Wimmera Primary Care Partnership

Good Practice Examples

Contents

Drought Support Program 3
Working together for healthy communities 9
Rural Outreach Project 12
Rural Victoria Mental Health Initiative 14
Leading Telehealth in Western Victoria 17
Wimmera PCP Communication 20
Aboriginal Health – Towards Cultural Security 22
Change Management 26
Key Stakeholders 28

Drought Support Program

Primary Care Partnership: Wimmera PCP

Initiative/Example Title: Drought Support Program

Background

- **What was the purpose of the initiative?**

  The Drought Support initiative includes the Rural Outreach Program was established to improve the health and wellbeing of community members who are struggling to deal with tough times in their lives and support with service navigation and collaboration with a network of local services. The Rural Outreach Program seeks to overcome barriers in access to services, such as mental health stigma, lengthy travel distances to supporting services, long wait times, limited service delivery hours and financial costs.

The Rural outreach program provides support to community members wellbeing in the following areas;

- Service navigation and collaboration
- Responsive and convenient times and locations
- Non-clinical and less threatening service delivery
- Mental Health training and raising awareness in the community.

The other component of the Drought support program is to provide mental health first aid training across all sectors of the communities in four shires to provide the knowledge and skills to recognise, support and respond to people who are struggling. The training is targeted at everyone living in the community including service providers. We also know that preventative measures by reducing social inclusion and building community resilience is important and therefore there is a focus on supporting targeting events and activities with mental health support and promotion.

- **What led to the initiative?**

  Our region has higher mental health and suicide rates with compounding issues of lack of services and tyranny of distance. There is a significant gap in timely, appropriate service delivery that the Rural Outreach program addresses. In response to many years of Drought a regional seasonal conditions committee was formed across many sectors and areas of the community including health, local government, agriculture, business, education and Water authority. Through the Wimmera Care Partnership collective seasonal funds were pooled to commence the drought support program to respond to the mental health issues in the region.

- **When was the initiative actioned?**
  The Rural Outreach program commenced last year in December 2018. One Rural Outreach Worker was employed with the addition on the coordinator in January and 2 more rural outreach workers in April 2019.

Partners involved

- **Who was involved in the initiative?**
  Please include number and type of partner organisations.
  Through a partnership with the following 10 other agencies;

Horsham Rural City Council

West Wimmera Shire
Hindmarsh Shire
Yarriambiack Shire
Woomelang Bush Nursing Centre
Harrow Bush Nursing Centre
Western Victoria Primary Health Network
Rural Northwest Health
West Wimmera Health Service
Edenhope Memorial and District Hospital

Method

- **How was the initiative actioned?**
  Through the seasonal conditions committee seasonal funds awarded to the four shires was pooled with additional funding from DHHS and WVPHN to implement the program through the WPCP platform. The Rural Outreach Program was auspiced through Edenhope Memorial and District Hospital and supported by WPCP. It is modelled off the WA program 'Talk to a mate'

- **Who and what was involved?**
  In order to implement the Rural Outreach Program, the Local Government areas of Horsham Rural City Council, Hindmarsh, West Wimmera and Yarriambiack Shire collectively pooled their seasonal conditions funds. Through a collective impact approach provides the best support to meet the needs of local communities and expand the capacity of the Rural Outreach Program. Through the WPCP partnership platform the Rural Outreach Program was auspiced through Edenhope Memorial and District Hospital and is supported through WPCP Drought support program working across multiple agencies.

- **What, if any, were the key challenges?**
  The Rural Outreach Program has been funded until June 2020 through collective funds with ongoing funding security a challenge. The program has also encountered challenges with obtaining committed funds from State and Federal sources effecting the further expansion of the program.

Outcomes

- **What were the outcomes of the initiative?**
  The Drought Support program is still ongoing. The Rural Support been responsive and placed based in a timely manner. They have been able to see over 130 people in situational distress with some people only needing to talk to others being referred onto other services. The program has delivered Mental Health first aid across all four shires and supported over 30 different events and activities bringing people together and reducing social isolation and building community resilience. With the increased awareness of the program the range of issues people are reaching out for has expanded with The Rural Outreach program the first port of call. It is also a trusted program amongst service providers who are increasing referrals. The Rural Outreach Program is also instrumental in a local led post suicide intervention project commencing in the region across multiple organisations/agencies regional and state wide.
- **Did the outcomes align with the intended objectives of the initiative?**
  Yes the Drought Support program has been able to offer mental health support across all four shires in a timely, effective and placed based approach assisting over 130 people and training community members in Mental Health First Aid. Awareness amongst community and service providers has increased and demand for the program is evident.
- **Please provide evidence of the outcomes e.g. statistics, feedback etc.**

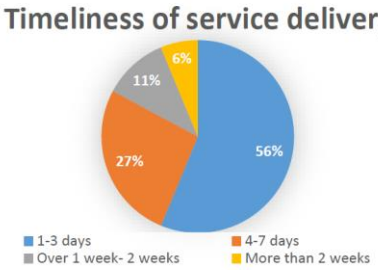

Figure 6: The length of time between the referral and the visit.

In more than half of cases the Rural Outreach Workers were able to visit a community member and conduct an initial assessment within one-three days (36), once a referral was made.

83% of community members were seen within 7 days.

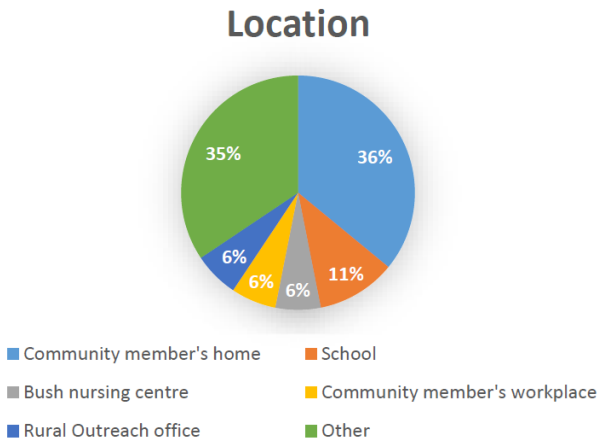

Figure 9: The locations for the scheduled visits with the Rural Outreach Workers (n=64 cases).

