

Southern Melbourne Primary Care Partnership

Strategic Plan

2017 - 2021



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Table of Contents

Introduction	3
A Connected Approach	3
Implementation	4
Strategic Pillars and Priorities	5
Action Plans 2017 - 2021	6
Aboriginal and Torres Strait Islander Action Plan 2017 / 2018.....	7
Health Literacy - Action Plan 2017/18	9
Healthy Eating – Action Plan 2017/18	11
SMPCP Service Integration - <i>Common Assessment Tool Action Plan 2017/18</i>	15
SMPCP Service Integration - <i>Diabetes Action Plan 2017/18</i>	17
SMPCP Service Integration - <i>My Aged Care, National Disability Insurance Scheme Action Plan 2017/21</i>	19
SMPCP Service Integration - <i>Intake Action Plan 2017 / 21</i>	20
Family Violence – Action Plan 2017 / 2021.....	24
Connected Communities – Consumer Voice - Action Plan 2017 / 18.....	13

Introduction

The vision of Southern Melbourne Primary Care Partnership (SMPCP) is for improved health, wellbeing and health equity of the communities within the local government areas of Bayside, Glen Eira, Kingston, Port Phillip and Stonnington.

The mission of SMPCP is to work together through collective planning, implementation and evaluation to deliver a collective impact on health and wellbeing of our community.

SMPCP provides a partnership platform for priorities where collaborative action will add significant value and achieve results beyond that which individual agencies can achieve.

The strategic directions, described below as the strategic pillars, reflect this vision and mission and outline the priorities that will guide the work of the Partnership for the 2017-2021 period.

The strategic pillars and priorities have been thoroughly informed by:

- demographic and health evidence
- consultation with key stakeholders and discussion about potential strategies
- government policy directions and the broader context
- interest and commitment of working groups and member agencies
- consideration of feasibility and the potential outcomes in the context of availability of resources

This document outlines the overall strategic directions for the period 2017 – 2021. Greater detail of specific strategies to operationalise the plan is provided firstly in the SMPCP Action Plan 2017/2018. Action plans supporting the strategic plan for the remainder of the 2018-2021 period will continue to be developed.

The SMPCP Executive Governance Group is pleased to recommend this strategic plan and invites your participation in its implementation.

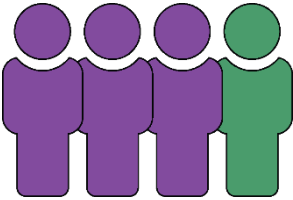
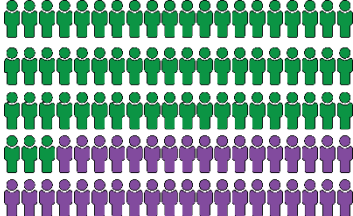
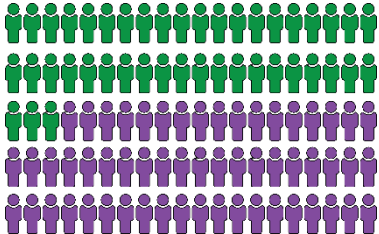
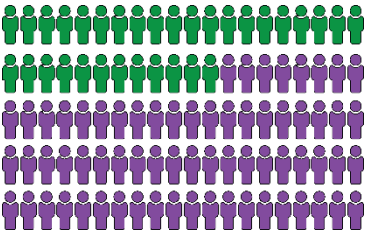
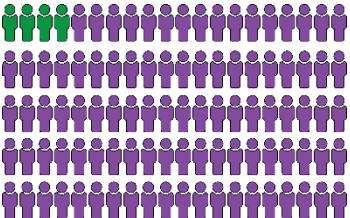
A Connected Approach

Our strategic plan is based on four strategic pillars under which there are five priority areas¹.

Strategic pillars	Focus	Linked to
1. Healthy places	Place-based prevention, intervention and projects to support integration and access for vulnerable groups to achieve collaborative impact.	Priority areas and Action Plans
2. Connected communities	Access, navigation and service coordination practice, intervention, collaboration and approaches to achieve collective impact.	
3. Healthy living	Health conditions, health status and quality of life including health screening, interventions and lifestyle management to achieve coordinated impact.	
4. Health literacy and access	Health literacy and access actions as part of all strategies to enhance consumer understanding, information use and decision making.	

