



**Inner South East Partnership in Community and Health**

***COMMUNITY ADVISORY GROUP***

**WORKPLAN 2010 - 12**

1. ON-GOING FUNCTIONS	ROLE OF THE CAG	RESPONSIBILITY  Who needs to be involved	EXPECTED OUTCOMES  what will be achieved
<p><b>1.1. Provide advice to ISEPICH member agencies, Executive and other groups</b></p>	<p>To provide an informed consumer/community perspective on health and wellbeing issues through discussion at CAG meetings and participation by CAG members in ISEPICH forums and meetings.</p> <p>To provide feedback to ISEPICH member agencies regarding issues including: communication and publications, both electronic (websites) and hard copy (by request or as relevant). (See also 2.4 below)</p> <p>To provide follow up on previous work on improving reception (comfort, privacy, information displays etc) to agencies as relevant</p>	<p>CAG members</p> <p>CAG members ISEPICH Staff Executive <i>Seek active Executive support for this function</i></p> <p>CAG members Agencies</p>	<p>Decision making and discussion will be improved through the incorporation of consumer/ community input and views. Enhanced services and health promotion programs. Enhanced community participation in ISEPICH</p> <p>Agency communication and publications will be improved through taking into account consumer feedback.</p> <p>Improvements to front line services</p>
<p><b>1.2. Identifying Community Needs and Consultation</b></p> <p>To contribute to planning and evaluation and the identification of community needs/issues</p>	<p>To participate in forums and meetings of ISEPICH and other relevant networks.</p> <p>To ensure that information and insights gained by individual CAG members inform the ongoing work and priorities of the group and ISEPICH generally.</p> <p>To provide a regular opportunity in CAG meetings for discussion of new issues and sharing of information between members.</p>	<p>CAG members</p> <p>CAG members and ISEPICH staff</p> <p>CAG members/CAG Chairperson</p>	<p>Participation in and influencing the discussion at relevant forums and meetings.</p> <p>Regular discussion.</p> <p>Consideration of new or emerging issues and where relevant to take appropriate action.</p>

<i><b>ONGOING FUNCTIONS</b></i>	<i><b>ROLE OF THE CAG</b></i>	<i><b>RESPONSIBILITY Who needs to be involved</b></i>	<i><b>EXPECTED OUTCOMES What will be achieved</b></i>
<p><b>1.3. Health Promotion</b></p> <p>To provide a community/consumer perspective and advocate in relation to ISEPICH's identified Health Promotion Priorities</p>	<p>Ongoing participation by CAG and other community members in ISEPICH's health promotion work.</p> <ul style="list-style-type: none"> <li>• Participation in all ISEPICH health promotion committees and working groups</li> <li>• Provide information to community through peer education and forums (see also 2.4 below)</li> </ul>	<p>CAG members</p> <p>CAG members</p> <p>CAG members ISEPICH staff</p>	<p>ISEPICH's health promotion work will be influenced through the inclusion of a consumer and community perspective.</p> <p>Active participation and reporting back.</p> <p>Better understanding in CAG of health promotion priorities</p> <p>Increased knowledge of health promotion in community</p>
<p><b>1.4. Service Coordination and Integrated Chronic Disease Management (SCIDM)</b></p> <p>To provide a community/consumer perspective and advocacy as required</p>	<p>Ongoing participation by CAG and other community members in ISEPICH's SCIDM activities.</p> <ul style="list-style-type: none"> <li>• Provide consumer perspective on access to services, privacy and related issues; advocate for improvement where required (including re disadvantaged or excluded groups, cultural diversity, etc) with SCIDM committee and WGs</li> <li>• Provide consumer perspective re chronic disease; advocate for improvement where required (including re disadvantaged or excluded groups, cultural diversity, etc) with SEBDA and associated WGs</li> <li>• Document issues re discharge from acute to community and advocate for improvement as required (see also 2.5 below)</li> </ul>	<p>CAG members</p> <p>CAG members</p> <p>CAG members</p> <p>CAG members ISEPICH staff</p>	<p>ISEPICH work in service coordination and integrated chronic disease management will be improved through the inclusion of consumer and community perspective</p> <p>Active participation and reporting back.</p> <p>Improved understanding re SCIDM in CAG services in community</p> <p>Improvements for community</p>

## 2010 priority issues

2. PRIORITY ISSUES (not in priority order)	STRATEGIES What will be done about it	TIME-LINE	RESPONSIBILITY Who needs to be involved	EXPECTED OUTCOMES What will be achieved
<b>2.1. Support review and update of ISEPICH community participation policy</b>	CAG members to review policy documents and provide feedback to ISEPICH staff and Executive (eg re relationship with Exec, reimbursement, professional development for CAG members, volunteering, community participation in WGs)	2010-11	CAG members ISEPICH staff Executive	More effective community participation in ISEPICH and member agencies
	Review CAG ToR including focus on ensuring transparent processes	By September 2010	CAG members ISEPICH staff	Increased accountability and more effective functioning in CAG
<b>2.2. Networking – Southern metro region with other CAGs/ CACs</b>	Form links with other CAGs/CACs in Southern metro region with view to joint forums	Ongoing 2010-12	CAG Members ISEPICH EO	Increased knowledge and capacity in CAG/CAC members
	<ul style="list-style-type: none"> <li>Proposed joint forum with CAGs/CACs in ISEPICH &amp; Kingston Bayside – information sharing on roles, policies, issues</li> </ul>	2010-11	CAG Members ISEPICH EO	
<b>2.3. Raise profile of the CAG in ISEPICH and community</b>	Provide issue based article for <b>each issue</b> of ISEPICH News	Quarterly	CAG Members ISEPICH staff	Increased knowledge of CAG in ISEPICH.
	Increase links with community members through:	Ongoing	CAG members	More effective participation by CAG members.
	<ul style="list-style-type: none"> <li>Community networking &amp;/or</li> <li>Forums on issues of interest</li> </ul>	One/two forums 2010-12	CAG members ISEPICH staff and Exec <i>Seek active Exec support</i>	CAG provides “conduit” – helps link agencies & community Increased knowledge in community

<p><b>2.4. Improve provision of health information to community</b></p>	<p>Develop peer education role for CAG members to improve community access to information on health and wellbeing issues.</p> <p>Aim to make system understandable (eg provision of information in a variety of ways, materials useful for people of low literacy, not just written). May include focus on ISEPICH priorities Mental health and Diabetes (inc CALD issues) and also issues identified by CAG. General information can also be provided at forums.</p>	<p>First peer educators training by June 2010. Peer ed sessions in 2010- 12</p> <p>Ongoing</p>	<p>CAG members ISEPICH staff External training and facilitation as needed</p> <p>CAG members ISEPICH staff Agency representatives</p>	<p>Increased knowledge about services and programs in community</p> <p>Improved ability for community members to “navigate” the health and community system</p>
<p><b>2.5. Contribute to improved Hospital Discharge Procedures</b></p>	<p>Document examples of poor discharge practice and effective responses or changes made to improve. Disseminate to relevant stakeholders. (May link with 2.2 &amp; communication with Alfred CAC)</p>	<p>2010-11</p>	<p>CAG Members Alfred health Stakeholders ISEPICH staff SCIDM and Exec reps</p>	<p>Improvements to discharge procedures</p>
<p><b>2.6. Retain a flexible component – capacity to respond to issues that arise or that are raised by ISEPICH members</b></p>				