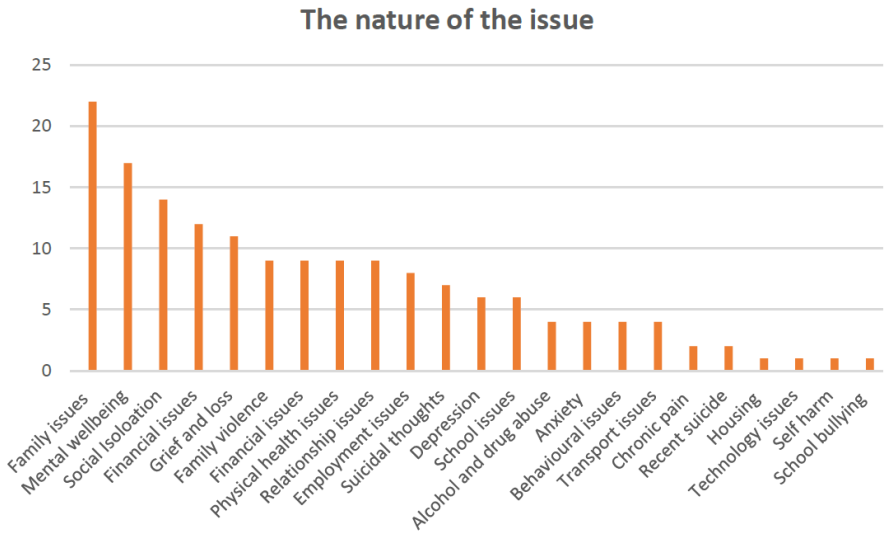

Figure 11: The nature of issues identified by the Rural Outreach Workers for the 64 initial

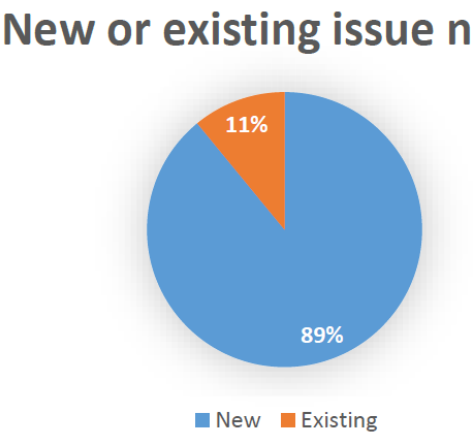

Figure 12: Whether the community member's issues are new or existing to the Rural Outreach Program (n=64 cases).

Feedback;

> The fact that they have the links and we're able to get prompt action is another thing, you've got your professionals like the health services and all of that but the waiting time for anybody to talk to anybody through the health service... I know in Nhill there was a six to an 8 week wait. If somebody is in a bad headspace, they're not going to wait 8 weeks".
> - Monica Revell, Director of Corporate and Community Services at Hindmarsh Shire.

> ***We need... mental health services from people we know and trust in regional and remote areas because we don't have access to mental health services like the major regional centres... or capital cities.***
> - *Jason Gordon, President of the (Inquire) Football Club.*

> ***"The service was ongoing and very supportive. The [Rural Outreach Worker] contacted me on a regular basis to see how I was going and to give me further advice regarding extra services (available). There should be more support like this for women escaping domestic violence. This service gave me the support and courage to leave and to believe in myself again".***
> - *Anonymous community member.*

Issues have been de-escalated before problems arise. This meets a gap in service[s] that has been sadly missed for nearly 2 years. Thank you for being available.

- *Anonymous community member.*

"It was great having [the Rural Outreach Worker] come to the house, especially for the kids. Now my boys have a bond with [the Rural Outreach Worker]. I've been able to ring [the worker] any time- day or night which I have done a couple of times, in tears. He has been a lifesaver".

- *Anonymous community member.*

Case Studies;

Crisis management

Cheryl walked into the Rural Outreach office. She had heard about the program from one of her colleagues at work. Over a cup of tea, Cheryl explained that her husband has dementia and is becoming more controlling in his behaviour. Cheryl told the Rural Outreach Worker that her husband is both verbally and physically abusive. The Rural Outreach Worker and Cheryl discussed the importance of safety in the context of family violence. After some discussion, the Rural Outreach Worker made a referral for emergency accommodation and contacted the police on her behalf, to assist her to retrieve her personal belongings. After the session with the Rural Outreach Worker, Cheryl made an appointment to see her local GP to discuss future referrals to local health services.

Providing personal support

Simon had lost his job and his relationship had broken down. His mother was worried and contacted the Rural Outreach Program. That same day, the Rural Outreach Worker visited Simon at his home. After a general discussion about how Simon was feeling, Simon agreed to make an appointment with a GP and gave permission for the Rural Outreach Worker to make a referral to see a counsellor. Three days later, the Rural Outreach Worker met Simon at his home and drove him to the counselling session. After introducing Simon to the counsellor, the Rural Outreach Worker left the two of them to talk in private. Afterwards, Simon and the Rural Outreach Worker discussed what strategies Simon had learnt, and plans were made for regular sessions with the counsellor in the future. After the follow up visit with the Rural Outreach Worker, Simon contacted the GP to organise a mental health plan and to discuss whether medication was an appropriate course of action.

Service Navigation

Hannah was looking forward to her birthday in September. Her grandmother was concerned as she was easily upset and her teachers had informed her that Hannah's grades were dropping and she was getting into trouble at school. Her grandmother decided to contact the Rural Outreach Worker to find out whether there were any locally available services for children nearby. The Rural Outreach Worker visited one afternoon when Hannah was playing at her grandmothers. Hannah told the Rural Outreach Worker that she was not happy at home. The Rural Outreach Worker scheduled a visit with Hannah's mother and supplied her grandmother with details of a family counselling service nearby.

Stakeholders who can be contacted for further information:

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Population Health and Community Wellbeing Manager
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Working together for healthy communities

Wimmera Southern Mallee Health Prevention Strategic Plan 2017 - 2021

Primary Care Partnership:	Wimmera PCP
Initiative/Example Title:	Wimmera Southern Mallee Health Prevention Strategic Plan 2017 - 2021

Background

- **What was the purpose of the initiative?**
  The purpose of our shared **2017- 2021 Wimmera Southern Mallee Health Prevention Strategic Plan** is to collectively reduce the prevalence of chronic disease risk factors and maximise health and wellbeing outcomes for all people across the Wimmera Southern Mallee region.
- **What led to the initiative?**
  Key health partners working in the health priority areas of ***healthy eating***, ***physical activity*** and ***social connection*** recognised the need to apply a more dynamic and coordinated systems approach to our prevention work that was responsive to the varying needs and concerns of our local communities.
  As partners we also sought to reduce the ongoing health inequality experienced by particular communities and population cohorts in our region.
- **When was the initiative actioned?**
  The development of the shared Health Prevention Strategic Plan and the process involved commenced in February 2016 as an integral part of the 2017- 2021 planning cycle.