Each priority area is based on a rationale and has associated key strategies as detailed in the SMPCP Action Plan.

¹ It is acknowledged that there are many additional areas of importance.

Priority	Rationale ²
Social connection (mental health)	 <p>25% of adults in our catchment are diagnosed with depression/anxiety and only 15% will seek professional help for mental health issues. This is a burgeoning issue with long term implications.</p>
Substance misuse	 <p>63% of adults in our catchment are at long term risk of alcohol related harm. Illicit drug use is increasing. As our population continues to age the negative consequences of this behaviour will have major detrimental impacts.</p>
Physical activity	 <p>Only 43% adults in our catchment meet the physical activity guidelines. Low levels of physical activity can be linked with chronic disease, poor nutrition and reduced social and emotional wellbeing.</p>
Healthy eating	 <p>32% of the adults in our catchment are overweight and 17% are obese.</p>  <p>Astonishingly, only 4% of adults consume the recommended daily intake of fruit and vegetables.</p>
Family violence	<p>This is a leading contributor to death, disability and illness in Australian women aged 15-44 years. Family violence and has long term detrimental impact on children.</p>

Implementation

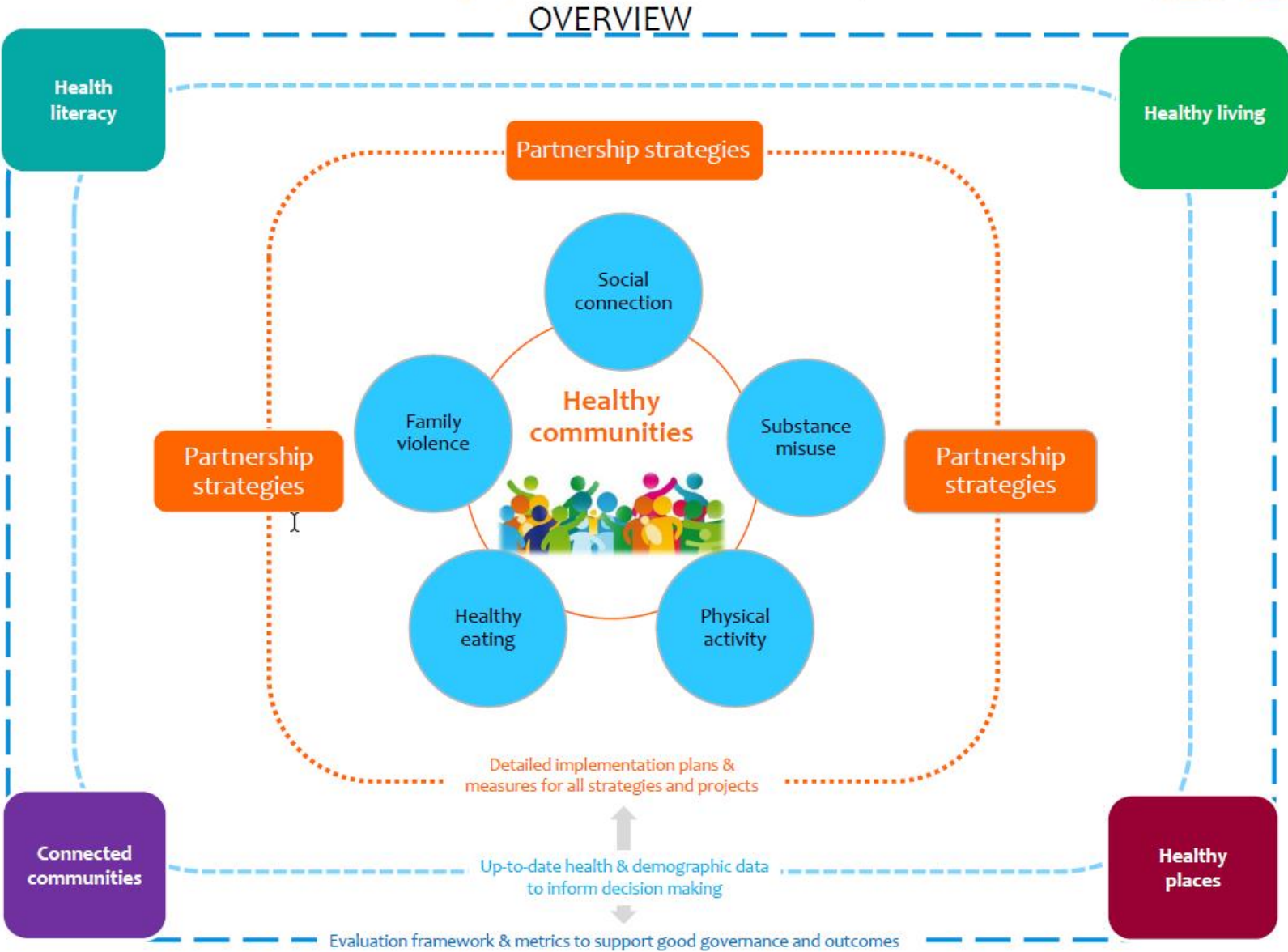
Implementation strategies have been defined including the overarching Action Plan plus detailed planning and processes for each partnership strategy³. These include workgroup processes and structures, specific target groups, locations, stages, partners, actions and evaluation measures.

