develop nationally agreed clinical guidelines, local care pathways and complications prevention programs
- Strengthen and expand transition from child to adult services
- Provide high-quality hospital care

RECOVERY SERVICES RECOMMENDATIONS

- Expansion and establishment of patient/client groups focused on risk factor reduction such as physical activity and weight management

3. HEALTH SYSTEM RECOMMENDATIONS

- Develop and implement quality improvement processes to support best practice
- Implement Service Coordination to ensure that the person with diabetes, or those at risk of developing diabetes maximise their opportunities for accessing the services, prevent complications or disease progression and achieve their goals.
- Use information and communication technology to support access to services. Build upon the e-referral systems work undertaken by Loddon and Gannawarra Shire health services to support shared care
- Improve workforce capacity to implement consumer focused best practice
- Emphasise health care professional partnerships across primary health, community and specialist care services with the person with diabetes to achieve best-practice, high-quality diabetes care
- Extend existing pathways that have been developed to cover both Shires and work towards stronger partnerships with General Practice
- Build upon Shared care Planning practice and workforce development

ACTION PLAN DIABETES

1. PREVENTION

1.1 PLANNING ALIGNMENT

Consider current plans to ensure alignment of effort

- Municipal Health and Wellbeing Plans
- Municipal Early Years Plans
- Integrated Health Promotion (Integrated Health Promotion) Plans
- Victorian Health and Wellbeing Framework
- Organisational Strategic Plans – inclusions and gaps

Consider undertaking a Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires

Build on the actions and support consistency of Integrated Health Promotion plans and interventions

Ensure the link between Diabetes and the Healthy Eating and Active Living (HEAL) and Smoking cessation initiatives are considered and included in diabetes education programs

1.2 SETTINGS

Continue to support setting specific plans for diabetes education programs and awareness raising campaigns across the three Shires. The setting plans to include:

School Settings

- Healthy eating programs at schools – Fruit Friday
- Increasing walking tracks
- Healthy choices guidelines – catering policies and sugary drinks – traffic light system in vending machines
- The Achievement program – healthy eating and oral health benchmark
- Promote "Healthy Choices" Guidelines in policies and procedures
- Develop, promote and support implementation of model "Healthy Drinks" policy for organisation canteens and events
- Water promotion
- Expansion of Achievement Program
- Consider Community Gardens – build on success East WH seed funding and still going strong. Sustained x 5, 4 x hospital, 1 x community garden
- LIFE! Program - Workplace information session. 1hour session for staff
- Diabetes in schools/preschools program shared use of facilitator
- Annual Diabetes Week activities

Early Years Settings

- Develop, promote and support implementation of model "Healthy Drinks" policy for organisation canteens and events
- Water promotion
- Expansion of Achievement Program
- Healthy choices guidelines – catering policies and sugary drinks – traffic light system in vending machines
- The Achievement program – healthy eating benchmark
- Consider Community Gardens – build on success– East WH seed funding and still going strong. Sustained x 5, 4 x hospital, 1 x community garden.
- LIFE! Program - Workplace information session. 1hour session for staff
- Diabetes in schools/preschools program - shared use of facilitator
- Open air policies around where people smoke in public e.g. Netball courts
- Annual Diabetes Week activities

Universal Health Settings

- Life programs
- Strength training/exercise programs
- Referring clients in to culturally appropriate services (Service coordination)
- Supermarket tours/label reading – varied intake. Tailored to your supermarket. Accessibility after hours, during harvest and football season.
- Taboo/stigma of smoking: designated areas
- Healthy choices guidelines – catering policies and sugary drinks – traffic light system in vending machines
- The Achievement program – healthy eating and oral health benchmark
- Develop, promote and support implementation of model "Healthy Drinks" policy for organisation canteens and events
- Water promotion
- Expansion of Achievement Program – Workplace
- Consider Community Gardens – build on success– East WH seed funding and still going strong. Sustained x 5, 4 x hospital, 1 x community garden
- Smoking cessation – Champix was very popular. Patches in hospital: BYO oral Nicotine Replacement Therapy
- LIFE! Program - Workplace information session. 1hour session for staff
- Open air policies around where people smoke in public e.g. Netball courts
- Annual Diabetes Week activities

ACTION PLAN DIABETES

1.2 SETTINGS

Community/ Sporting Group Settings

- Linkages to Birchip cropping group eg: healthy lunchboxes, substitutes for sugar
- Build partnerships with Mallee Sports Assembly and others
- Expansion of Achievement Program – Workplaces, Sporting Clubs
- LIFE! Program - Workplace information session. 1hour session
- Partner with Men's Sheds
- Community football league, Football canteens

Interventions and Programs

- Life! programs
- VicHealth benchmark
- Strength training/exercise programs
- Increasing walking tracks
- Taboo/stigma of smoking: designated areas
- Healthy choices guidelines – catering policies and sugary drinks – traffic light system in vending machines
- Exploring and implementation of "Winning Tactics" program (Sports Focus)
- Develop, promote and support implementation of model "Healthy Drinks" policy for organisation canteens and events
- Water promotion (Sports Focus)
- Consider "Ditch the Fizzy" Campaign
- Consider Community Gardens – build on success– East WH seed funding and still going strong. Sustained x 5, 4 x hospital, 1 x community garden.
- Consider expansion of Food swap, North Grampians shire – excess fruit swap
- Nature strip, urban gardens, Kerang? Swan Hill?
- Expand '5 ways to wellbeing' Key messages promotion
- Tobacco use
- Open air policies around where people smoke in public e.g. Netball courts
- Annual Diabetes Week activities

1.2 SETTINGS

Aboriginal Health Settings

- Life programs
- Strength training/exercise programs
- Referring clients in to culturally appropriate services (Service coordination)
- Supermarket tours/label reading – varied intake. Tailored to your supermarket. Accessibility after hours, during harvest and football season
- Taboo/stigma of smoking: designated areas
- Healthy choices guidelines – catering policies and sugary drinks – traffic light system in vending machines
- The Achievement program – healthy eating and oral health benchmark
- Develop, promote and support implementation of model "Healthy Drinks" policy for organisation canteens and events.
- Water promotion
- Expansion of Achievement Program – Workplace
- Smoking cessation – Champix was very popular. Patches in hospital: BYO oral NRT
- LIFE! Program - Workplace information session. 1hour session for staff
- Open air policies around where people smoke in public e.g. Netball courts
- Annual Diabetes Week activities

Life! Program

Strategy around life promotion to be more ACTION focused. To engage and reduce barriers to "herd" focus on diabetes – Cerebrovascular Disease (CVD) and Stroke prevention.