Partners involved

- **Who was involved in the initiative? Please include number and type of partner organisations.**
  7 organisations
  Edenhope & District Memorial Hospital
  Grampians Community Health
  Rural Northwest Health
  West Wimmera Health Service
  Wimmera Health Care Group
  Wimmera Primary Care Partnership

Method

- **How was the initiative actioned?**
  Our plan was formulated using a multi staged approach. From November 2016 to April 2017 Wimmera PCP led a series of planning forums with partner agencies and stakeholders. These planning forums enabled us to:
  • review local data and evidence
  • assess local needs and opportunities
  • consult with local government, business and community leaders
  • and determine a framework for our plan with *shared goals, strategies, priority areas, target populations and settings*

  The development of our plan was also informed by and is aligned to our local government's ***Municipal Public Health and Wellbeing Plans*** and the Victorian Government directions in health prevention.

The plan was implemented in October 2017 with a partner agreement signed by partner signatories formalising this arrangement and our respective roles and responsibilities. It also clarified our commitment as partners to a shared 4-year plan to address key health and wellbeing priorities across the Wimmera PCP catchment area.

Regular planning meetings and network forums enable partners to:

- identify place based solutions
- assess actions and review progress
- showcase best practice
- share resources and evaluation tools
- and identify leadership, partnership and capacity building opportunities.

- **What, if any, were the key challenges?**
  Recognising that partners have varying levels of capacity, skills and resourcing and actions need to be tailored to local community need.

Outcomes

- **What were the outcomes of the initiative? Did the outcomes align with the intended objectives of the initiative?**
  The **2017 – 2021 Wimmera Southern Mallee Health Prevention Strategic Plan** and its commitment to shared goals, strategies and actions has provided a solid foundation for our current preventative work. The benefits of this include:
  - greater collaboration with key organisations and stakeholders to create environments that support healthier choices for communities, workers, families and children
  - improved social marketing and health information for local consumers
  - recognising and strengthening the role of community leadership in our preventative work
  - maximising investment across the region by building an **evidence base** demonstrating the value of the work we do
  - working collectively to build the skills, resources and connections to prosper

- **Please provide evidence of the outcomes e.g. statistics, feedback etc.**
  Key achievements:
  - shared planning
  - a formal partner agreement recognising each of the **7** partner's contribution and responsibilities
  - stronger relationships and communication between partners
    (via regular planning meetings and email contact group)
  - development of a health prevention resources package to support health promotion workers and organisational staff (with links on *Wimmera PCP website*)
  - shared capacity building initiatives
    e.g. local placemaking training for **30** health professionals, local government and community leaders with practical strategies for *building social cohesion and thriving neighbourhoods*. *Horsham: May 2019*
  - greater opportunities for showcasing our leadership work, innovation and best practice through the WPCP HP network and regional forums
    e.g. ***Wimmera Healthy Food Basket Survey 2014 – 2017*** longitudinal study on food access and affordability. **http://www.wimmerapcp.org.au/wp-gidbox/uploads/2014/02/Healthy-Food-Basket-Snapshot-Story-2018.pdf**, ***Defeat the Sweet*** **Sugar Sweetened Beverages project**
  - building our **evidence base** with key local data sources:

Wimmera PCP Population Health and Wellbeing Profile 2016 and Wimmera PCP's membership role with the **Wimmera Information Portal** http://www.cerdi.edu.au/cb_pages/wimmera_information_portal.php

- creating new strategic regional alliances
  e.g. Wimmera PCP leads a Wimmera consortium as part of the **Grampians Physical Activity Alliance**. Our shared priority of increasing physical activity links directly with the *Premiers Active April* initiative to leverage physical activity outcomes and increase our reach to other partners and sectors.

Stakeholder who can provide further information:

Janine Harfield - Community Health Coordinator – Wimmera Health Care Group
0490 838 797 | 0418 179 514 | Janine.Harfield@whcg.org.au

Rural Outreach Project

Primary Care Partnership: Wimmera PCP

Initiative/Example Title: Rural Outreach Project Transition to ILC

Background

- **What was the purpose of the initiative?**
  This project is a Community, place-based capacity building project that contributes to the active participation and inclusion of people with disability, including improved access to mainstream and community services. The project began in April 2019 and is ongoing to March 2020. The project has two key areas of work:

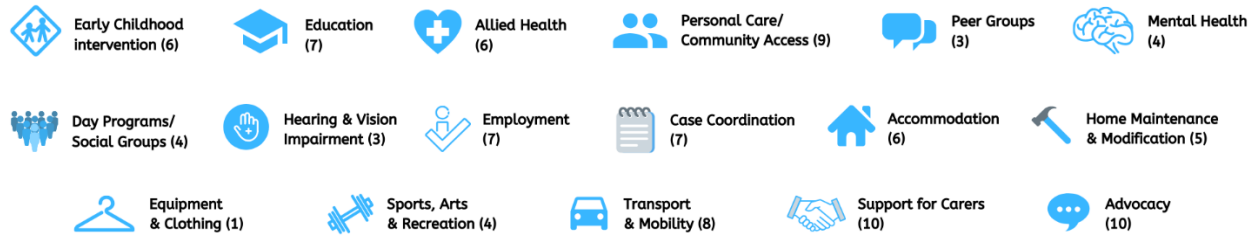
1. Re-invigorating a network now termed the **Wimmera Accessibility Network** to be an advocacy platform for those in our community with a disability.
2. Utilising an established **digital community directory platform** to include the National Health Service directory information so that our community members that have a disability and their families have access to information regarding available mainstream services and how to access them.

- **What led to the initiative?**
  The Horsham Rural City Council previously had ownership of the Wimmera Disability Access Forum which was deemed as not functioning as effectively as it could. The Forum dissolved and the need for a more dynamic network which could operate and advocate at a more systemic level presented itself as a response to the changes in the NDIS and transition to ILC.
- **When was the initiative actioned?**

April 2019 – March 2020 (ongoing)

Partners involved

- **Who was involved in the initiative? Please include number and type of partner organisations.**
  The Wimmera Accessibility Network has engaged 38 partner organisations, one individual community member and one disability advisory group. Across the Network there are 22 NDIS registered organisations, covering 18 service areas, with many focusing on more than one particular service. Services include:



From the directory aspect of the Project, My Community Directory has listings from 769 health and community organisations across the Wimmera and Wimmera PCP has liaised with Community Information Support Services to improve the capabilities of the My Community Directory website including the integration of the National Health Service Directory.