SMPCP looks forward to working with member and partner agencies to continue to develop and implement strategies that make a positive difference to the health and wellbeing of our community.

² Refer to SMPCP demographic and health data presentation.

³ Refer to SMPCP Action Plan 2017-2021

Partnerships – Together we make a difference!
SMPCP Strategic pillars and priorities 2017 – 2021



Action Plans 2017 - 2021

Southern Melbourne Primary Care Partnership (SMPCP) will continue to support, facilitate and enable partner agencies to respond to government directions and local community needs throughout our catchment.

We will continue to refine and strengthen our role in monitoring health, wellbeing and service planning issues for the catchment. We will act on opportunities and promote strategies that address issues we identify.

This role includes advocating on behalf of all member agencies to relevant authorities. While maintaining this local focus, SMPCP, in conjunction with neighbouring PCPs, will also respond to primary care issues for the Southern Metropolitan area of the DHHS South Division.

The SMPCP Executive Governance Group has approved the following Action Plans which map out our various activities to be undertaken over the next twelve months.

As part of our ongoing planning, we will examine a range of strategies required for 2018/19 period as well as longer range directions to address the strategic directions identified in this plan up to June 2021.

Aboriginal and Torres Strait Islander Action Plan 2017 / 2018

Priority Area	Connected Communities
Goal	Improve access to Community Health Services for Aboriginal and Torres Strait Islander Community
Target population group/s and/or setting/s	Aboriginal and Torres Strait Islander Community in SMPCP catchment
Budget and resources	Existing budget and staff.
Key evaluation question/s	<ol style="list-style-type: none"> 1. Has there been an increase in Aboriginal and Torres Strait Islander clients accessing CH services? 2. Has there been an increase in Cultural Safety of two CHS? 3. Has there been an increase in engagement with Aboriginal community?
Partners (current and new partners)	DHHS, CBCHS, Connect Health & Community, Derrimut Weelum Gathering Place, City of Kingston, City of Bayside, City of Glen Eira, Star Health, Parkdale Secondary College, Boon Wurrung Foundation, Yalukit Marnang, Marbeangrook Consulting Pty. Ltd., Monash Health, Local Aboriginal Network (LAN) and Salvation Army.

Objective	Timeline	Progress measures	Evaluation methods/tools
<ul style="list-style-type: none"> • Build positive relationships with Aboriginal and Torres Strait Islander Community members in the Cities of Kingston, Bayside and Glen Eira. • Improve the cultural competency within Central Bayside Community Health Services and Connect Health & Community. • Identify barriers for local Aboriginal and Torres Strait Islander people to accessing health services. • Improve access/utilisation of culturally appropriate mainstream primary care services • Develop effective relationships with internal and external stakeholders. 	October 2017 – June 2018	<ul style="list-style-type: none"> • Increased engagement of local Aboriginal community. • Delivered Cultural training and development of on-line cultural training for all staff. • Knowledge of barriers to Aboriginal and Torres Strait Islander community accessing services. • Improved health literacy of Aboriginal community to increase service access. • Increased engagement of stakeholders. 	<p>Activity recorded in excel spread sheet.</p> <p>SurveyMonkey for community survey.</p>

Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
<p>Meeting with project working group in November to refine strategies for next funding period.</p> <p>Anticipated strategies:</p> <ul style="list-style-type: none"> • Facilitate delivery of Cultural training. • Develop/source an e-Learning Cultural Awareness package for all staff at CBCHS and Connect Health & Community. • Continue to conduct community survey to identify barriers. • Identify opportunities to promote CHS to Aboriginal community. • Project explore opportunities to engage with stakeholders. 	<p>October 2017 –June 2018</p>	<ul style="list-style-type: none"> • Number of engagement activities. • Number of settings. • Delivery of Cultural training and development of on-line cultural training for all staff. • Completion of community survey to identify barriers. 	<p>Activity recorded in excel spread sheet.</p> <p>SurveyMonkey for community survey</p>

Health Literacy - Action Plan 2017/18

Healthy Literacy is part of the four year strategic plan. The Health Literacy Working Group has identified capacity building and scoping of existing tools as the main focus in for 2017/18.

Priority Area	Health Literacy
Long term goals	SMPCP members become health literate organisations
Target population group/s and/or setting/s	Workplace (councils, community health services, profit and not-for profit organisations)
Budget and resources	Existing staff, Health Promotion/Public Health and Dietetics students on placement
Key evaluation question/s	<ul style="list-style-type: none"> What tools and training are required to assist partners in improving health literacy within the workplace (including materials distributed to consumers)? How do we embed health literacy principles in all our work?
Partners	Bayside City Council, Bolton Clarke, Cabrini Health, Caulfield Community Health Service, Connect Health & Community, Community Consumer Collaboration Group, Stonnington City Council and Star Health

Objective	Timeline	Progress measures	Evaluation methods/tools
To increase organisations' capacity to meet the requirement as a health literate organisation	Oct 2017 – June 2018	<ul style="list-style-type: none"> Proportion of SMPCP partner organisations who participated and confident they can devise health literacy strategies within their workplace Proportion of partners who agree that they shared common goals, commitment, understanding and learnings 	<ul style="list-style-type: none"> Pre and post survey (qualitative and quantitative measures) Annual partnership survey

Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
Strategy 1 Provide training to SMPCP partners eg. health literacy e-module and development course	Oct 2017 – June 2018	<ul style="list-style-type: none"> • Number of organisations and staff participating in training • Participants' satisfaction (relevance, effectiveness and learnings) • Increased knowledge of how organisation can improve health literacy within their workplace 	<ul style="list-style-type: none"> • Pre- and post- survey (qualitative and quantitative measures) • Partners and consumers' feedback
Strategy 2 Analysis of existing audit tools, resources and health literacy projects conducted by other organisations	Oct 2017 – June 2018	<ul style="list-style-type: none"> • Tools/ resources identified and to be modified/adopted for the catchment 	Feedback from partners and consumers via planned working group meetings
Strategy 3 Identification of areas and efforts for evidence based, place based initiatives	Oct 2017 – June 2018	<ul style="list-style-type: none"> • Evidence based, place based initiatives identified 	Partners' feedback via planned working group meetings
Strategy 4 Review current materials distributed eg. NDIS and My Aged Care information	Oct 2017 – June 2018	<ul style="list-style-type: none"> • Tools/ resources modified for the catchment 	Feedback from partners and consumers via planned working group meetings

Healthy Eating – Action Plan 2017/18

Healthy Eating is part of the four year SMPCP strategic plan. Capacity Building has identified as the main focus by the Healthy Eating Working Group for 17/18.

Priority Area	Healthy Living – Healthy Eating
Long term goal	Decrease availability of sugar sweetened beverages within chosen settings
Target population group/s and/or setting/s	Workplaces (councils, community health services, local businesses, recreation facilities and sporting clubs)
Budget and resources	Existing staff, health promotion/public health and dietetics students on placement, partners' contribution (as negotiated)
Key evaluation question/s	<ul style="list-style-type: none"> • What tools and training are required to assist partners in reducing the availability of sugar sweetened beverages within workplace and associated outlets? • How could we better improve the communication, support and information sharing between partners?
Partners	Alfred Health, Baker Heart & Diabetes Institute, Bayside City Council, Cabrini Health, Caulfield Community Health Service, Caulfield South Community House, Kingston City Council, Connect Health & Community, Central Bayside Community Health Services, Mind Australia

