

# **Wollondilly Health Alliance**

## **Progress Report**

**June 2019**

## **Introduction**

The Wollondilly Health Alliance (WHA) was established in 2014 as a partnership between Wollondilly Shire Council, South Western Sydney Local Health District, and South Western Sydney Primary Health Network.

The WHA has established working groups and committees that oversee and monitor specific initiatives and projects. The WHA's governance structure can be seen on page 3.

The WHA work collaboratively to deliver coordinated health care for the diverse needs of people in Wollondilly. It is about working together on projects and programs that will help deliver the vision of:

- A healthier community
- A community that has quicker and easier access to quality health services
- A community that has a say in the development and provision of health services that affect them.

The WHA achievements to date include engaging and empowering individuals in their own care, establishing the best way to deliver services to Wollondilly and reducing the number of residents whose illness becomes worse and/or takes them to hospital. The work of the WHA has also increased the knowledge and opportunities to understand and participate in preventive health and integrate health consideration in Council land use and strategic planning processes within Wollondilly Shire Council.

### **Care Process Initiatives**

- Video Consultation
- Telemonitoring
- Wollondilly Diabetes Program

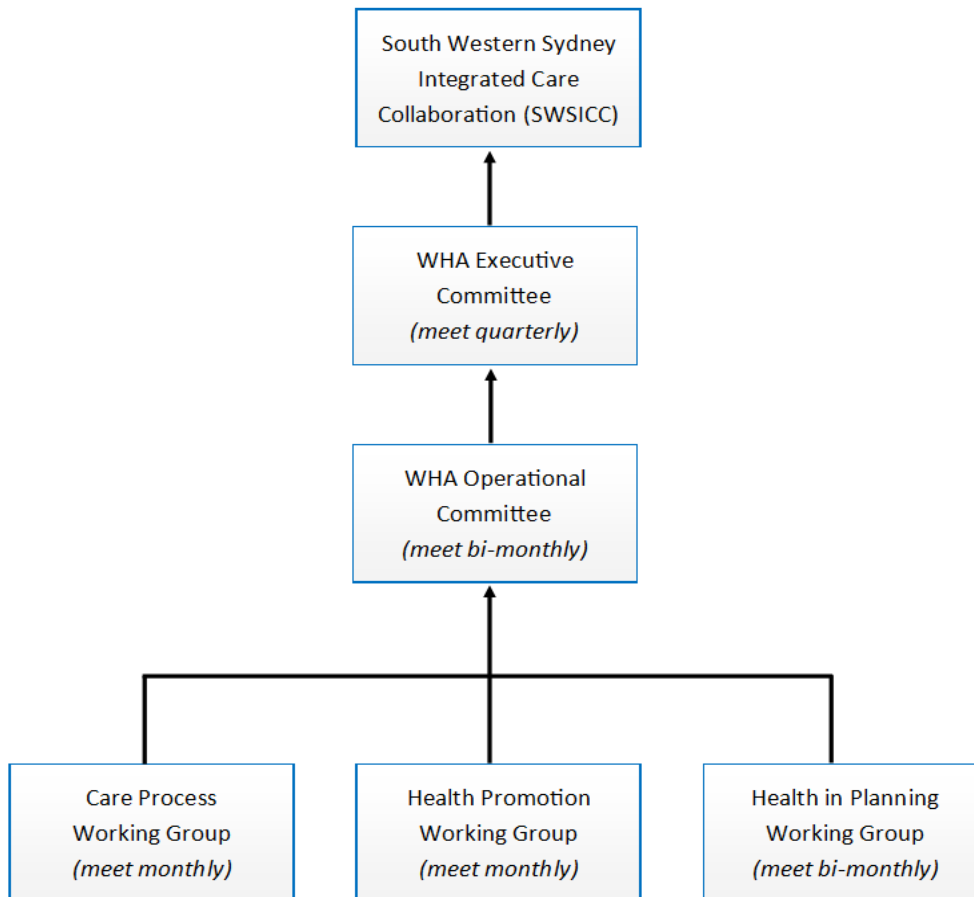
### **Health Promotion Initiatives**

- Dilly Wanderer Enhancement
- Healthy Towns
- Wollondilly Wellbeing Strategy

### **Health in Planning Initiatives**

- Health Assessment Protocol (HAP)
- Jointly funded Senior Strategic Planner position
- Wilton Rail Health Impact Assessment (HIA) learning by doing
- Wilton Health and Wellbeing Strategy