- Focus for health promotion team and health services to focus on actively integrated promotion
- Get back to focus on basics, good nutrition, Australian eating guidelines
- Gestational diabetes - focus on following up re: life program

Resourcing

Expand Integrated Health Promotion (IHP) Funding to focus on Prevention

Credentialed Diabetes Educators positions require expansion and sustainable EFT for workforce attraction and retention

Dialysis access / renal pathways gaps

1.3 MEASURES

Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years

EARLY INTERVENTION AND TREATMENT

2.1 IDENTIFICATION OF HIGH RISK COMMUNITY MEMBERS

Use point of contact opportunities to screen people to support early detection and intervention

Work and Community Engagement opportunities

- Pathways of screening at all points of contact
- Offer and make screening opportunities for clients, if they agree
- Health promotion days in the community (stroke awareness week, men's health, diabetes)
- Basic education package that health care professionals can use – show bags and presentation to community groups and within health services/staff
- Inactive clients
- Sleep disorder/deprived clients
- Inpatients with other chronic disease diagnoses

2.2 SCREENING SERVICE SYSTEM MAPPING

Consider the service system elements identified and add to the map where possible

MAPPING CURRENT SCREENING OPPORTUNITIES

Diabetes screening (GP) & health education (Health service/community health)

- Medical Director and best practice programs
- General Practice
- Screening when admitted to hospital to assess Diabetes risk
- Referring to other health services – Cohuna, Inglewood
- Australian diabetes Life! risk tool assessment and screen for life program eligibility

2.3 SERVICE USER PATHWAYS

Consider the review and development of Diabetes Service user pathways across the three Shires for different population groups including:

- Service system cross -referral opportunities and management integration
- Mental health care
- Identification of service gaps
- Hospital discharge planning and referral
- Transition from child to adult services (Type 1)
- Referrals to supported weight management/ physical activity opportunities

Life stage populations

- Pre-natal and Pregnant women/ Post-natal and Nursing women
- Early Years Children
- Primary School Children
- Adolescent Children
- Adults
- Older adults

Target populations

- Aboriginal community members across each of these life stages
- Community members with a disability and their carers across each of these life stages

2.4 SERVICE MODELS

- Explore and consider current service models and incorporate them into Service User Pathways
- Explore prevention programs to standardise and meet best practice care guidelines for Diabetes complications
- Explore additional service models to meet identified gaps including telehealth access

Current service models

- Life! program for prevention of T20M/stroke/CVD
- Pharmacy team work
- Telehealth to endocrinologists
- Multidisciplinary approach – referral pathways
- Community support groups
- GP clinics & practice nurses – Team Care Arrangements & care plans (diabetes, podiatrist, dietician, optometrist)
- Gestational diabetes (gaps in follow up and ongoing screening and education)
- Buloke - eye testing and getting results of eye screening
- Gap re: dental annual check ups
- Gerriconnect supporting reduction in polypharmacy

Additional /complementary models

- Health coaching
- Diabetes self- management support
- Formalised Hospital discharge planning
- Support group expansion (Diabetes specific/ chronic disease general)
- Sharps Disposal access across the three Shires

3. HEALTH SYSTEM

3.1 SERVICE SYSTEM MAPPING

Consider the service system elements identified and add to the map where possible. Identify gaps in service access including telehealth.

Diabetes Service Mapping within the three shires:

- Community Health centres (NDCH)
- Boort District Health– Diabetes educator shared between the hospital and clinic
- Inglewood District Health Service - Full time CDE
- Buloke – services in Donald, Birchip, Wycheproof, Charlton, 2/7 per month in each
- Dingee – some visiting allied health services
- Each GP clinic has practice nurses that do diabetic assessments
- Dietician in Kerang, Buloke and Bendigo Health in Loddon South
- Podiatrist in Kerang, Buloke and Bendigo Health in Loddon South
- Royal Flying Doctor Service (RFDS) – endocrinology NDCH, GP clinics
- Ophthalmology/optometry – Kerang, Vic eyecare in Buloke (RFDS optometry clinics in health service in Buloke) and Loddon

Consider Shared Care Planning and Service planning opportunities. Support service planning across the services of the three Shires to maximise best practice care and service access for people with diabetes.

3.2 SERVICE SYSTEM DEVELOPMENT

Expand current "Diabetes in Loddon Action Group" to incorporate practitioners from all three Shires. Review strategy in 3 years.

Support telehealth access in small communities to support endocrinology and CDE access. Consider access/ referral rate to endocrinology services.

Support Service user pathways development and implementation across the three Shires. Explore opportunities to integrate with General Practice

Support best practice care across the three Shires including:

- Endocrinology service via telehealth – positive for Patient and support people in gaining enthusiasm and confidence
- Quality referral process especially timeliness
- Review of gaps in knowledge of system approach and referral
- Qualified staff
- Quality Care plans process including updates and referrals back to GP clinics
- Rural processes are still random, paper based. IT systems not all E referral friendly
- My health record access for health services
- Gerriconnect supporting reduction in polypharmacy

Healthy Choices guidelines implemented in health services

Link with Local/ State Government initiatives

- Increasing walking tracks
- Nature strip, urban gardens, Kerang? Swan Hill?
- Shires focus on safe walking areas

3.3 WORKFORCE DEVELOPMENT

Develop a Workforce Development strategy to support ongoing and best practice care across the three Shires

- LIFE! Program - Workplace information session. 1 hour session in a range of workplace settings to support staff wellbeing and raise awareness
- Ensure Credentialed Diabetes Educators (CDE) are supported to maintain current knowledge of Clinical Guidelines for practice and support professional development
- Explore the opportunities for CDE to promote Diabetes Education credentialing and mentor those studying – mentor/ professional group network establishment
- Develop opportunities for chronic disease health professionals to undertake self-management support and consumer focused best practice training opportunities
- Use the expanded "Diabetes in Loddon Action Group" as a setting for shared workforce development opportunities
- Hospital catering/ kitchen staff about healthy choices guidelines and preparing food for people with diabetes (IDDM / NIDDM)
- CDE in each Shire to attend "Diabetes in Schools" Program training
- Aged care nursing staff and Generalist nursing (like the Hume region) to complete 30 hrs National Association of Diabetes Centres training online
- Support membership of the National Association of Diabetes Centres (NADC) to support standards and best practice

MENTAL HEALTH

1. PREVENTION RECOMMENDATIONS

Implementation of place-based strategies through collaboration across the Shires across the three Shires building on current activity in each of the following areas.

- Preventing violence against women
- Reducing race-based discrimination
- Young people and resilience
- Arts and social connection

2. EARLY INTERVENTION AND TREATMENT RECOMMENDATIONS

Review coordination of care and referral systems using Service Coordination principles and drawing on the support of the Primary Care Partnerships and the Primary Health Network.

Implementation of place-based strategies through collaboration across the three Shires to enhance access for clients/patients in each of the following areas.

- Mental Health Service promotion
- Family Violence Services
- Alcohol and Other Drug Services
- Acute Services to Community Mental Health services transition/coordination
- Mental Health Service gaps identification

Ensure maintenance of a partnership approach and good relationships while exploring service planning and funding

3. HEALTH SYSTEM RECOMMENDATIONS

Focus on social inclusion of all community members through health service and community leadership and resourcing

Review access to and promotion of mental health services available to referring health and community service practitioners particularly General practitioners

Develop place–based pathways for response to acute mental health episode and supported recovery

Consider review of capacity and promotion of Alcohol and Drug Service systems to meet local needs

Review access to and promotion of family violence services available to community members. Increase health services' capacity to identify and respond to family violence through awareness, training and resourcing

Develop workforce calendar to support the professional development health and community service staff

ACTION PLAN MENTAL HEALTH

1. PREVENTION

1.1 PLANNING ALIGNMENT

Consider current plans to ensure alignment of effort
- Municipal Health and Wellbeing Plans
- Municipal Early Years Plans
- Integrated Health Promotion (Integrated Health Promotion) Plans
- Victorian Health and Wellbeing Framework
- Organisational Strategic Plans – inclusions and gaps