Objective	Timeline	Progress measures	Evaluation methods/tools
To increase organisations' capacity to decrease availability of sugar sweetened beverages within the workplace and associated outlets	Oct 2017 – June 2018	<ul style="list-style-type: none"> • Proportion of SMPCP partner organisations who participated • Partners' confidence to devise preventative strategies promoting healthy eating across the catchment • Proportion of partners who agree that they shared common goals, commitment, understanding and learnings 	<ul style="list-style-type: none"> • Pre and post survey (qualitative and quantitative measures) • Annual partnership survey

Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
Strategy 1 Provide training to SMPCP partners eg. system thinking and collective impact	Oct 2017 – June 2018	<ul style="list-style-type: none"> • Number of organisations and staff participating in training • Participant's satisfaction (relevance, effectiveness and learnings) • The system (linkages and interactions of the access to sugar sweetened beverages within chosen settings) mapped and analysed 	Pre and post survey (qualitative and quantitative measures)
Strategy 2 Advocacy, support and ongoing information sharing	Oct 2017 – June 2018	<ul style="list-style-type: none"> • Development of online communication platform (Basecamp) • Participant's satisfaction (relevance, effectiveness and learnings) 	Annual partnership survey
Strategy 3 Identification of areas and efforts for evidence based, place based initiatives	Oct 2017 – June 2018	<ul style="list-style-type: none"> • Evidence based, place based initiatives identified 	Partners' feedback via planned working group meetings
Strategy 4 Advocate for funds and capacity to implement across the catchment eg. support from students on placement	Oct 2017 – June 2018	<ul style="list-style-type: none"> • Number of grant applications submitted • Student placements in 2018 are aligned and organised by members to support partnership initiatives 	<ul style="list-style-type: none"> • Funder's feedback on application • Partners' and students' feedback via planned working group meetings

Connected Communities – Consumer Voice - Action Plan 2017 / 18

Priority Area	Connected Communities – Consumer Voice – CCCG
Goal	Increased consumer and community engagement in development, delivery and evaluation of health initiatives implemented with SMPCP
Target population group/s and/or setting/s	SMPCP Partner Agencies, Service clubs, local government community reference groups (e.g. Bayside Healthy Ageing Reference Group BHARG), Community Advisory Committees associated with SMPCP partner agencies, specific diseases and conditions interest groups operating in the SMPCP catchment and individuals
Budget and resources	<i>As per staffing budget currently in place</i>
Key evaluation question/s	<ol style="list-style-type: none"> 1. Do consumers and community representatives report that they are better equipped to be involved in the design, implementation and evaluation of SMPCP supported projects? 2. Do consumers and community representatives report being more involved in the on-going activities of SMPCP Partner Agencies and SMPCP associate members
Partners (current and new partners)	Partners and community consultations

Objective	Timeline	Progress measures	Evaluation methods/tools
<ul style="list-style-type: none"> • To obtain feedback on the degree to which consumers and community representatives feel equipped to make inputs to SMPCP supported initiatives. • To obtain feedback on the degree to which consumers and community representatives feel equipped to be involved in the ongoing activities of SMPCP supported initiatives. • To prepare appropriate feedback tools and mechanisms to gain consumer feedback and provide support for consumers participating in the design, 	October 2017 – June 2018	<ul style="list-style-type: none"> • Increase in the proportion of consumers and community representatives reporting their consistent use by SMPCP Partner Agencies and SMPCP associate members in the development and design of new agency initiatives. • Increase in the proportion of consumers and community representatives reporting their consistent use by SMPCP Partner Agencies and SMPCP associate members in the implementation of SMPCP supported projects. 	<p>Quantitative measures:</p> <p>Questionnaire for partners and projects to ascertain:</p> <ul style="list-style-type: none"> • Numbers of individuals / community groups consulted in development, co-design and implementation of SMPCP supported project. • Numbers of individuals / community groups engaged in ongoing consultation and review of SMPCP supported projects

implementation and evaluation of funded partner initiatives		<ul style="list-style-type: none"> • Increase in the proportion of consumers and community representatives reporting their consistent use by SMPCP Partner Agencies and SMPCP associate members in the evaluation of SMPCP supported projects. 	<ul style="list-style-type: none"> • Numbers of individuals / community groups engaged in evaluation of SMPCP supported projects <p>Qualitative measures:</p> <ul style="list-style-type: none"> • Participant feedback sheets • On-line surveys
Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
Organise a catchment wide forum for Service clubs, local government community reference groups (e.g. Bayside Health Ageing Reference Group BHARG), Community Advisory Committees associated with SMPCP partner agencies, specific diseases and conditions interest groups and individuals	May 2018	<ul style="list-style-type: none"> • The proportion consumers and community representatives reporting their involvement in the design, evaluation and implementation of SMPCP funded initiatives. 	<p>Establishment of a database of consumer participants in design, evaluation and implementation of SMPCP funded initiatives with permissions to obtain feedback</p> <p>Preparation of a survey tool for gathering data to be used at inception, during and completion of the funding</p>