Method

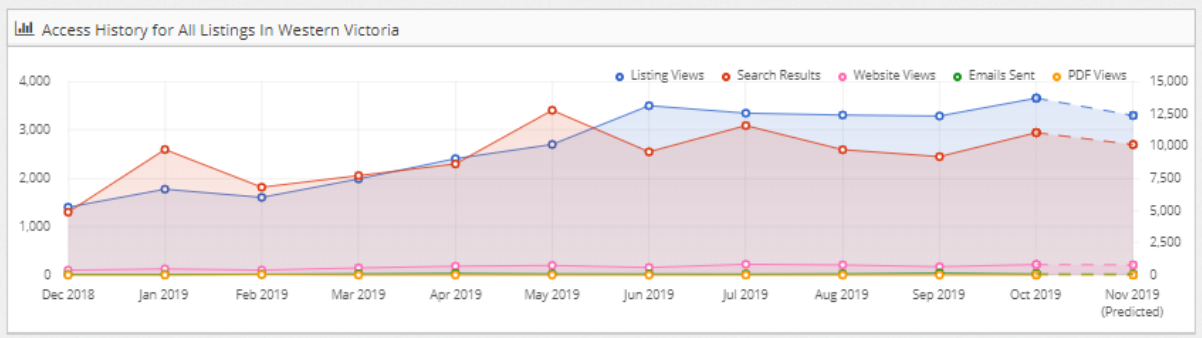
- **How was the initiative actioned?**
  To educate the community around the Directory, education workshops were held in eight locations across the Wimmera including Neighbourhood Houses, Learning Centres, Libraries, Community Centres, Business and Information Centres and the Centre for Participation. Promotional material was distributed to over 90 locations across the region again including Neighbourhood Houses, Libraries, Pharmacies, Health Services, Men's Sheds, Shire Offices, Medical Clinics, Learning Centres, Disability Service Providers, Allied Health professionals and more.

Member agencies and other community and health organisations associated with the Wimmera Accessibility Network have devised Terms of Reference for the Network and are currently collating feedback from advisory groups to devise an Action Plan.
A partnership brokerage session was held where members of the Network looked at principles of good partnership and voted on the purpose and structure of the platform. It was voted that the network would be a place to come together with a collective focus on disability and to identify how to address gaps, opportunities and needs that aren't otherwise met. It was also voted that the structure of the platform would be to: Identify a need; design a campaign; create change.

- **Who and what was involved?**
  The partnership brokerage session was facilitated by Katherine Gillespie from Central Highlands PCP and was well attended with representatives from 20 organisations involved in the Network including the Department of Health and Human Services, RIAC, NDIS, PHN, local council and a number of local service providers and community organisations.
- **What, if any, were the key challenges?**
  A number of challenges have been identified for the Network including short term funding, non-commitment, appropriate representation, appropriate resourcing, unbalanced workload, changing landscapes, undermining the main focus of the Network and more.
  One of the key challenges is ensuring there is a strong focus on systemic issues and challenges rather than being an open forum to people's individual concerns which could be addressed elsewhere or by a specific service provider.

Outcomes

- **What were the outcomes of the initiative?**
- **Did the outcomes align with the intended objectives of the initiative?**
  The Terms of Reference have been developed to reflect the discussion in the partnership brokerage session, with purpose, goals, membership terms and structure defined for the Network moving forward.
  The Network brings together service providers and through a reference group, gives insight into the challenges faced by people with a disability in the community. The group has the ability to advocate at a systemic level and has the voice of the community behind it.
  The Network is also a place to share information between service providers, whether that be related resources or upcoming grants which may be of interest.
- **Please provide evidence of the outcomes e.g. statistics, feedback etc.**
  My Community Directory now has 1504 listings in the Wimmera region and a growing audience base as we continue promotion.
  See the Directory here: https://www.mycommunitydirectory.com.au/



Stakeholder who can provide more information:

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Rural Victoria Mental Health Initiative

Primary Care Partnership: Wimmera PCP

Initiative/Example Title: Rural Victoria Mental Health Initiative

Background

- **What was the purpose of the initiative?**
- **What led to the initiative?**
- **When was the initiative actioned?**

  At a regional forum in 2015, concerns were voiced about the impact of factors upon the provision and delivery of mental health services including changes in funding, scope of service provision, the layering of philanthropic, state and commonwealth programs; coupled with the impacts of climatic conditions, political change and economic constraints. Mental health, specifically the capacity to respond to those who are in psychological distress and/or the emerging signs of mental-ill health was identified as a significant area of concern by councils across the Wimmera and Southern Mallee. It was then agreed to pool 'drought funds' to enable local people from each Local Government Area undergo instructor training for the delivery of Mental Health First Aid within the Wimmera PCP catchment. The intended outcome of the initiative was to create community champions in identifying the signs and symptoms of mental ill-health so that appropriate and professional help could be sought before a crisis ensued.

Partners involved

- **Who was involved in the initiative? Please include number and type of partner organisations.**

  Eleven agencies were signatories on the initial proposal including:
  - Wimmera PCP
  - Horsham Rural City Council
  - Hindmarsh Shire
  - West Wimmera Shire
  - Yarriambiack Shire
  - Edenhope & District Memorial Hospital
  - Wimmera Health Care Group
  - Rural North West Health
  - West Wimmera Health Service
  - Harrow Bush Nursing Centre
  - Woomelang Bush Nursing Centre

Method

- **How was the initiative actioned?**
- **Who and what was involved?**
- **What, if any, were the key challenges?**

  Wimmera PCP led the initiative and coordinated eleven people across the region in January of 2016 to complete a 5-day workshop for delivery of an accredited 2-day Youth Mental Health First Aid course. All partners were involved in nominating someone local to ensure equitable distribution across the LGAs. **The biggest challenge has been being able to meet demand.**

Outcomes

- **What were the outcomes of the initiative?**
- **Did the outcomes align with the intended objectives of the initiative?**

- **Please provide evidence of the outcomes e.g. statistics, feedback etc.**
  The intended outcomes of the initiative have been achieved with approximately 3% (1,111) of the population of the Wimmera and Southern Mallee now trained in Mental Health First Aid across 70 sessions since 2016. This is arguably higher given the population numbers include all ages and the target audience for most (80%) of the Mental Health First Aid sessions is for adult participants.
  The unintended outcomes for the initiative is the uptake in the Horsham Rural City boundaries whereby each session results in a waiting list to attend and groups regularly request bespoke sessions such as Workplace Mental Health First Aid or shorter sessions to raise awareness of mental health issues.
  Smaller towns across the LGAs support local delivery and are grateful of WPCP's responsiveness to be able to deliver sessions in a timely manner. Specifically, towns with recent suicide events will engage with WPCP and arrange delivery at a time and day that is safe for all. Participants and their employers report the benefits of local delivery by local instructors with enormous cost-savings. Sessions delivered in Melbourne or Ballarat attract a fee up to $250 per person and the cost of travel with a one to two-night stay can make the training inaccessible to many.
  WPCPs focus on enabling anyone to attend this training for free has filled an education and awareness gap whereby additional skills and instructors have been allocated. The WPCP now coordinates the following instructors and programs between Ararat and the South Australian border, well beyond the WPCP catchment.

"After delivering TMHFA we have seen students have a greater capacity to not only managed their own personal situations but also know how to support their friends. Some of the greatest knowledge gained was simply knowing how to refer friends to the proper help rather than take on their problems for yourself. This has come as a great relief to many. The booklets are also a fantastic resource for students to work through and take home. The facilitator Lissy did an amazing job of connecting with our students and leading them through the resources. I highly recommend all schools partake in these workshops."