Consider undertaking a Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires

Build on the actions and support consistency of Integrated Health Promotion plans and interventions

Build on the Loddon Healthy Minds Network model in other Shires
- broad partnership of organisations including neighbourhood houses and community

Conduct annual rural mental health forum within the three Shires

Preventing violence against women • Bystander training (WHLM) • White ribbon, pledge, accredited • Local champions • Gender audits • Connection to respectful relationships • Training of staff across BLG/Health/Community Health	Building on: • Women's Health Loddon Mallee Primary Prevention of Violence Against Women action plan • "Strengthening hospital responses to family violence" program through Bendigo Health • Southern Mallee Primary Care Partnership Buloke Family Violence project and action plan • community/sporting clubs' events
Reducing race-based discrimination • Supporting where agencies are at with inclusiveness e.g.: Aboriginal flag with MDAS visible activities • Promotion of current and future work	Building on: • Harmony Day (East Wimmera Health service & Buloke Shire Council) • Reconciliation week • Charlton community working on arts-based project • Kerang District Health activities
Young people and resilience • Loddon Campaspe Regional Partnership Project– "Youth our critical asset" participation • LGBTIQ – develop shared resources across the Shires • Seek HIV/AIDS funding • Create safe spaces for young people to gather or access individually	Building on: • Sexual health information/ Schools' condom vending machines, • Risky drinking, working with Vic Health • Injecting drug users – Kerang District Health external dispenser and involving young people continually in these actions, connect with groups
Arts and social connection • Build on Gannawarra Arts model/community partnership • Freeza • Focus on social inclusion • Support community education on different culture, connection and involvement	Building on: • Buloke developing a list of artists in community, promoting, social media, supporting events etc • Volunteers support covering all areas

1.2 SETTINGS

Continue to support setting specific plans for mental health and the prevention of family violence across the three Shires. The setting plans to include:

• School Settings • Early Years Settings • Universal Health Settings	• Aboriginal Health Settings • Community/ Sporting Group Settings

Resourcing
Expand Integrated Health Promotion Funding to focus on Prevention

1.3 MEASURES

Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years

2. EARLY INTERVENTION AND TREATMENT

2.1 SERVICE MAPPING AND SERVICE COORDINATION

Consider the service system elements to support people with high prevalence disorders (anxiety and depression).
- Clarify mental health funding and catchment expectations across the three Shires.
- Map service system to support pathways development
- Include Mental Health First Aid, Youth Mental Health First Aid, ALERT, ASSIST program opportunities

Consider the service system elements to support people with low prevalence disorders (e.g. bi-polar disorder, schizophrenia etc).
- Clarify mental health funding and catchment expectations across the three Shires.
- Map service system to support pathways development.
- Include “Partners in Recovery” program through Murray Primary Health Network (MPHN)

Consider the service system elements to support alcohol and other drug interventions including Dual Diagnosis pathways. Map service system to support pathways development

Identify service and procedural gaps including:
- Delayed referrals
- Discharge planning
- Service Coordination
- Understanding of what services are offered and where
- Staff turnover (loss of knowledge)

Using maps consider service planning to support early intervention and treatment

Review coordination of care and referral systems using Service Coordination principles and drawing on the support of the Primary Care Partnerships and the Murray Primary Health Network

2.2 SERVICE USER PATHWAYS

Consider the development of Mental health Service user pathways for different population groups including:
- Service system cross -referral opportunities and management integration

Life stage populations
- Pre-natal and Pregnant women
- Post-natal and Nursing women
- Early Years Children
- Primary School Children
- Adolescent Children
- Adults
- Older adults

Target populations
- Aboriginal community members across each of these life stages
- Community members with a disability and their carers across each of these life stages

2.3 SETTINGS AND INTERVENTIONS

Mental health service promotion:
- Use of arts and resources for social connection across the lifespan and types of diversity
- Social marketing to promote local champions
- Edutainment model (St Arnaud)

My Health Record - Mental Health Record
- Work with Murray PHN to support community to navigate and maximise benefit of My Health Record (PCEHR)
- Work with Murray PHN to support clinicians to navigate and maximise benefit of My Health Record (PCEHR)
- Include in service promotion

ACTION PLAN MENTAL HEALTH

2.3 SETTINGS AND INTERVENTIONS

Improving Data Collection
Create working group to consider data collection tools and platforms across the three Shires
- Working Group to include representatives of DHHS and MPHN as well as primary care agencies from all Shires

Link with
- Community profiles produced by Primary Care Partnerships
- HealthPathways MPHN website
- The Murray Exchange MPHN website
- Shire Council collected local data
- Measures as indicated in Municipal Health and Wellbeing Plans/ Integrated Health Promotion plans

Alcohol and Other Drug Services
- Resourcing issues in Buloke a priority for East Wimmera Health Service and Mallee Track Community Health Service
- Focus on outreach service system particularly in Buloke Shire
- Partner with VicHealth leveraging support

Reconciliation Action Plans
Partnerships led/supported by aboriginal people created to support the development, strengthening and promotion of Shire Reconciliation Action Plans

LGBTQI Network
Link across Shires to develop a LGBTQI network modelled on the Grampians LGBTQI network

ACTION PLAN MENTAL HEALTH

3. HEALTH SYSTEM

3.1 SERVICE ACCESS AND DEVELOPMENT

Place-based Service Access Create links between community and out-of-area outreach services through mapping and service promotion
Support out-of-area outreach services through colocation/ partnering/ hosting/ service promotion /referral processes
Consider opportunities for service promotion including web information and app design
Review the existing Primary Care Partnership website listings/directories to ensure current access to information is available on service providers for other local services. Primary Care Partnerships to support service directories development and updating, mapping and support service promotion.
Ensure universal information to support all community members –including LGBTIQ people, people with Dementia and their carers, Aboriginal people
Acute Mental Health Coordination of mental health services in an acute setting • Legal issues – MH ACT. • Hospitals – Bendigo Health, ambulance transfer, police escort • Complicated psych services, staff welfare
Build on current Projects: • Acute Kerang District Health Hospital bed device • Royal Flying Doctor Service and East Wimmera Health Service partnership to support access to Psychiatry • Rochester and Elmore District Health Service (REDHS) and Kerang District Health Emergency department telehealth to Bendigo Health, Acute Psych assistance
Advocacy and strengthened relationships with Bendigo Health and other admitting hospitals to: • Request a Mental Health capability audit of Bendigo Health to bridge the understanding gap of knowledge using model used for Obstetrics and surgery • Understand capability framework clarification and expectations • Increase in a Mental Health focus in hospital Clinical Councils • Improved discharge planning and transition back to community services, promoting/using Telehealth • Create a discussion forum with Bendigo Health about discharge planning and seek high level support in Bendigo Health
Family Violence Response Review hospital discharge planning process to support safety of family members as indicated in “Strengthening Hospital Responses to Family Violence” program
Clarify capacity and reach of Mildura Safety Hub including consideration of Southern Mallee communities
Build on the SMPCP Buloke Family Violence Project and Action Plan