SMPCP Service Integration - Common Assessment Tool Action Plan 2017/18

Priority Area	Healthy Living		
Goal	Develop a comprehensive assessment tool which will be used in conjunction the Model of Care to increase <i>whole of client's care</i> within community health		
Target population group/s and/or setting/s	Partner organisations assessing clients in their work place for chronic disease		
Budget and resources	<i>Allocated SMPCP staff as per current budget arrangements</i>		
Key evaluation question/s	Proportion of partner organisations that agreed to utilise the common assessment tool with their clients to refer across the health sector?		
Partners (current and new partners)	Monash Health, Connect Health & Community, Central Bayside Health Services, Caulfield Community Health, Star Health, Cabrini, Bolton Clarke, Calvary, LGAs, Aboriginal & Torres Strait Islander Project Officer		
Objective	Timeline	Progress measures	Evaluation methods/tools
To develop common assessment tool to be used across the catchment	October 2017 – June 2018	50% of clinicians will use the tool across catchment via the engaged services	TBD
To reduce of the number of times clients need to provide basic health information to clinicians across services	October 2017 – June 2018	50% plus of clients do not have to repeat health information when seeing community health clinicians	
Health risks are better managed resulting in improved health outcomes for the consumer		50% of clients requiring referral to other clinicians will be referred via this tool	

Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
Development of a common assessment tool	October 2017 - 2018	Working group established to develop the common assessment tool	Number of services pilot the tool
Clinicians adopt the common assessment tool to refer patients to other services		Training provided to clinicians on correct use of the new common assessment tool	Number of clinicians attending training
Reduce clients need to provide basic information to all clinicians		Clinicians actively refer clients to other services with the tool	TBD

SMPCP Service Integration - *Diabetes Action Plan 2017/18*

Priority Area	Healthy Living
Goal	Complete the referral pathway for patients with type II diabetes being referred from Alfred Health to community health services in a timely and suitably location
Target population	Patients with type II diabetes
Budget and resources	<i>As per staffing budget currently in place</i>
Key evaluation question	Have the partner organisations improved the referral process of clients with type II diabetes from the acute sector receive the most timely and suitably located care within the primary care sector?
Partners	Connect Health & Community, Star Health, Caulfield Community Health, Central Bayside Community Health, consumers, Alfred Health (Diabetes service team), General Practice

Objective	Timeline	Progress measures	Evaluation methods/tools
To improve the referral of clients with type II diabetes from the acute sector to the primary care sector.	October 2017- June 2018	50% patients referred to the acute sector are referred into primary care for ongoing self-management of their diabetes.	Intake service records referral from Alfred Health to diabetes service.
To improve the responsiveness of acute physicians to requests from primary care CDE-RNs regarding changes to medication		75% of primary care services providers receive information in a timely manner when requested to e acute physicians are made by CDE-RNs	CDE-RNs records length of time it takes to receive feedback for acute physicians
To define CDE-RN roles across the acute and primary sector to align referrals in the most appropriate timely way		80% of CDE –RNs will understand the difference in each clinicians role and refer appropriately	Survey CDE-RNs working with this pilot on each position responsibilities

Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
Develop a common pathway to refer clients from the acute sector to the primary care sector	October 2017 – June 2018	Development and review of pathways with 80% agreement that they will be adopted by the services	Feedback item on Agenda re pathway usage at each working group meeting
Develop MOU to allow access to acute patient system and/or a key contact email that will be responsive within 24hrs		Discussions with key agency members to develop an MOU and have it signed off with the 9 month period	MOU signed off by all parties
Review, discuss the CDE-RNs roles across the services		Collate the position descriptions with clear indications of differences across each sector Discuss the CDE-RNs on the difference in acute and primary care position descriptions	Clear documentation of differences documented by working group 75% attend a meeting to discuss the role differences

SMPCP Service Integration - My Aged Care, National Disability Insurance Scheme Action Plan 2017/21

