

## The Grampians Pyrenees PCP:

Advocates  
Plans  
Evaluates  
Grows local opportunities  
Improves access  
Promotes good health  
Reduces duplication

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Vacant

#### Partnership Development Officer

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## Member Agencies

Ararat Rural City	5355 0200
Ararat Neighbourhood House	5352 1551
Ararat Uniting Care	5352 1059
Ballarat Health Services	5320 3828
Beaufort Community House & Learning Centre	5349 3110
Beaufort & Skipton Health Service	5340 2333
Budja Budja Aboriginal Cooperative	5356 4751
Central Highlands Sports Assembly	5331 6966
Child & Family Services Ararat	5352 2910
East Grampians Health Service	5352 9300
East Wimmera Health Service	5477 2100
Elmhurst Bush Nursing Centre Inc	5354 8227
Eventide Homes	5358 2027
Grampians Community Health Centre	5358 7400
Ararat Islamic Welfare Association	5352 5344
Lake Bolac Bush Nursing Centre	5355 8700
Maryborough District Health Service	546103330
McGregor House	5352 3084
Murdoch Community Services	5495 1566
Northern Grampians Shire Council	5358 8700
Pyrenees Shire Council	5349 1100
Stawell Regional Health	5358 8500
Stawell Neighbourhood House	5358 3500
Stawell Intertwine	5358 3394
Villa Maria	5352 2317
West Vic Division of General Practice	5352 4804
Wimmera Regional Sports Assembly	5382 4599
Wimmera Uniting Care	5382 6789
Women's Health Grampians	5332 8980

# Strategic Directions 2008/2012 for GRAMPIANS PYRENEES PRIMARY CARE PARTNERSHIP (GPPCP)

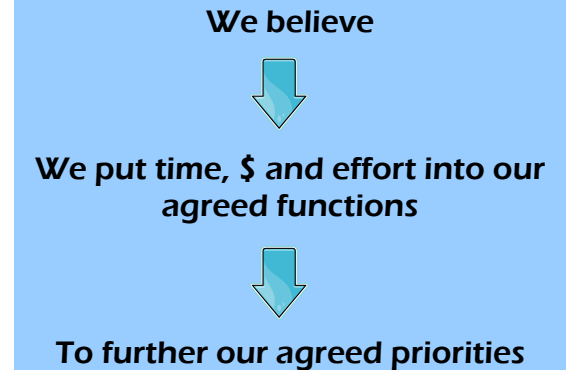


Moving the present state of care into  
an ideal state of care

*A facilitated planning day was held on Friday April 18th 2008 to reconsider the best way forward for the partnership. A new community health plan (strategic plan) is due next year for the 2009/2012 period.*

## On April the 18th 2008 we together agreed on:

<b>SHARED VISION:</b>	A healthy and well community (our aspiration)
<b>CORE BUSINESS:</b>	Coordination through partnerships (what we do)
<b>FUNCTIONS:</b>	Integration, Capacity Building, Advocacy and growing local opportunities (how we will do it)
<b>VALUES:</b>	Supportive, Collaborative and Empowering (the way we do it)



### STRATEGIC PRIORITIES

Both for improving the health of individuals and the functioning of the system as a whole  
*(All the priorities are underpinned by the use of evidence and ongoing evaluation)*

#### Priority 1 - Integrating management and prevention of Chronic Disease

##### What does this mean?

- ◆ Preventable Chronic Disease is on the increase (evidence)
- ◆ People with Chronic Disease often have complex needs (evidence)
- ◆ Partnerships support better management of Chronic Disease (evidence)
- ◆ There are a number of funded initiatives in Chronic Disease management and prevention (evidence)

##### What we want to do together:

- ◆ Promote healthy lifestyles (emphasis on **healthy eating** and **physical activity**)
- ◆ Support early detection of risk
- ◆ Encourage self-management
- ◆ Improve communication and coordination between services

#### Priority 2 - Coordinating Mental Health strategies

##### What does this mean?

- ◆ Good Mental Health and Wellbeing facilitate both prevention and better management of Chronic Disease (evidence)
- ◆ Natural disasters and extreme weather events can cause added stress (evidence)
- ◆ Poorer people tend to have poorer Mental Health (evidence)
- ◆ Good Mental Health prevents the onset of Chronic Mental Illness (evidence)

##### What we want to do together:

- ◆ Empower health professionals and the community at large to understand the Mental Health continuum
- ◆ Reduce the risk of high prevalence disorders becoming serious mental illness
- ◆ Coordinate initiatives to address the mental health issues associated with ongoing drought

#### Priority 3 - Responding to Rural Adjustment issues

##### What does this mean?

- ◆ The demographics of rural communities are changing (evidence)
- ◆ On the whole our rural communities are aging (evidence)
- ◆ Changes in climate will significantly affect the way in which rural communities will need to operate (evidence)
- ◆ There are huge opportunities associated with climate change in rural opportunities (evidence)

##### What we want to do together:

- ◆ Develop and support the opportunities associated with climate change
- ◆ Empower health professionals and communities to understand what the opportunities might be
- ◆ Work towards addressing the issues raised by an aging population

#### Priority 4 - Promoting Social Inclusion

##### What does this mean?

- ◆ People who feel part of their communities generally maintain better health (evidence)
- ◆ People with disabilities need to be offered the same opportunities and choices as everybody else (policy)
- ◆ Social isolation is a huge health risk (evidence)
- ◆ Well planned community infrastructure promotes a more socially inclusive environment (evidence)

##### What we want to do together:

- ◆ Empower health professionals and the community at large to understand the importance of social inclusion
- ◆ Increase the opportunities for socially isolated people to be included
- ◆ Promote inclusion of minority groups in planning and service system design

*The client is at the centre of all service delivery*