3.2 WORKFORCE DEVELOPMENT

Cultural awareness and cultural safety training through MDAS
Improve capacity around family violence for generic workforce across three shires
Challenge the stigmatisation of Family violence and mental health
Explore requirements and training required for Rainbow tick audit
Promote Mental Health First Aid training, including Youth MFHA
Suicide Prevention – ALERT with Jeremy Forbes, ASSIST training
Support participation in “Strengthening Hospital Responses to Family Violence” program
Capacity building to support staff in acute settings including: • Mental health management of acute patients • Legal issues including the Mental Health Act • Documentation and training in system clarification/procedures for acute patient transfer including ambulance transfer and police escort requirements • Debriefing and self-care for staff
Mental health of health /community service staff • large employer opportunities • Bystander training

ORAL HEALTH

1. PREVENTION RECOMMENDATIONS

- Promotion of prevention programs such as “Smiles for Miles” and “Healthy Families, Healthy Smiles” supporting oral hygiene and healthy eating
- Oral health perspective emphasised in QUIT and other tobacco use information provided in smoking reduction campaigns
- Access to regular dentistry through private or public services such as the Dental Health Service in Boort and the intermittent Flying Doctor Service in Kerang

2. EARLY INTERVENTION AND TREATMENT RECOMMENDATIONS

- Ongoing promotion of positive oral health behaviours
- Access to regular dentistry through private or public services
- Dental service access through transport support for aboriginal people

3. HEALTH SYSTEM RECOMMENDATIONS

- Review of and support for collaborative partnerships across health, education and community services to develop prevention and early intervention strategies to reduce avoidable hospital admissions for dental conditions
- Greater focus on oral health link with overall health
- Ensure consideration of oral health referrals when undertaking health assessments particularly for groups at risk

ACTION PLAN ORAL HEALTH

1. PREVENTION

1.1 PLANNING ALIGNMENT

Consider current plans to ensure alignment of effort
- Municipal Health and Wellbeing Plans
- Municipal Early Years Plans
- Integrated Health Promotion (Integrated Health Promotion) Plans
- Victorian Health and Wellbeing Framework
- Organisational Strategic Plans – inclusions and gaps

Consider undertaking a Strategic Plan alignment analysis of Primary Care Partnership organisations across the three Shires

Build on the actions and support consistency of Integrated Health Promotion plans and interventions

Ensure the link between Oral Health benefits and Smoking cessation is considered and included in oral health and smoking cessation education programs

1.2 SETTINGS

Develop setting specific plans for oral health education programmes across the three Shires. The setting plans to include:

School Settings
- Expansion of "Smiles for Miles" into primary schools
- Oral health education in schools
- Promoting oral health week following "Smiles for Miles" messages
- Education for parents
- Promote the Child Dental Benefits Scheme
- Promote "Healthy Choices" Guidelines in policies and procedures
- Develop, promote and support implementation of model "Healthy Drinks" policy for organisation canteens and events
- Water promotion
- Expansion of Achievement Program
- Consider Stephanie Alexander Gardens
- Dental Health Week - Bright smiles, bright futures program

Early Years Settings
- Expansion of "Smiles for Miles" into early years settings
- Promoting oral health week following "Smiles for Miles" messages
- Education for parents
- Promote the Child Dental Benefits Scheme
- Develop, promote and support implementation of model "Healthy Drinks" policy for organisation canteens and events
- Water promotion
- Expansion of Achievement Program
- Improve antenatal period to improve oral health "if only someone had told me!"
- Improve understanding of importance of baby teeth
- "Baby teeth count too" program in Gannawarra– extend to playgroups, other areas (DHSV)
- Consider Stephanie Alexander Gardens
- Dental Health Week - Bright smiles, bright futures program

Universal Health Settings
- Partnering with university students (NDCH & placement dental students)
- Promoting oral health week within, medical clinics and other health services following "Smiles for Miles" messages
- Promote the Child Dental Benefits Scheme
- Develop, promote and support implementation of model "Healthy Drinks" policy for organisation canteens and events
- Water promotion
- Expansion of Achievement Program – Workplace
- Dental Health Week - Bright smiles, bright futures program

Aboriginal Health Settings
- Implement Fluoride varnish outreach pilot for aboriginal children
- Promote the Child Dental Benefits Scheme
- Develop, promote and support implementation of model "Healthy Drinks" policy for organisation canteens and events
- Water promotion
- Expansion of Achievement Program – Workplace
- Dental Health Week – "Bright smiles, Bright futures" program

ACTION PLAN ORAL HEALTH

1.2 SETTINGS

Community/ Sporting Group Settings
- Promote oral health week within community organisations following "Smiles for Miles" messages
- Targeting sporting clubs, Mallee Sports Assembly,
- Exploring and implementation of "Winning Tactics" program (Sports Focus – Water promotion)
- Promote the Child Dental Benefits Scheme
- Build partnerships with Mallee Sports Assembly and others
- Develop, promote and support implementation of model "Healthy Drinks" policy for organisation canteens and events
- Water promotion
- Expansion of Achievement Program – Workplaces, Sporting Clubs
- Community forums around oral health – La Trobe learning
- Collaborate campaign, change the perception/ behaviour/values
- Consider "Keep your teeth for life" Campaign
- Consider "Ditch the Fizzy" Campaign
- Consider Stephanie Alexander Gardens
- Dental Health Week - Bright smiles, Bright futures" program

Workforce Development
- Consider workforce development needs of maternal health nurses
- Consider targeted workforce development to support expansion of each program and training
- Skills based audit for early years professionals ie: lift the lip (DHSV) – maternal child health nurses
- Promote the Child Dental Benefits Scheme

Resourcing
- Consider the workforce needs to implement setting specific interventions
- Consider opportunities and resourcing through Integrated Health Promotion Funding
- Explore opportunities for collaborative program and resourcing/ submission
- Explore other programs and opportunities for health promotion

1.3 MEASURES

Consider benchmarking and annual monitoring of common indicator measures to track outcomes progress across the years

2. EARLY INTERVENTION AND TREATMENT

SERVICE MAPPING AND SERVICE COORDINATION

Consider the service system elements identified and add to the map where possible.
Identify service gaps.

MAPPING
- Boort public dental and private
- Royal Flying Doctor Service within Gannawarra, Buloke and Loddon
- Kerang District Health -Dental surgery, 8 plus year old, orthodontist, fee for service
- Kerang x2 private
- Cohuna Dental Clinic
- Cohuna – Signature Denture Studio - Nicholas Greer
- St Arnaud Private (Buloke people attend)
- "Smiles for miles" program - Gannawarra
- MDAS- a business access issue identified
- Fluoride varnish Program for aboriginal children
- MDAS Transport support to Boort Dental Clinic
- Promote the Child Dental Benefits Scheme in public and private dental services
- Loddon Healthy Minds Network – Oral Health students LaTrobe University
- No Buloke or Gannawarra public dental

SERVICE USER PATHWAYS

Consider the development of Oral health Service user pathways for different population groups including:
- Service system cross -referral opportunities and management integration
- Identification of access points for the Child Dental Benefits Scheme

Life stage populations
- Pre-natal and Pregnant women
- Post-natal and Nursing women
- Early Years Children
- Primary School Children
- Adolescent Children
- Adults
- Older adults

Target populations
- Aboriginal community members across each of these life stages
- Community members with a disability and their carers across each of these life stages

ACTION PLAN ORAL HEALTH

3. HEALTH SYSTEM

3.1 SYSTEM CHANGE INTERVENTIONS

Health System

Hospital Acute Admission Review in hospitals across the three Shires
- Oral health inclusion in initial assessment to support early intervention

