|  |
| --- |
| 1. **What planned programs or activities (if any) have you stopped due to COVID-19? Please explain whether you believe this is a temporary measure, or likely to be permanent.**
 |
| * All face-to-face education, training and meetings. Rural Outreach Program Mental Health service has had to go to phone and other digital means creating a barrier for accessing services as some people prefer face to face.
* Most programs and services will go back to normal however a number of meetings and training will remain online to improve efficiency by decreasing time and travel. Digital technology has become the norm and people have become more knowledgeable and accepting of utilising different platforms. More service providers than ever are now offering consultations via digital options resulting in a positive outcome from the Covid-19 pandemic.
 |
| 1. **What planned programs or activities (if any) have you changed due to COVID-19?**
 |
| * Daughters of the West – online. The program will be offered for 10 weeks and joining metro groups.
* Mental Health First Aid – online
* Cultural Awareness training – in development for online
* All meetings internal and external have now moved to digital platforms.
* Covid-19 restrictions has also highlighted poor telecommunications in parts of our region.
 |
| 1. **What additional activities (if any) have you undertaken due to COVID-19?**
 |
| * Digital Newsletters x 3 times a week for the first four weeks of lockdown and then bi-weekly to provide up to date Covid-19 state and local information.
* Response to vulnerable communities and support for Border communities on the Victorian/South Australian border.
* Facilitate Psychological First Aid training for health care workers in the event of major impacts from increased Covid numbers. Training has been completed with Pheonix group for 250 health care professionals resulting in a support network to respond to traumatic events.
* Participate in regular multi agency Covid meetings and through the Wimmera PCP partner platform information can be disseminated across all four LGAs. Through these meetings Wimmera PCP enhance service systems and referral pathways in a timely manner from improved communication. It has provided a forum for sharing of information and promotion increasing knowledge and partnerships and has been a big positive factor of Covid.
 |
| 1. **Have you received requests from partner organisations to respond to COVID-19 in particular ways? If so, please tell us about them**
 |
| * The Four Health services in our region (Wimmera Southern Mallee Health Alliance) engaged Wimmera PCP to coordinate and administer a Psychological First Aid online education package with Phoenix Australia to support the wellbeing of 250 people employed in the health workforce in the region. The Victorian Healthcare Association has requested access to documentation to inform policy and potentially expand the opportunity to other catchments.
* Victoria/South Australia border closure has created issues for people for school, employment and medical appointments. Community are distressed and confused on alternative options. West Wimmera pandemic committee, Hindmarsh, Wimmera Development Association special meeting and Wimmera PCP responded in a timely manner and within a week Wimmera PCP facilitated a central help line through the Rural Outreach Program. Postcards were printed and distributed via mail and social media across 3 LGAs promoting a help line for any issues refer and assist people to get the right help.
 |
| 1. **Has COVID-19 changed the way the PCP works with its partners? If so, how?**
 |
| * Covid-19 restrictions has challenged the way we work with our partners and digital technology has become the norm. Although communication is not optimal over digital platforms, it is beneficial meeting regularly with cross agencies to all band together to support our communities. These Covid forums have provided a place to meet with agencies and services Wimmera PCP have not regularly worked with before. It has been excellent for cross promotion and increasing knowledge and helping people in a unique, timely way. Covid-19 has challenged partners to be nimble and think alternatively to provide services in a timely manner. Through our extensive knowledge of our communities and our qualities to be adaptable and responsive we have been able to make a big impact through Covid-19.
 |
| **Do you have particular plans related to COVID-19 response and recovery over the next six months?**  |
| * Wimmera PCP have worked on increasing community resilience in the past and we know that Covid-19 has challenged everyone’s mental health. We will have a focus on addressing issues with health and wellbeing and support communities through the Rural Outreach Program, commence face to face Mental health training and support agencies with telehealth options.
* Support agencies and services to increase health checks which have decreased due to Covid-19. We will do this by promotion, support with telehealth and improved service systems pathways.
 |
| 1. **Is there anything else you wish to tell us about the impact of COVID-19 on the PCP?**
 |
| * Much of our core work has been affected by covid-19 with decreased face to face meetings, trainings etc. Wimmera PCP have had to be extremely adaptable as much of our work came to a stop. Our strengths were really highlighted by our adaptable and responsive approach and we have been able to refocus our work and make a big difference responding to the Covid pandemic. It has highlighted the poor telecommunications in some areas with the extra demand of home school and working from home. Covid-19 has opened the doors for telehealth with people becoming more comfortable and accepting and the introduction of MBS items. In our region partnerships are strong but this has improved with regular meetings with multi agencies and non-traditional partners. Covid-19 has really highlighted the value of PCPs and the importance of their work.
 |

|  |  |
| --- | --- |
| **PCP Contact Person** | Geoff Witmitz |
| **Position/Title** | Executive Officer |

Notes from internal meeting:

* Decrease in equity for community planning and engagement
* Increased awareness of telehealth opportunities
* Increased awareness of poor telecommunications quality with simultaneous online schooling
* Increased equity in large and small rural organisations to participate in awesome activities
* Equitable community engagement for community heawlth and wellbeing planning