Priority Area	Healthy Living		
Long term Goal	Facilitate communication between partners to enable a smooth transition across the catchment in the long-term		
Target population	SMPCP Partner agencies working within the aged care sector and the disability sector		
Budget and resources	<i>SMPCP staff as per current budget arrangements</i>		
Key evaluation question/s	<p>Has the knowledge of MAC/NDIS across the key clinicians within the partnership catchment improved?</p> <p>Have the transition to the new systems been good experience for clinicians and community members?</p>		
Partners	Regional Assessment Service Teams, Caulfield Community Health, Connect Health & Community, Central Bayside Community Health Services, Star Health, SRS , Regional Development Coordinator Community services, Brotherhood of St Laurence, ACAS, Access Care Southern		
Objective	Timeline	Process measures	Evaluation methods/tools
<p>To ensure timely communication on changes occurring with the MAC and NDIS process and system.</p> <p>Clients able to transition through MAC in a timely manner.</p>	October 2017- June 2018	<p>Clear understanding of the referral systems and processes through MAC/NDIS by the clinicians.</p> <p>Reduce the delay in clients receiving timely service through MA</p>	<p>Action item on clinicians meeting agenda for feedback on systems and process.</p> <p>Recording of waiting time to be recorded by clinicians.</p>
Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
Provide regular communication to clinicians as MAC/NDIS are rolled out across the catchment.	October 2017 – June 2018	Provide a safe environment to discuss changes occurring with the new systems.	Number of meetings provided to partners to discuss changes.
Initiate regular forums to allow clinicians to discuss barriers.		Development of enablers through discussion to ensure patients transition smoothly across to MAC.	Note enablers to barriers through meeting standing Agenda item.

SMPCP Service Integration - *Intake Action Plan 2017 / 21*

Priority Area	Healthy Places
Long term Goal	The network provides a forum for peer support specifically for intake clinicians. It meets to share information, discuss issues and collaboratively problem solve to improve service provision. It also provides a forum to identify common issues that may require escalation or advocacy.
Target population group/s and/or setting/s	Intake Clinicians across the SMPCP catchment
Budget and resources	<i>SMPCP staff as per current budget arrangements</i>
Key evaluation question	Has the number of partners attending the meetings increased annually? Have the Intake clinicians increased their knowledge of other service systems and processes?
Partners	Access Care Southern, Caulfield Community Health, Connect Health& Community, Central Bayside CH, Star Health, Bolton Clarke

Objective	Timeline	Progress measures	Evaluation methods/tools
To provide professional development relevant to Intake clinicians	2017-18	Increase knowledge of other systems and processes used across intake services	Pre and post surveys
Raise and discuss gaps and improvement opportunities and participate in the development of strategies to address specific issues		Intake clinicians are connected in their method of improvement of their work environment	Annual review of actions in minutes

To develop inter-agency, inter-worker relationships to support collaborative solution to problems		Increase in participation of Intake services in these meeting	Review of attendees via minutes on annually
Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
Organisation members assist in the development of agenda speakers	2017-18	Proportion of members providing speakers for meetings	Review minutes annually to review origin of invited speakers
Rotation of meetings to encourage broader membership across the catchment		Proportion of member agencies that convene meetings on their sites	Annual review of meetings convened

SMPCP Service Integration - *Supported Residential Services (SRS) Action Plan 2017-18*

Priority Area	Healthy Living
Long-term Goal	Improve the knowledge of the partners to enable change to support the health and well-being outcomes of clients living in Supported Residential Services
Target population group	Staff from services that support Supported Residential Services
Budget and resources	<i>SMPCP staff as per current budget arrangements</i>
Key evaluation question	Have we increased the knowledge of the SRS clinicians to successfully work in a changing environment? Has the information provided been relevant to the member's work place?
Partners	Clayton Community Mental Health Services, Star Health, Central Bayside Community Health Services, Access Care Southern, Peninsula Health Care Network, Jewish Care, Monash Community Services, Bolton Clarke, Connect Health & Community, SAVVI representatives

Objective	Timeline	Progress measures	Evaluation methods/tools
To raise and discuss gaps and improvement opportunities and participate in the development of strategies to address specific issues	2017-18	Proportion of partner organisations that participate in the meeting have common shared goals across the SRS	Minute attendees to the meetings
To develop knowledge of planned system changes across this specialty area- NDIS, My Aged Care		Increase in the members knowledge of system changes	Survey of members ability to use the new systems
To develop inter-agency, inter-worker relationships to support collaborative service delivery to clients		Increase and broaden the number of representatives regularly attend the meetings	Review yearly number of different members attending meetings

Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
<p>Promote the meetings across catchment wide organisations with an interest in this area of work</p> <p>Provide speakers to enhance the knowledge of common change processes to be rolled out across this specialty area</p>	2017-18	<p>Number of members that indicate the relevance of these meetings to their work</p> <p>The proportion of members who indicate their understanding of the new changes and are able to work within the changes</p>	<p>Pre and Post Feedback from the members on information sessions</p> <p>Survey the members in the ease of managing the new systems</p>

Family Violence – Action Plan 2017 / 2021

Priority Area	Healthy Places – Family Violence
Long term goal	To advocate and contribute to the prevention of family violence in the catchment area
Target population group/s and/or setting/s	Workplaces (councils, community health services, non-for-profit organisations, local businesses, recreation facilities and sporting clubs)
Budget and resources	Existing staff, partners' contribution (as negotiated)
Key evaluation question/s	<ul style="list-style-type: none"> What tools and training are required to support partners in preventing family violence across the catchment? How do we increase community's awareness in relation to family violence?
Partners	Bayside City Council, Bayside Peninsula Integrated Family Violence Partnership, Caulfield Community Health Service, Central Bayside Community Health Services, City of Port Philip, City of Stonnington, Connect Health and Community, Family Life, Glen Eira City Council, Jewish Care, Kingston City Council, South Eastern Centre Against Sexual Assault, Star Health, Women's Health in the South East.

Objective 1	Timeline	Progress measures	Evaluation methods/tools
To increase the capacity of partner organisations to prevent family violence	Oct 2017 – June 2021	<ul style="list-style-type: none"> Proportion of SMPCP partner organisations who participated Partners confident they can devise preventative strategies in relation to family violence across the catchment Proportion of partners who agree that they shared common goals, commitment, understanding and learnings 	<ul style="list-style-type: none"> Pre and post survey (qualitative and quantitative measures) Annual partnership survey

Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
Strategy 1.1 Provide training and support on the processes to embed gender equity in the workplace eg. response strategies to disclosure, gender equity training workshops and e-learning module	Oct 2017 – June 2018	<ul style="list-style-type: none"> • Number of workplaces who have changed workplace systems • Participant's satisfaction (relevance, effectiveness and learnings) • Increased knowledge of how workplaces can embed gender equity in the workplace 	Pre and post survey (qualitative and quantitative measures)
Strategy 1.2 Advocacy, support and ongoing information sharing	Oct 2017 – June 2021	<ul style="list-style-type: none"> • Participants' satisfaction (relevance, effectiveness and learnings) • Partners are connected and supported to implement improved practices and share learnings 	Annual partnership survey
Strategy 1.3 Develop a consistent approach in data collection	Oct 2017 – June 2021	<ul style="list-style-type: none"> • Aligned effort and approach to identify and evaluate local level data to support monitoring of long term change • Share indicators are developed and collected by partners 	<ul style="list-style-type: none"> • Annual partnership survey • Partners' feedback via planned working group meetings

Objective 2	Timeline	Progress measures	Evaluation methods/tools
Increase awareness of family violence in the community	Oct 2017 – June 2021	<ul style="list-style-type: none"> • Proportion of SMPCP partners and consumers who participated • Partners confident to devise communication strategy to increase community awareness of family violence across catchment 	<ul style="list-style-type: none"> • Pre and post survey (qualitative and quantitative measures) • Annual partnership survey

Interventions/Strategies	Timeline	Performance measures	Evaluation methods/tools
Strategy 2.1 Develop an internal communication strategy/plan including: <ul style="list-style-type: none"> • 16 days of Activism campaign • International Day for the Elimination of Violence Against Women • International Women's Day 	Oct 2017 – June 2021	<ul style="list-style-type: none"> • Internal communication strategy / mechanism developed • Marketing plan developed • Percentage of planned social marketing initiatives completed • Number of reach • Insights from communication platforms used 	<ul style="list-style-type: none"> • Pre and post survey (qualitative and quantitative measures) • Partners' feedback via planned working group meetings • Consumers' feedback via communication platforms