Naomi Malcolm
Leading Teacher for Student Engagement
Warracknabeal Secondary College

"Wimmera PCP has travelled extensively to deliver Teen Mental Health First Aid education to secondary students in rural towns. This directly meets the needs of these communities, who are statistically at higher risk of anxiety, depression and suicide but with limited access to mental health professionals and public transport. The TMHFA program has filled an essential gap in local service delivery, only achievable in partnership with the resources of Wimmera PCP and the TMHFA has been one of Uniting Wimmera's SFYS most successful interventions."

Jaimie Clarkson
School Focused Youth Services
Uniting Wimmera

WATCH See the reach and impact of our Mental Health First Aid training here:
https://www.facebook.com/WimmeraPCP/videos/1205599156292353/

Stakeholder who can be contacted for further information:

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Leading Telehealth in Western Victoria

Primary Care Partnership: Wimmera PCP

Initiative/Example Title: Leading Telehealth in Western Victoria

Background

- **What was the purpose of the initiative?**
  Develop new models of care utilising Telehealth to enable service access and equity for rural patients
- **What led to the initiative?**
  The Wimmera PCP applied for and was successful in receiving funding from DHHS, Cardiac Clinical Network to develop this model with key Wimmera clinicians. This work was showcased as an oral presentation at the 2017 National Rural Health Conference.
- **When was the initiative actioned?**
  July 2015 – July 2016 initial 8-week program, and ongoing

Partners involved

- **Who was involved in the initiative? Please include number and type of partner organisations.**
  Edenhope & District Memorial Hospital
  Rural Northwest Health
  West Wimmera Health Service
  Wimmera Health Care Group
  Ballarat Oncology
  Haematology Services
  Peter McCallum Cancer Centre

Method

- **How was the initiative actioned?**
- **Who and what was involved?**
- **What, if any, were the key challenges?**

- Improve cardiac rehabilitation options and uptake across the Wimmera.
- Support staff to provide innovative community focused cardiac rehabilitation via Telehealth.
- A multidisciplinary team based at WHCG Horsham, Western Victoria (the 'hub'), provides the education component of Cardiac Rehab via Telehealth, with outlying health services, Rural Northwest Health and West Wimmera Health Services (the 'spokes') providing the physical activity component.
- Produced a toolkit to assist others implement their own programs.

Outcomes

- **What were the outcomes of the initiative?**
- **Did the outcomes align with the intended objectives of the initiative?**
- **Please provide evidence of the outcomes e.g. statistics, feedback etc.**

- 30 remote patients completed the 8 week program via videoconference from July 2015 – July 206.
- 30 x 8 via videoconference for remote patients = 240 patient contacts = $23,700 in savings
- Consumer evaluation: better supported and informed, safe and comfortable, equitable care, satisfaction with the program

- ‘There is no doubt that virtually all remote participants were provided with enhanced tools and understanding to better manage their own health and well-being’
- Clinician evaluation: professional, supported to deliver specialised care, provided with appropriate knowledge and skills
- Staff were trained to use videoconferencing effectively with groups so that all patients could be ‘virtually’ brought together to learn and interact as if they were in the same room. This alows remote community members to access a high quality, best practice program, close to home, with improved peer support
- The model won the Australian Cardiac Rehabilitation Association’s 2016 Scientific Meeting Clinical Prize
- The Cancer Council of Victoria have adobted the Hub & Spoke Model and used our toolkit to develop their Telehealth for Supportive Survivorship Care program
-

Support Telehealth across all health services in the Wimmera

Wimmera PCP is supporting the expansion of telehealth at Edenhope Hospital, Rural Northwest Health, West Wimmera Health Service and Wimmera Health Care Group utilising Healthdirect Video Call; building staff capacity, rolling out implementation, monitoring effectiveness and sharing telehealth resources developed across the Wimmera.

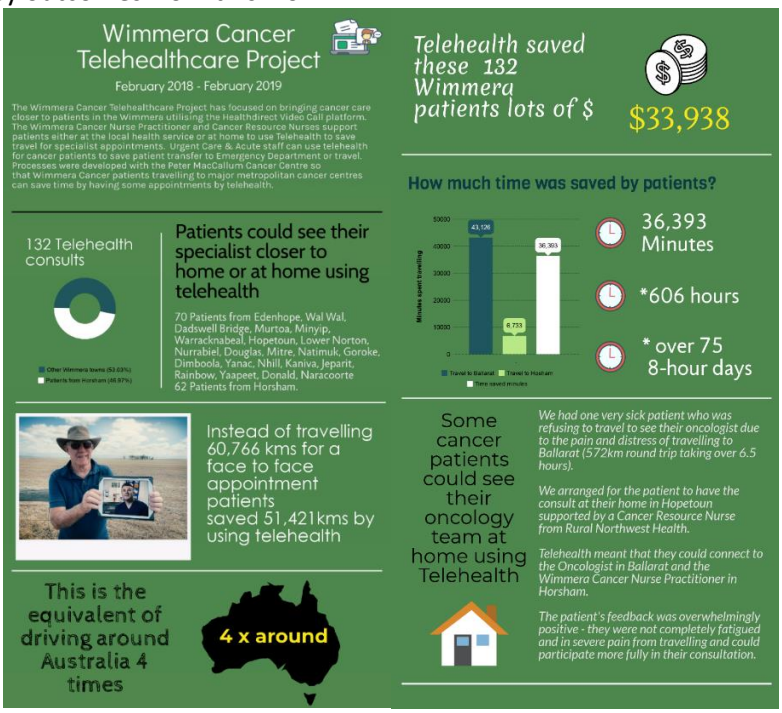
Wound Telehealth

Currently implementing Wound Nurse specialist telehealth consultations across the Wimmera. Wimmera PCP coordinates and leads the Steering and Working Groups with delivery of peer to peer consultations and education via telehealth to manage chronic and complex wounds and reduce transfers and readmissions for patients in the Wimmera. Patients can have access to earlier intervention by a Wound specialist nurse.

Wimmera Cancer Telehealthcare – Bringing Cancer Care Closer to Home

Over the past three years, Wimmera PCP has worked with the Wimmera Cancer Nurse Practitioner and Ballarat Oncology to implement telehealth for Wimmera Cancer patients. This work has been highly successful with over 380 cancer telehealth consults completed to date, saving patients close to $120,000 just in travel costs during this time.

Wimmera PCP applied for and was successful in receiving funding in 2018 from DHHS, Victorian Telehealth Specialists Clinics Funding to develop this model further with key Wimmera clinicians. Here are some key outcomes from this work:



This work was presented at the Victorian Integrated Cancer Services Conference 2019 & the Cancer Nurse Society of Australia National Conference 2019. It has also been showcased at the International Cancer Teletrials conference in Boston, USA 2019.