## WHA Governance Structure



## Committee Summary

	Membership	Role
<b>Alliance Executive Committee</b>	<ul style="list-style-type: none"> <li>Senior Executive of each partner organisation</li> </ul>	Manage the Alliance.  Implement the actions aligned to the Memorandum of Understanding.
<b>Alliance Operational Committee</b>	<ul style="list-style-type: none"> <li>Up to 3 representatives from each partner organisation</li> <li>General Practice</li> <li>Non-Government Organisations</li> <li>Other Government agencies</li> <li>Private industry</li> </ul>	Provide governance over the development and implementation of an integrated primary and community health model of care.
<b>Working Groups</b>	<ul style="list-style-type: none"> <li>Up to 2 representatives from each partner organisation</li> <li>General Practice</li> <li>Non-Government Organisations</li> <li>Private industry</li> <li>Research and university groups</li> </ul>	Utilise subject matter expertise to support the planning, design, implementation and evaluation of initiatives across Wollondilly Shire.  Facilitate change on the ground.

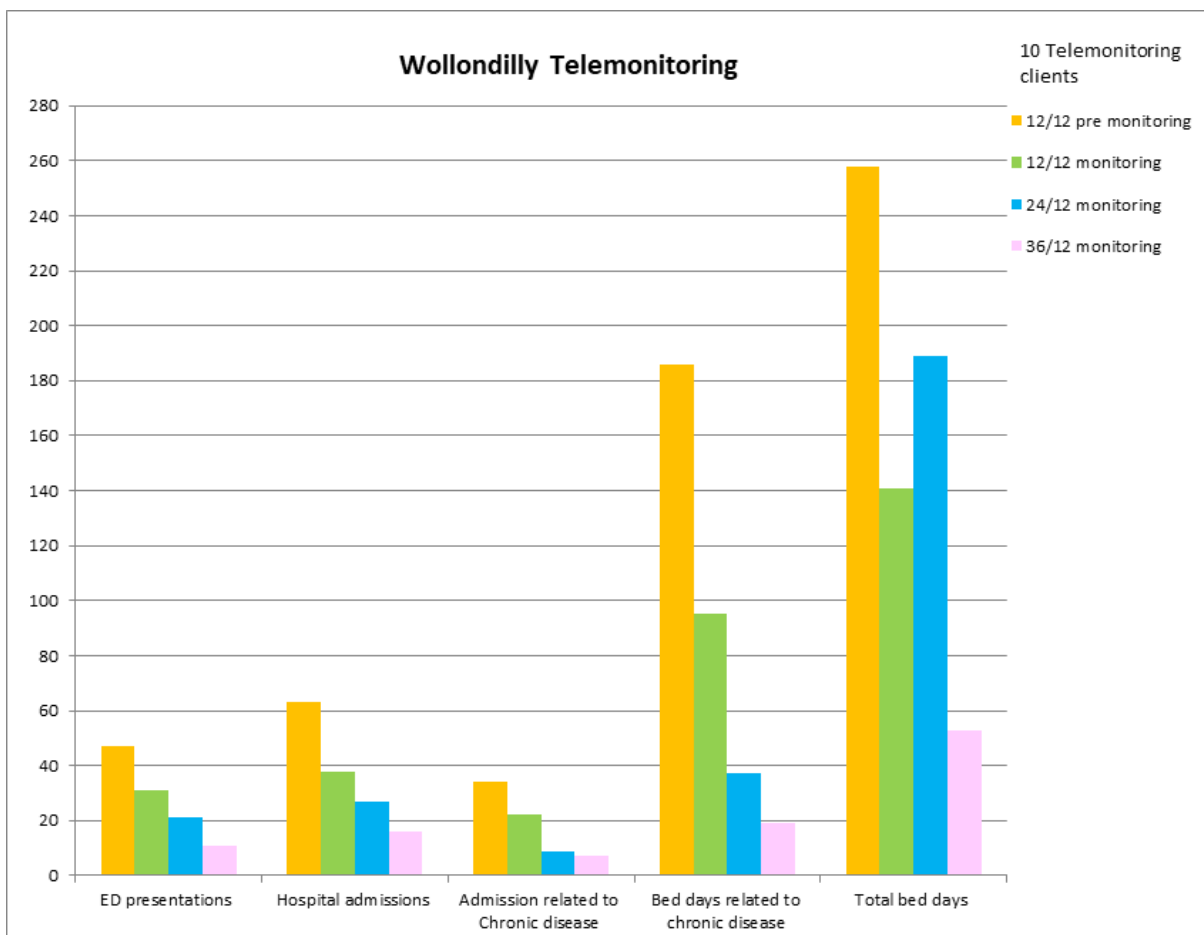
Project Title: Video Consultation Strategy		Project Lead: Jenny Ly/Sam Sio	
Activity		Result/Outcome	
<p>To enable video conferencing between GPs and the SWSLHD:</p> <ul style="list-style-type: none"> <li>• Determine the service platform</li> <li>• Set up of equipment</li> <li>• Testing of equipment</li> <li>• Engagement with services</li> <li>• Implementation</li> <li>• Monitoring (successes, issues, experiences)</li> </ul>		<ul style="list-style-type: none"> <li>• The initial planning and implementation around the videoconferencing strategy (phase one) was unsuccessful as a result of poor internet connectivity in Wollondilly.</li> <li>• Improved internet connectivity through the National Broadband Network has enabled a videoconferencing strategy to be progressed.</li> <li>• SWSLHD has adopted an eHealth conferencing platform called PexIP. Successful testing at Picton Family Medical Centre, Aged Care and Rehabilitation at Camden Hospital and Macarthur Cancer Therapy Centre.</li> <li>• Older videoconferencing equipment that was installed in four General Practices have been replaced with new equipment that supports PexIP.</li> </ul>	