Royal Flying Doctor Dental Services
- Coordination of services to remote areas

Healthy Choices guidelines implemented in health services

Community Organisations

Support Sporting club leaders/committee through transition phase
- Explore incentive program that matches profits from sugary drinks for sporting clubs
- Bring decision makers on board including agencies like Mallee Sports Assembly

Healthy choices forums in the three Shires
- Inform decision makers and develop strategies to support change

Early Years/ Education System

Early Years, Primary School and Secondary School
- Enrolment question - Asking the question can result in a “warm referral”
- Support early years services and schools to take up Achievement Program
- Systems policy
- Healthy eating, recipes, water promotion education to parents
- “Healthy Choices” guidelines implemented in early years services and school canteens
- Loddon – Place based screenings at preschool
- Gannawarra – Smiles for Miles

Maternal and Child Health services
- Embed access to free toothbrushes/toothpaste in the check-ups
- Include free toothbrushes/toothpaste as standard in distribution packs
- Increase proactive chasing up parents who miss appointments
- “Warm” referrals from MCH and preschool to dental services

Local/ State Government

Fluoridation mapping
- Consideration of gaps in fluoridation due to tank water
- Consider barriers and enablers in water supply fluoridation

Fluoride
- Consider fluoride intake opportunities beyond the public water supply (toothpaste, foods, black tea, fluoride rinses / tablets)

Water Access
- Events
- Publicly available water /bubblers

State-wide services
- Explore opportunities for comprehensive dental health program support from Dental Health Services Victoria (DHSV)

3.2 WORKFORCE DEVELOPMENT

Build workforce capacity
- La Trobe
- Dental Health Service Victoria.

Dental Health Service Victoria new strategic plan – Life stage approach to oral health

RESOURCING THE PLAN

RESOURCING

- ☐ Consider the workforce needs to implement setting specific interventions including professional development training
- ☐ Consider opportunities and resourcing through Integrated Health Promotion Funding
- ☐ Explore opportunities for collaborative programs and resourcing/ submissions to enable plan activities
- ☐ Explore other programs and opportunities for health promotion
- ☐ Credentialed Diabetes Educators positions require expansion and sustainable EFT for workforce attraction and retention
- ☐ Consider seeking funding to support worker EFT to drive the collaborative effort across the three Shires in all the 4 identified health priority areas

REFERENCE DOCUMENTS

BULOKE
LODDON
GANNAWARRA
HEALTH NEEDS ANALYSIS
IMPLEMENTATION PLAN

HEART HEALTH AND RESPIRATORY HEALTH

VICTORIAN PUBLIC HEALTH AND WELLBEING OUTCOMES FRAMEWORK
SUMMARY OF THE OUTCOMES FRAMEWORK

Domain 1	Victorians are healthy and well
Outcome	Victorians have good physical health
Indicator	Reduce Premature Death
Measure	Premature death rate due to chronic diseases
Measure detail	• Premature death rate due to cancer, CVD, diabetes and chronic respiratory disease • Premature death rate due to circulatory diseases • Premature death rate due to coronary heart disease • Premature death rate due to stroke

MUNICIPAL HEALTH AND WELLBEING PLANS

LODDON SHIRE - LIVING WELL IN LODDON

Protect and Promote Health
Based on the available health and wellbeing evidence and supported with agency and community consultation, four key strategic priority focus areas have been identified. One of these is “Protect and Promote Health” Within these strategic focus areas, agreed outcomes and measures will inform the operational plans that will be developed annually to guide the work undertaken collaboratively by the partner agencies. In 2014-15, the rates of avoidable deaths from Chronic Obstructive Pulmonary Disease (COPD) was more than double the Victorian average Between 2007 and 2015 Loddon Shire had the highest rate of heart attack, cardiac arrest, unstable angina across the three Shires. The cardiac arrest rate is almost double the Victorian rate. For the same period the smoking rate was 23% of the 18+ population with Victorian average at 13%.

Outcome
Increase healthy eating and active living
Measures of success
- support the establishment of the Loddon Healthy Eating Active Living (HEAL) network
- Increase healthy eating and active living
- increased proportion of adults/ adolescents 10-17 years/ children 5-12 years, who are sufficiently physically active
- increased proportion of people participating in organised sport
- decreased proportion of people who use electronic media for recreation for more than two hours per day
- increased consumption of fruit and vegetables
- decrease proportion of adults/adolescents/children who consume sugar sweetened beverages daily

Reduce tobacco use and harmful alcohol and drug use
- decrease proportion of adults who consume alcohol at lifetime risk of harm
- decrease proportion of adolescents 12-17 years who currently smoke
- increase number of smoke free events
- increase access to nicotine replacement
- increase compliance with legislated smoking distances from sports grounds
- increase local role modelling and champions re smoking and harmful alcohol use
- increase GP management plans re smoking
- increase number of people accessing drug and alcohol services
- increase number of presentations/ programs at local sporting clubs, such as ‘Keys Please’ and ‘Look after your mates’.

GANNAWARRA SHIRE - STRONG, HEALTHY COMMUNITIES

Gannawarra Local Agency Meeting (GLAM) operates under a Memorandum of Understanding which outlines how these health providers work together, share resources and support initiatives that improve health and wellbeing outcomes for our community.

The GLAM partnership determined that the within the health priorities to be focused on 2017-2021 would be “Encouraging healthier eating and active living (including oral health)”. These priorities have been informed by a thorough assessment of health population data, other evidence, legislative requirements and the strategic priorities of the Victorian Public Health and Wellbeing Plan.

In Gannawarra Shire the Health and Wellbeing Plan and the Integrated Health Promotion Plan are the same document.

BULOKE SHIRE - BUILD A HEALTHY AND ACTIVE COMMUNITY

Seek effective place-based health services and initiatives focused on prevention-based measures
2.1.1 Advocate with our partners for appropriate health funding models that suit our community and location.
2.1.2 Partner with local groups to advance primary prevention measures within the community.
2.1.3 Undertake an audit of all current health related services delivering within Buloke to determine levels of service and delivery with our relevant partners

LODDON SHIRE - GOOD PHYSICAL HEALTH	
Protect and Promote Health	
Outcome	Increase healthy eating and active living
What the statistics tell us….	• greater proportion of population that were obese and a much higher proportion classified as pre-obese compared to regional Victorian and Victorian averages • 30.1% of residents do no physical activity compared to 19.6% or regional Victorians and 18.9% of Victorians • 21.9% of residents consumed sugar sweetened drinks daily compared to 11.2% of Victorians • lower proportion consumed the recommended minimum serves of fruit and vegetables compared to the state average
Measures of success	• support the establishment of the Loddon Healthy Eating Active Living (HEAL) network
Measured every three years	• increased proportion of adults/ adolescents 10-17 years/ children 5-12 years, who are sufficiently physically active • increased proportion of people participating in organised sport • decreased proportion of people who use electronic media for recreation for more than two hours per day • increased consumption of fruit and vegetables