A **video** explaining the impacts of this work can be viewed here:
https://vimeo.com/315608267/f33fde86f6

Stakeholders who can provide further information:

Carmel O'Kane	Penelope Watson
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Wimmera Cancer Centre	Ambulatory Policy | Health Services Policy | Policy and Planning
Wimmera Health Care Group	Health & Wellbeing Division
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Wimmera PCP Communication

Primary Care Partnership: Wimmera PCP

Initiative/Example Title: Communication

Background

- **What was the purpose of the initiative?**
- **What led to the initiative?**
- **When was the initiative actioned?**

Over the last 19 years we have developed our communication strategy to align with changing technology and the ways people communicate internally and externally with the organisation. Today, email is one of the most popular forms of communication. By sending information to an email address, it ensures that we deliver our communications to a platform where recipients are guaranteed to be spending time.
Website gives a wider demographic reach and around-the-clock availability in terms of access to information etc.
Social media generates immense exposure and social networks are now a substantial part of every marketing strategy, and the benefits of using social media are so great, easy to use and is a key element for marketing.

Method

- **How was the initiative actioned?**
- **Who and what was involved?**
- **What, if any, were the key challenges?**

Wimmera PCP Newsletter
The Wimmera PCP have been sending our weekly newsletter via email since its inception over 10 years ago.
It is currently sent to 200 email contacts who are made up of PCP partner agency CEO's and staff, people we have previously worked with in cross sector partnerships; DHHS staff, politicians, media outlets plus members of our communities.
The content for the newsletter is drawn from a variety of sources, including information from Wimmera PCP staff and their projects, information submitted from our members, pieces from local or state-wide news, local events, council etc.
Wimmera PCP Activity Report
An activity report covering each WPCP project is sent to our Executive members and partner agency CEO's monthly by email newsletter.
Wimmera PCP Website
The website houses a myriad of information and resources about the work and governance of WPCP.
Social Media
Our social media channels (Facebook and Twitter) have grown significantly in both followers and reach over the past three months as we have begun to tell our story so that the work we do is recognised throughout the community. We've engaged a number of partners and members of the community who have benefited from our projects to help us convey our story through videos and other social content.

Outcomes

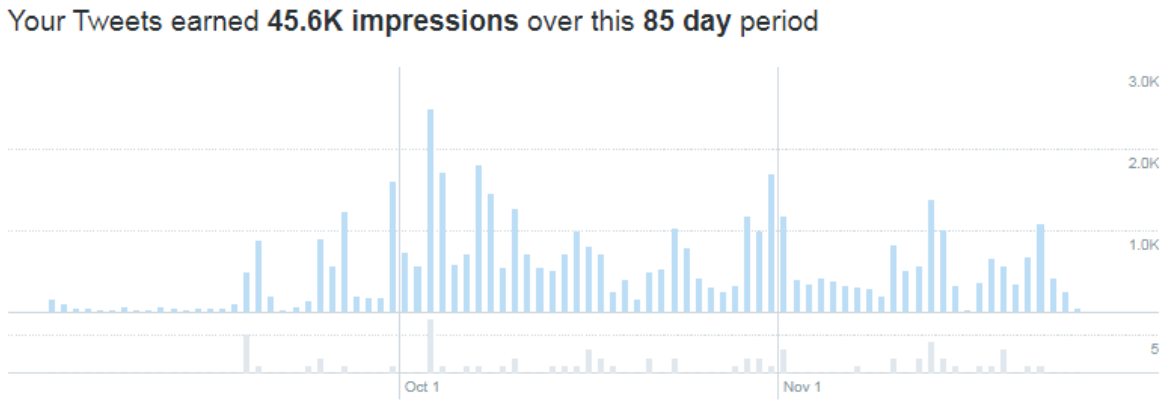
- **What were the outcomes of the initiative?**

- **Did the outcomes align with the intended objectives of the initiative?**
- **Please provide evidence of the outcomes e.g. statistics, feedback etc.**

- Regular communication with our partners
- Strengthened relationships through reliable content and information
- Member agencies submit information for us to include in the WPCP newsletter as they know it has a wide reach
- Email newsletters are opt-in's, there is the benefit of people actually wanting to receive information here and those that don't can opt-out
- Email newsletters are a great opportunity for us to provide valuable, practical information and to show off what we know which is peace of mind for our partners that we are a leader in our industry
- A regular email newsletter is a simple reminder that we're there
- An email newsletter can be crafted in advance, then scheduled and sent out automatically
- An online presence helps in terms of building and fostering a rapport among your partners
- Our advocacy work on social platforms has been significant in the #SecurePCPsFuture campaign which lead to this review

Facebook reach

Twitter reach



Email Reach

The Wimmera PCP Newsletter is opened by just under 50% of recipients which is well above the average of approximately 17% (as reported by Campaign Monitor). On average links within the newsletter are clicked by 30 of those people.

Aboriginal Health – Towards Cultural Security

Primary Care Partnership: Wimmera PCP

Initiative/Example Title: Towards Cultural Security Phases 1-3

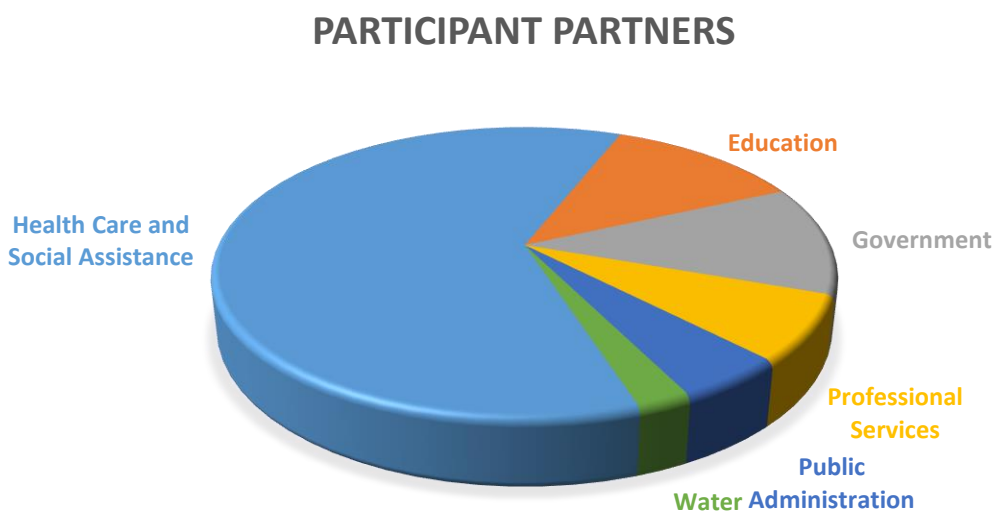
Background

The purpose of the initiative was to support the State Government's commitment to improve outcomes for Aboriginal people in Victoria through improving access to services. Specifically, this included items to increase the capacity of the mainstream health providers and their workforce through participation in Cultural Awareness training, attendance and participation at cultural events, cultural audits and improvements to physical environments of local agencies and improved organisational policies and practices for increased community cultural safety.