<p>Engagement with:</p> <ul style="list-style-type: none"> <li>• General Practice</li> <li>• SWSLHD Clinicians</li> <li>• Patients</li> <li>• Enhance awareness of service</li> </ul>		<ul style="list-style-type: none"> <li>• Successful engagement with 32 General Practitioners.</li> <li>• Successful engagement with Aged Care and Rehabilitation specialists at Camden/Campbelltown Hospitals. Currently 0 patients have had a videoconsultation. SWSLHD clinician engagement enabled by SWSLHD Clinical Manager, Aged Care and Rehabilitation – Complex Care and Internal Medicine.</li> <li>• Successful re-engagement with oncology clinicians in progress by the Clinical Manager and Director Macarthur Cancer Therapy Centre.</li> </ul>	
<p>Develop tools for implementation:</p> <ul style="list-style-type: none"> <li>• Model of care</li> <li>• Workflow</li> <li>• Processes and procedures</li> <li>• Education &amp; training material</li> <li>• Technical equipment</li> <li>• Technical support</li> </ul>		<ul style="list-style-type: none"> <li>• Models of care and workflow for Aged Care and Rehabilitation and Cancer Services have been co-designed with lead clinicians for each service. These will be reviewed, and updated if required, as videoconferencing activities increase.</li> <li>• Technical equipment (e.g. web camera, speakers) available through WHA. Access to PexIP readily available to SWSLHD staff.</li> <li>• Technical support currently provided by WHA Project Team, including SWSPHN Digital Health Coordinator.</li> </ul>	
<p><b>Evaluation</b></p> <p>An evaluation plan is being developed in consultation with the SWSLHD Integrated Health Care Research &amp; Evaluation Officer.</p>			
<p><b>Recommendations for future follow-up</b></p> <ul style="list-style-type: none"> <li>• Implementation of pilot in Wollondilly.</li> <li>• Limit disengagement from GPs and SWSLHD clinicians who have been ready for some time to commence pilot.</li> <li>• Understanding of patient-end services for MBS videoconsultation items.</li> <li>• Success of phase one will enable phase two - planning and developing of a videoconferencing strategy for patients in their home.</li> </ul>			