GANNAWARRA SHIRE – HEALTHIER EATING AND ACTIVE LIVING/ACCESS AND EQUITY	
Encourage and support opportunities for healthy eating within Gannawarra Shire communities	• Investigate development of Healthy Eating Policy within GLAM agencies • Support Gannawarra pre-schools and the Gannawarra Children's Centre to achieve recognition in the Healthy Eating/Oral Health priority areas of the Achievement Program. • Deliver Life Program • Renew GLAM Health Promotion Charters for Gannawarra pre-schools and the Gannawarra Children's Centre to support healthy lifestyles • Support edible community gardens across Gannawarra
Encourage active living and active travel within Gannawarra Shire communities	• Work in partnership to deliver the VicHealth Walk to School program across primary schools, including Get Active Statements for local primary schools, pre-schools and the Gannawarra Children's Centre • Continue to support a partnership approach to active living activities and events such as, Hospitals PAGS/exercise based services, day centre, men's shed, Reconciliation Walks • Support Gannawarra pre-schools and the Gannawarra Children's Centre to achieve recognition in the Physical Activity priority area of the Healthy Together Victoria program
Advocate on behalf of Gannawarra communities for increased access to sport and recreation	• Advocate for free access for sport and recreational activities for disadvantaged children
Access and Equity	• Support agencies with the NDIS and My Aged Care reforms and continue to enhance service planning and delivery relationships within Gannawarra

INTEGRATED HEALTH PROMOTION PLANS

BULOKE SHIRE – HEALTHIER EATING AND ACTIVE LIVING /ACCESS AND EQUITY	
Promote and implement the Achievement Program	Deliver the Achievement Program within settings such as; • Buloke Shire Council • East Wimmera Health Service • Mallee Track Health and Community Services - Childcare facilities • YMCA - four early years facilities in Buloke • Donald High School • Other identified settings such as; • Workplaces • Schools • Early Childhood Settings
Promote and support the use of the Healthy Choices Framework to influence healthy food and beverage consumption	• Advocate and promote improved water infrastructure (bubble taps, water filters) for the Buloke Shire communities to increase water consumption • Develop partnerships with local sporting clubs, Mallee Sports Assembly and retailers • Educate and support community settings to implement healthy product placement procedures, policy development and actions that are consistent with the Healthy Choices Framework
Improve dental health	• Promote and implement the Smiles for Miles program in early childhood education centres in Charlton, Donald, Birchip and Wycheproof • Promote and increase the use of the Royal Flying Doctor Service Dental Services mobile service
Improve and promote physical activity options and environments in the community	• Promote, develop, improve and maintain active spaces, including; visual cues on footpaths, walking/cycling tracks, lake upgrades, integrated community gym equipment, skate parks • Support local community, arts and cultural events. • Develop partnerships with local sporting clubs, Mallee Sports Assembly and community groups • Partner with stakeholders to develop and promote diverse opportunities for active living and participation that are inclusive and accessible in the Buloke Shire • Revisit the Healthy By Design; A Rural Experience Project and identify strategies to enable action relating to creating active environments across the Buloke Shire
Access and Equity	• Undertake an audit of all current health related services delivering within Buloke to determine levels of service delivery with our relevant partner • Enhance service planning and delivery relationship with local health service providers through the SMPCP Buloke Strategic Health and Wellbeing Partnership

DIABETES

VICTORIAN PUBLIC HEALTH AND WELLBEING OUTCOMES FRAMEWORK
SUMMARY OF THE OUTCOMES FRAMEWORK

Domain 1	Victorians are healthy and well
Outcome	Victorians have good physical health
Indicator	Reduce preventable Chronic Diseases
Measure	Prevalence rate of type 2 diabetes in adults
Measure detail	Prevalence rate of type 2 diabetes in adults (self-report)

MUNICIPAL HEALTH AND WELLBEING PLANS

LODDON SHIRE - LIVING WELL IN LODDON

Good Physical Health
The number of residents with diabetes more than doubled between 2001 and 2011 increase dental health services

Outcome
Reduce preventable Disease
Measures of success
- decrease prevalence rate of type 2 diabetes in adults
- increase number of health prevention presentations at schools
- Increase media/promotion of the health prevention/promotion resources available e.g. libraries and community health services

GANNAWARRA SHIRE - STRONG, HEALTHY COMMUNITIES

Gannawarra Local Agency Meeting (GLAM) operates under a Memorandum of Understanding which outlines how these health providers work together, share resources and support initiatives that improve health and wellbeing outcomes for our community.

The GLAM partnership determined that the within the health priorities to be focused on 2017-2021 would be "Encouraging healthier eating and active living (including oral health)". These priorities have been informed by a thorough assessment of health population data, other evidence, legislative requirements and the strategic priorities of the Victorian Public Health and Wellbeing Plan:

BULOKE SHIRE - BUILD A HEALTHY AND ACTIVE COMMUNITY

Seek effective place-based health services and initiatives focused on prevention- based measures 2.1.1
Advocate with our partners for appropriate health funding models that suit our community and location.

2.1.2 Partner with local groups to advance primary prevention measures within the community.

2.1.3 Undertake an audit of all current health related services delivering within Buloke to determine levels of service and delivery with our relevant partners.

INTEGRATED HEALTH PROMOTION PLANS

LODDON SHIRE - GOOD PHYSICAL HEALTH

Outcome	Reduce preventable disease
What the community (survey) said….	• availability of health, medical services and aged care facilities were valued by residents • 34.5% told us that better access to health and support services would improve their health and wellbeing • 21.1% told us that better access to health and support services was important to them • 31.5% told us that they or someone close to them had experienced a significant illness in the last 12 months
What the service providers said….	• increase GP access • Telehealth • internet availability, reliability and quality • mobile phones/internet – mapping for availability • IT investment needed
Measures of success Measured every year	• Decrease prevalence rate of type 2 diabetes in adults • Increase number of health prevention presentations at schools • Increase media/promotion of the health prevention/promotion resources available e.g. libraries and community health services
Measured every three years	• Increase cancer screening rates – bowel, breast, cervical
Measurement period to be confirmed	• Increase GP health plans • Increase number of GP's in Loddon • Improve GP reporting of cancer screening rates

GANNAWARRA SHIRE - HEALTHIER EATING AND ACTIVE LIVING (INCLUDING ORAL HEALTH)

Objective 1:	To encourage and support healthy and active lifestyles across the Gannawarra Shire
Encourage and support opportunities for healthy eating within Gannawarra Shire communities	• Investigate development of Healthy Eating Policy within GLAM agencies • Support Gannawarra pre-schools and the Gannawarra Children's Centre to achieve recognition in the Healthy Eating/Oral Health priority areas of the Healthy Together Victoria Achievement Program. • Deliver Life Program • Renew GLAM Health Promotion Charters for Gannawarra pre-schools and the Gannawarra Children's Centre to support healthy lifestyles • Support edible community gardens across Gannawarra

BULOKE SHIRE - HEALTHIER EATING AND ACTIVE LIVING

Objective 2:	To improve consumption of, and access to, healthy food and drink, and improve oral health in the Buloke Shire
Promote and support the use of the Healthy Choices Framework to influence healthy food and beverage consumption	• Advocate and promote improved water infrastructure (bubble taps, water filters) for the Buloke Shire communities to increase water consumption • Develop partnerships with local sporting clubs, Mallee Sports Assembly and retailers • Educate and support community settings to implement healthy product placement procedures, policy development and actions that are consistent with the Healthy Choices Framework

MENTAL HEALTH

VICTORIAN PUBLIC HEALTH AND WELLBEING OUTCOMES FRAMEWORK
SUMMARY OF THE OUTCOMES FRAMEWORK

Domain 1	Victorians are healthy and well
Outcome	Victorians have good mental health
Indicator	• Increase mental wellbeing • Decrease suicide
Measure	• Proportion of adults and adolescents with psychological distress • Proportion of adolescents with high level of resilience • Proportion of children living in families with unhealthy family functioning
Measure detail	• Proportion of adults who report high or very high psychological distress • Proportion of adolescents with high level of resilience • Proportion of children living in families with unhealthy family functioning

MUNICIPAL HEALTH AND WELLBEING PLANS

LODDON SHIRE - LIVING WELL IN LODDON

Based on the available health and wellbeing evidence and supported with agency and community consultation, four key strategic priority focus areas have been identified. One of these is “Good Mental Health”. Within these strategic focus areas, agreed outcomes and measures will inform the operational plans that will be developed annually to guide the work undertaken collaboratively by the partner agencies.