A Wimmera PCP strategic planning forum in 2009 led to the initiative where the Chief Executive Officers of 20 member agencies unanimously agreed they needed to improve the level of cultural responsiveness and safety offered by their services and *Towards Cultural Security* was born. The initiative was actioned in 2010 when Wimmera Primary Care Partnership was successful as the only non-Indigenous agency to receive funding for 'Aboriginal Health' under the initial (then) Victorian Department of Health's Close the Gap program. To date the initiative has been in operation for seven years with a 2-year gap across 2012 to 2013.

Partners involved

Phase 1 of the initiative commenced with twenty WPCP member agencies participating; Phase 2 continued to support the workforce of all agencies but focussed on the three largest. Phase Over forty-one (41) agencies have been involved in the workforce education component with 25 (61%) specifically from the Health Care and Social Assistance Sector. Other sectors represented in the statistics are Education 5 (12.2%), Government 5 (12.2%), Professional Services 3 (7.3%), Public Administration 2 (4.9%) and Water 1 (2.4%).



Method

The initiative was actioned using the mature and established partnerships with Wimmera PCPs member agencies. All member agencies were invited to partake in Phase 1 of the initiative and twenty agreed to participate. Agencies were met with individually and a secure method of contacting the workforce directly was established. The report back to each agency provided a benchmark of workforce attitudes and a list of items to consider in order to begin creating a culturally welcoming environment where Aboriginal people would feel safe to access as either an employee or client. The key challenge during Phase 1 was building on existing relationships to increase the level of trust for a non-Aboriginal agency to deliver successful outcomes with indicators supporting Aboriginal outcomes.

Phase 2 involved a deeper relationship with the three biggest service providers in the Wimmera (across 5 campuses), using the recommendations from Phase 1 as a checklist for achievement, coupled with cultural awareness training made available to their workforce along with physical environment audits making the agency accountable for recommendations each year that aligned with their agency's priorities. It had been identified that no localised cultural awareness training was available in the region and an agreement with a local Traditional Owner to deliver an endorsed training package was reached. The training was tested and with mutual agreement, a 4-hour model was tailored for the health and welfare workforce. Each agency in Phase 2 was the recipient of a physical environment audit which involved a guided tour of each service that enabled a list of recommendations, underpinned from Phase 1, to be further developed to include items that would stretch the agency's capacity from being culturally aware to culturally responsive.

Phase 3 was an extension of Phase 2 but also included 4 Local Councils, 2 Bush Nursing Centres, 3 Health Services (across 13 campuses), 1 Aboriginal Community Controlled Health Organisation, 1 Primary Health Network (4 campuses) and a Volunteer Network. Each agency was invited to partake in the initiative and 100% agreed. The key challenge in each phase, but in particular Phase 3, has been the cost in delivering services across such a large catchment to multiple campuses.

Outcomes

- What were the outcomes of the initiative?
- Did the outcomes align with the intended objectives of the initiative?
- Please provide evidence of the outcomes e.g. statistics, feedback etc.

The outcomes of the initiative have been far-reaching and of far greater significance than could have been anticipated at the outset. As a result, the outcomes are summarised for the purpose of this report. The outcomes listed in blue have been successful and intended objectives. Those in black are unintended.

- During Phase 1 a Workforce Cultural Competency Survey was undertaken by 20 Wimmera PCP Member Agencies with over 700 individual responses. Individual reports developed for each agency, outlining a range of ways in which service delivery could be strengthened to improve access by the local Aboriginal community.
- To date, there has been fifty-four cultural awareness training sessions delivered to 1,198 participants from over 38 individual agencies. Participant numbers represent approximately 3% of the population in the Wimmera and Southern Mallee. The average overall response rate of feedback sits at 95.4%. 97% of participants report the training will assist them to be more culturally responsive; 98% *Agree* or *Strongly Agree* to overall satisfaction with the training. 953 (79.5%) participants have been from the health and welfare sector and the remaining 245 (20.5%) have been from various other sectors including employment, education, justice, independent participants and Local Councils. No other agency in the

Wimmera and Southern Mallee region offers localised cultural awareness training of this calibre and agencies outside the region regularly request access also.

- On average, one person per session (54) has identified as Aboriginal or Torres Strait Islander when they never have before. This figure represents 4.5% of all cultural awareness training participants to date.
- The success of this training package is in part due to the unique way in which it is co-delivered by a local Wotjobaluk community leader alongside the Wimmera PCP Aboriginal Health Project Officer (non-Aboriginal person). The model of training was presented at the National Rural Health Conference in Cairns in 2017.
- Significant improvements to the physical environments of health services, community health, councils and other agencies has been another highlight, including the extensive display of Aboriginal and Torres Strait Islander flags, Acknowledgement plaques, locally produced artwork and the engagement of the local men's shed in the creation of the flag stands.
- Aboriginal advisory committees established for Wimmera Health Care Group and Horsham Rural City Council, who are providing advice to executive members on policies and practices relating to improved Cultural responsiveness.
- Indirect influence of project leaders on staff within organisations to champion actions including provision of acknowledgements at meetings, exploring Aboriginal employment opportunities, conducting activities during Reconciliation and NAIDOC Weeks, among others.
- 15 agencies participated in two rounds of cultural audits of the physical environments within their buildings, led by local Aboriginal community members. These agencies each received a comprehensive report which provided recommendations to improve the physical environment to be more culturally welcoming and inclusive.
- Key improvements made include installation of *Acknowledgement* plaques (100% agencies), display of locally commissioned artwork (10 agencies), and installation of flag sets (32 sites) with flag stands created by the Horsham Men's Shed.
- Victorian Aboriginal Education Awards
    - 2017 Wurreker Award Finalist
    - 2018 Wurreker Award Winner

- Initial target for training participants was to increase the total number of staff from health and welfare organisations who have participated in Cultural Awareness training from 150 staff at June 2015 to: 250 at June 2016; 330 at June 2017 and 380 at June 2018. All targets were significantly exceeded. Over 6 times increase in the number of health and welfare staff trained over the past 5 years (150 to 953 staff).
- Nearly 8 times increase in the total number of participants trained over the past 5 years (150 to 1,198 people) including from organisations such as the Department of Education and Training, local schools, and Victoria Police. Over 12 times increase in the number of health and human services agencies participating in training over the past 5 years (3 to 38 agencies).
- An additional 2 organisations per financial year will be involved in the planning of, and attendance at, local Aboriginal events (from 4 organisations at June 2015). Over 9 times increase in the number of organisations involved in the planning of/attendance at local Aboriginal events in the 5 years to 2018 (4 to 38 agencies).
- *An additional two collaborative service planning and delivery initiatives to be undertaken per financial year.* Examples of key collaborative initiatives that took place in Years 2-6:
    - Cultural Dinner for CEOs and board members of health services and councils across the Wimmera, with a total of 50 attendees.