GANNAWARRA SHIRE - STRONG, HEALTHY COMMUNITIES

Gannawarra Local Agency Meeting (GLAM) operates under a Memorandum of Understanding which outlines how these health providers work together, share resources and support initiatives that improve health and wellbeing outcomes for our community.

The GLAM partnership determined that the within the health priorities to be focused on 2017-2021 would be “Improving mental health and wellbeing” and “Preventing family violence””. These priorities have been informed by a thorough assessment of health population data, other evidence, legislative requirements and the strategic priorities of the Victorian Public Health and Wellbeing Plan.

In Gannawarra Shire the Health and Wellbeing Plan and the Integrated Health Promotion Plan are the same document.

BULOKE SHIRE - BUILD A HEALTHY AND ACTIVE COMMUNITY

Seek effective place-based health services and initiatives focused on prevention-based measures

2.1.1 Advocate with our partners for appropriate health funding models that suit our community and location.

2.1.2 Partner with local groups to advance primary prevention measures within the community.

2.1.3 Undertake an audit of all current health related services delivering within Buloke to determine levels of service and delivery with our relevant partners.

INTEGRATED HEALTH PROMOTION PLANS

LODDON SHIRE - GOOD MENTAL HEALTH

Outcome	**Increase mental wellbeing**
Measures of success Measured every three years	• reduction in proportion of adults who report high or very high psychological distress • reduction in proportion of adolescents 10-17 years who experience psychological distress • reduction in percentage of population with lifetime risk of alcohol related harm • improved results in health outcome surveys
Local measures to be developed	• libraries - education for youth data - data on user memberships • reduction in percentage of population with lifetime risk of alcohol related harm
Measure period to be confirmed	• number of GP’s mental health plans • increased opportunities for community to receive information about activities • increase in drug harm minimisation activities • reduce mental health stigma • continue to facilitate the Loddon Healthy Minds Network
Outcome	**Prevent/Decrease Suicide**
Measures of success	• Decrease Suicide Rate • Decrease Hospitalisations related to self-harm

LODDON SHIRE - FEEL SAFE AND SECURE

Outcome	**Children are safe, resilient and free from abuse and family violence**
Measures of success - Indicators Measured every year	• improvements in focus areas in mental health questionnaire - schools (young children) • improvements in focus areas in annual survey - schools • MDI (middle years index) being used by all Loddon schools • increase training opportunities for agency staff relating to children experiencing trauma
Measured every three years	• improvements in Australian Early Development Census (AEDC) and School Entrance Health Questionnaire (SEHQ) survey results • improvement in child protection statistics
Measures to be confirmed	• L17 reports - number of children present at reported family violence incidents • Prioritisation of Strong Families Strong Children priority areas • increase opportunities for community participation in gender equity/ mutual respect activities (to raise gender equity awareness)
Outcome	**Services are local and accessible**
Measures of success - Indicators Measured every year	• rates of family violence recorded by police • rates of attendance at family violence incidents by police
Local measurement to be developed	• increased education leading to increased reporting rates to police • increased access to knowledge and information in community • clear pathways established to allow access to family violence support services • reduction in Family Violence re- offending • support the development of a Loddon Family Violence Network
Outcome	**Improve gender equity in Loddon community** Leadership - Work opportunity/participation - Community organisations including sporting clubs
Measures of success - Indicators Measure period to be determined	• education levels across gender • increased access to gender sensitive health services • adoption of organisational policies and practices that promote gender equality internally • application of a gender lens to Council planning processes and service delivery
Local measurement to be developed	• increased representation of women in media/promotional material across organisations, sports clubs/sports participation and at all levels of leadership, providing positive role modelling for both boys and girls.
Outcome	**Build capacity in workplaces and the community to identify, prevent and address family violence** Knowledge - Congruency - Capacity - Preventing and addressing
Measures of success - Indicators Measured every year	• curriculum audits – including monitoring of whole of school gender equity/baseline audit as part of the Respectful Relationship program • MDI – student attitudes
Local measurement to be developed	• number of training programs conducted • number of organisations participating in violence prevention training • increased number of people in organisations participating in violence prevention training • increase in number of students who participate in respectful relationships program • increase in number of organisations who have undertaken an Organisational Gender Audit • development and distribution of supporting information • facilitation of the Strong Families Strong Children network and development of the Municipal Early Years Plan

INTEGRATED HEALTH PROMOTION PLANS

GANNAWARRA SHIRE - IMPROVING MENTAL HEALTH

Promote mental health and wellbeing across Gannawarra Shire communities	• Use the 5 Ways to Wellbeing as a platform to encourage healthy lifestyles, mental health and social connections • Support Gannawarra pre-schools and the Gannawarra Children's Centre to achieve recognition in the Mental Health and Wellbeing priority area of the Achievement Program
Build capacity within agencies to support better mental health outcomes across Gannawarra Shire communities	• Deliver Mental Health First Aid (MHFA) training to community and Partner agencies • Explore dementia training opportunities for the community and agencies
Support welcoming and inclusive communities across the Gannawarra Shire	• Support inclusiveness across Gannawarra, via activities such as; • LGBTI Roadshow participation and investigating Rainbow tick accreditation framework • Planning and facilitating Harmony Day and Reconciliation activities • Collaborating on Val's LGBTI Ageing and Aged Care (Val's Cafe) model training for Partner agencies • Encouraging volunteering within our agencies • Facilitating opportunities such as playgroup initiatives, FreeZA and Engage! Events, men's sheds, shared volunteer event, Women's Health and afterschool programs (tyipen kwe) (funding dependent) • Develop Reconciliation Action Plan
Advocate on behalf of Gannawarra Shire communities for better services to support mental health outcomes	• Continue to review Southern Mallee Primary Care Partnership Mental Health & Related Services (Eligibility and Entry Criteria) Resources to identify advocacy efforts in relation to identified gaps in services • Work with Gannawarra GP practices to increase the number of mental health care plans completed per year • Explore Mental Health Nurse Incentive Program (MHNIPS) funding options for the region

GANNAWARRA SHIRE - PREVENTING FAMILY VIOLENCE

Implement actions of the Southern Mallee Primary Care Partnership Family Violence Prevention Workshop Project	• Complete gender equity audit within GLAM agencies • Develop organisational gender equity action plan • Investigate and implement gender equality and family violence prevention training for GLAM organisations
Increase awareness of family violence across the Gannawarra Shire	• Develop communications strategy • Build community understanding through; • Club/group audits • Promotion of key messages, campaigns and events, such as White Ribbon Day • Investigate and implement gender equality, bystander education to community
Strengthen service systems and local pathways to better support families experiencing violence	• Identify local family violence referral pathways • Support staff through capacity building in family violence prevention and early identification screening in universal services
Advocate for better services to support family violence across the Gannawarra Shire communities	• Continue to seek funding to support the 'Stand up, Shout out, Stop it Gannawarra!' Project