- Bus Trip to Echuca to visit Echuca Regional Health and Njernda Aboriginal Corporation to learn about culturally responsive health service delivery. Attended by 30 staff from Wimmera Health Care Group, Goolum Goolum Aboriginal Cooperative, Wimmera PCP, Grampians Community Health and DHHS.
- Development of 'Wotjobaluk Bumper Stickers' for multi-purpose use such as displayed in cars, shops, workplaces, etc.
- Engagement of local Men's Shed in the creation of Flag Stands which house the Aboriginal, Torres Strait Island, and Australian Flags within 20 organisations across the Wimmera.
- Display of community created banners on the light posts along the main street of Horsham during NAIDOC Week 2018.

- ***Increased satisfaction and experience of health services by local Aboriginal community members.*** Anecdotal feedback from local Aboriginal patients and clients reveals some positive improvements in service delivery, resulting from greater collaboration between health and human services organisations and local Aboriginal organisations and community members, particularly in terms of seeking advice and guidance in the creation and implementation of policies and practices.

WATCH Traditional Owner Joanne Harrison-Clarke discuss the importance of partnership with Wimmera PCP:

https://www.facebook.com/WimmeraPCP/videos/420859458789170/

Stakeholders who can be contacted for further information:

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Barengi Gadjin Land Council
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Change Management

Primary Care Partnership: Wimmera PCP

Initiative/Example Title: Change Management

Background

On the 1 July 2016 management of the Victorian Home and Community Care (HACC) program changed. Services for older Victorians (people aged 65 and over and aged 50 and over for Aboriginal and Torres Strait Islander people) would now be directly funded and managed through the Commonwealth Home Support Programme (CHSP) by the Commonwealth Department of Health (DoH).

Services for younger Victorians (people aged under 65 and under 50 for Aboriginal and Torres Strait Islander people) would continue to be funded and managed by the Victorian Department of Health and Human Services (DHHS). Some HACC clients aged less than 65 would be transferred to the National Disability Insurance Scheme (NDIS) as it rolls out in Victoria.

What did this mean on the ground?

- My Aged Care will be fully implemented in Victoria from 1 August 2016
- CHSP service providers would now use the My Aged Care provider portal to manage electronic referrals they receive and review and update the client record with information about the services they are delivering.
- Service providers will also use the portal to self-manage information about the services they deliver which will be publicly displayed on the service finders on the My Aged Care website and be used by My Aged Care contact centre staff and assessors to refer clients.
- HACC service providers who deliver services to older people would now have a grant agreement with the Commonwealth Department of Health (DoH) to deliver services under the Commonwealth Home Support Programme (CHSP)

Partners involved

- **Who was involved in the initiative? Please include number and type of partner organisations.**

Sector Support & Development
Wimmera Health Care Group
West Wimmera Health Service
Rural Northwest Health
Edenhope & District Memorial Hospital
Horsham Rural City Council
West Wimmera Shire Council
Hindmarsh Shire Council
Yarriambiack Shire Council
Centre for Participation
Annecto
Grampians Pyrenees PCP
Central Highlands PCP

Method

- **How was the initiative actioned?**
- **Who and what was involved?**
- **What, if any, were the key challenges?**

Wimmera PCP have been involved with the Wimmera HACC Service Providers Network since 2005, now called the Wimmera Partnership Network. We have worked very closely since 2016 with Sector Support & Development to help the agencies with HACC funding in the Wimmera make the transition that was required to be made. Each month we host a meeting where we bring all of the service providers and the Sector Development team together. Along with standard agenda items we also discuss problem solving and gaps in the service.

Outcomes

- **What were the outcomes of the initiative?**
- **Did the outcomes align with the intended objectives of the initiative?**
- **Please provide evidence of the outcomes e.g. statistics, feedback etc.**

  - A local platform for HACC funded agencies to come together a be supported though the transition from State to Federally funded services.
  - A platform to advocate issues arising from the change that would impact on service delivery for our rural communities.
  - Central point of information re transition of Home and Community services from State to Commonwealth funding responsibilities with the establishment of the HACC Web portal hosted on the WPCP webpage to ensure that agencies had the latest information so that they could make informed decisions.
  - Generate individual support from within the network to assist those with capacity to implement change to those with limited resources to implement.
  - Outcome of the funded HACC project through a grant from DHHS to assist agencies to look at unit price to inform consistency in delivery costs moving into the new service environment for both Local Government providers and Health service providers. Informed decision could then be made. Which EY consultancy to look at various business models to assist with provision of service in the new funding environment.

Key Stakeholders

Wimmera Southern Mallee Health Alliance Catherine Morley Chief Executive Officer Wimmera Health Care Group 83 Baillie Street, Horsham, VIC 3400 p. (03) 5381 9293 | m. 0457 717 224 e. ceo@whcg.org.au	**Wimmera Information Portal** Geoffrey Lord Head of Campus Wimmera Federation University Australia Office C111 | Wimmera Building C | Wimmera Campus 289 Baillie Street Horsham VIC 3402 p. (03) 5362 2601 | m. 0407 080 782 e. head.westerncampus@federation.edu.au
Drought Support Robert O'Shannessy North West Dry Seasonal Conditions Coordinator | Agriculture Services and Biosecurity Operations Division Department of Jobs, Precincts and Regions 110 Natimuk Road Horsham VIC 3401 p: (03) 53620715 | m: 0400 821 588 e. robert.oshannessy@agriculture.vic.gov.au	**Rural Outreach Program** David Leahy Chief Executive Officer West Wimmera Shire Council 49 Elizabeth Street, Edenhope VIC 3318 p. (03) 5585 9900 e. ceo@westwimmera.vic.gov.au
Aboriginal Health Dylan Clarke Chairperson Barengi Gadjin Land Council 16A Darlot Street Horsham VIC 3400 p. (03) 5381 0977 | m. 0431 542 840 e. dylan.clarke@bglc.com.au	**Seasonal Conditions and Community Home Support Program – CHSP (formerly HACC)** Kevin O'Brien Director Community Services Horsham Rural City Council Roberts Avenue, Horsham VIC 3400 P.O. Box 511, Horsham, VIC 3402 p. (03) 53829 743 | m. 0417 032 319 e: Kevin.OBrien@hrcc.vic.gov.au