INTEGRATED HEALTH PROMOTION PLANS

BULOKE SHIRE - IMPROVING MENTAL HEALTH	
Strategy 1. Increase awareness and knowledge of mental health in the Buloke community	• Develop mental health promotional approach and resources, including local mental health service access • Coordinate mental wellbeing and social inclusion community awareness and education activities targeting new mothers groups, fathers groups, schools, sporting clubs such as; • Mental Health First Aid • headspace access through schools • What is mental health vs mental illness
2. Develop and strengthen inclusiveness within the Buloke Shire	• Increase understanding and use of the Building Socially Inclusive Rural Communities Resource • Support the development and implementation of the Buloke Shire Council Inclusiveness Plan • Facilitate and mobilise the Buloke LGBTI Committee • Support the development and implementation of East Wimmera Health Service Diversity Plan • Work towards inclusive best practice
3. Build on and strengthen the Buloke Living Project	• Investigate the next phase of the Buloke Living Project
4. Redevelop and implement the Buloke Community Plans	• Support the redevelopment and implementation of specific strategies of the 10 Buloke community plans utilising the Building Socially Inclusive Rural Communities Framework

ORAL HEALTH

VICTORIAN PUBLIC HEALTH AND WELLBEING OUTCOMES FRAMEWORK
SUMMARY OF THE OUTCOMES FRAMEWORK

Domain 1	Victorians are healthy and well
Outcome	Victorians have good physical health
Indicator	Increase oral health
Measure	Rate of potentially preventable dental hospitalisations of children
Measure detail	Rate of potentially preventable dental hospitalisations of children 0–9 years

MUNICIPAL HEALTH AND WELLBEING PLANS

LODDON SHIRE - LIVING WELL IN LODDON

Good Physical Health

Based on the available health and wellbeing evidence and supported with agency and community consultation, four key strategic priority focus areas have been identified. One of these is "Good Physical l Health" and this includes Oral Health. Within these strategic focus areas, agreed outcomes and measures will inform the operational plans that will be developed annually to guide the work undertaken collaboratively by the partner agencies. In 2014-15, the rate of potentially preventable hospitalisations for dental conditions (3.7) was higher in Loddon Shire than the Victorian average (2.7)

Outcome

Increase healthy start in life (including increase in oral health)

Measures of Success

- increase attendance at Kindergarten -using actual attendance data, not just enrolment data
- decrease rate of potentially preventable dental hospitalisation for children 0-9 years
- increase proportion of ages and stages checks for Maternal and Child Health, especially at 2 and 3.5 years
- data from AEDI – physical health and wellbeing
- increase in early years activities at libraries for families to support increased knowledge of early years development
- increase attendance at other groups e.g. story time
- monitor systemic data available from the "GP's in schools" program (across all focus areas)
- identify resources to support/trial new and innovative strategies linked to improved social determinates of health in families (Strong Families Strong Children priority area)
- strengthen partnerships between organisations involved in early years (Vic Health tool)
- increase dental health services

GANNAWARRA SHIRE - STRONG, HEALTHY COMMUNITIES

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The GLAM partnership determined that the within the health priorities to be focused on 2017-2021 would be "Encouraging healthier eating and active living (including oral health)". These priorities have been informed by a thorough assessment of health population data, other evidence, legislative requirements and the strategic priorities of the Victorian Public Health and Wellbeing Plan.

In Gannawarra Shire the Health and Wellbeing Plan and the Integrated Health Promotion Plan are the same document.

BULOKE SHIRE - BUILD A HEALTHY AND ACTIVE COMMUNITY

Seek effective place-based health services and initiatives focused on prevention-based measures

2.1.1 Advocate with our partners for appropriate health funding models that suit our community and location.

2.1.2 Partner with local groups to advance primary prevention measures within the community.

2.1.3 Undertake an audit of all current health related services delivering within Buloke to determine levels of service and delivery with our relevant partners

INTEGRATED HEALTH PROMOTION PLANS

LODDON SHIRE - GOOD PHYSICAL HEALTH

Outcome	Increase healthy start in life (including increase in oral health)
What the statistics tell us...	• The proportion of Loddon residents who visit dental health professionals is much lower than Victorian averages. • In 2014-16 Children aged 6-12 years and adults accessing public dental health services had a much higher average of missing, decayed or filled teeth. • In 2011-12 Loddon residents were almost twice as likely to rate their dental health as poor compared to Victoria. • Loddon residents were less likely to have visited a dental professional in the previous year and 10% of the residents had not visited a dental health professional in the last 10 years. • In 2015 Loddon had higher proportions of children classified as developmentally vulnerable in three of the five domains, and developmentally at risk in all five domains compared to Victorian averages. • Between the 2012 and 2015 AEDC there was a significant increase in the proportion of children classified as vulnerable in the physical health and wellbeing domain
What the community (survey) said...	• 77% told us that improving oral health was very important or important • availability of health, medical services and aged care facilities were valued by residents • 85% told us that improving early years literacy levels was very important or important
What the service providers said...	• encourage ante natal program participation • increase dental health services • align services for best possible start for children
Measures of Success	• Same as Municipal Health and Wellbeing Plan.

GANNAWARRA SHIRE - HEALTHIER EATING AND ACTIVE LIVING (INCLUDING ORAL HEALTH)

Objective 1:	To encourage and support healthy and active lifestyles across the Gannawarra Shire
Encourage and support opportunities for healthy eating within Gannawarra Shire communities	• Investigate development of Healthy Eating Policy within GLAM agencies • Support Gannawarra pre-schools and the Gannawarra Children's Centre to achieve recognition in the Healthy Eating/Oral Health priority areas of the Healthy Together Victoria Achievement Program. • Deliver Life Program • Renew GLAM Health Promotion Charters for Gannawarra pre-schools and the Gannawarra Children's Centre to support healthy lifestyles • Support edible community gardens across Gannawarra
Reduce oral health disadvantage across Gannawarra Shire communities	• Continue the delivery of the Smiles4Miles program across early childhood services • Work with dental services to improve access to dental screening and treatment options across the Gannawarra Shire, particularly focused on pre-schools, primary schools, high schools and aged care (public and private) • Facilitate oral health forum for providers • Continue to advocate for fluoridation of the Cohuna town water supply

MUNICIPAL HEALTH AND WELLBEING PLANS

BULOKE SHIRE - HEALTHIER EATING AND ACTIVE LIVING	
Objective 2:	To improve consumption of, and access to, healthy food and drink, and improve oral health in the Buloke Shire
Promote and support the use of the Healthy Choices Framework to influence healthy food and beverage consumption	• Advocate and promote improved water infrastructure (bubble taps, water filters) for the Buloke Shire communities to increase water consumption • Develop partnerships with local sporting clubs, Mallee Sports Assembly and retailers • Educate and support community settings to implement healthy product placement procedures, policy development and actions that are consistent with the Healthy Choices Framework
Improve dental health	• Promote and implement the Smiles for Miles program in early childhood education centres in Charlton, Donald, Birchip and Wycheproof • Promote and increase the use of the Royal Flying Doctor Service Dental Services mobile service