<b>Project Title: Telemonitoring</b>	<b>Project Lead: Vicki Bonfield</b>
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Activity	Result/Outcome
Patient engagement and on-boarding	<ul style="list-style-type: none"> <li>39 patients monitoring in Wollondilly</li> <li>Significant reduction on hospital admissions and bed days (see Table 1 and Graph 1 below).</li> </ul>

**Table 1**

	ED presentations	Hospital admissions	Admission related to chronic disease	Bed days related to chronic disease	Total bed days
12/12 pre monitoring	47	63	34	186	258
12/12 monitoring	31	38	22	95	141
24/12 monitoring	21	27	9	37	189
36/12 monitoring	11	16	7	19	53
total no. during monitoring	63	81	38	151	383

**Graph 1**


<p>Patient Reported Experience Measures (PREMs) implementation and tools for implementation:</p> <ul style="list-style-type: none"> <li>• Model of care</li> <li>• Process map</li> <li>• Technical equipment</li> <li>• Technical support</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation and partnership with the Agency for Clinical Innovation (ACI) commenced (MoU to be signed).</li> <li>• WHA telemonitoring is the first telehealth initiative in NSW that has implemented PREMs.</li> <li>• Questionnaire co-designed with SWSLHD Telemonitoring Clinical Coordinator and WHA. Questions relate to the telemonitoring service's impact on: <ul style="list-style-type: none"> <li>○ quality of life</li> <li>○ self-management and self-care</li> <li>○ individual involvement in healthcare decisions</li> <li>○ ability to recognise symptoms and take action</li> <li>○ timely access to health information/advice</li> <li>○ access to home care/services</li> <li>○ hospital utilisation.</li> </ul> </li> <li>• Model of care has been drafted.</li> <li>• Process map developed in consultation with SWSLHD Telemonitoring Clinical Coordinator.</li> </ul>
<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• As above, a PREMs tool has been developed in partnership with ACI to capture Wollondilly patients' experiences with the program and their chronic illness.</li> <li>• Regular data capture to demonstrate trends of ED presentations, hospital admissions and bed days; so far has shown significant reduction in these numbers when comparing pre-monitoring to 36 months post-monitoring.</li> </ul>	
<p><b>Recommendations for future follow-up</b></p> <ul style="list-style-type: none"> <li>• Consider strategies to increase capacity in Wollondilly through increasing number of units.</li> <li>• Development of PREMs to capture carer feedback.</li> </ul>	

Project Title: Wollondilly Diabetes Program		Project Lead: David Simmons	
Activity	Result/Outcome		
Diabetes prevention & community engagement	<ul style="list-style-type: none"> <li>• Developed, established and maintained a weekly 4 hour educator/dietitian group education program. This rotates through 3 practices (Appin, Wilton, Picton) and the WCHC. Total attendance: 156; 9 practices referred</li> <li>• Developed and growing a Diabetes peer support program: 16 peer support facilitators trained, 5 new peer group sessions (Appin, Tahmoor, Menangle, Bargo and Indigenous elders' groups in Bargo &amp; Buxton). Total 74 persons attended peer support sessions. A new peer group session will commence in April in Warragamba &amp; Silverdale.</li> <li>• Facilitated the growth of Health Promotion activities: 2 walking groups (Tahmoor and Picton); and maintaining a Diabetes friendly shelf at Our Community Pantry in Bargo.</li> <li>• Undertaken Community Events: <ul style="list-style-type: none"> <li>○ 3 roadshows held, another to be held 1 June 2019</li> <li>○ 31 events attended</li> <li>○ 1493 persons interacted with and conducted Diabetes risk assessment using the Australian Type 2 Diabetes Risk Assessment Tool (AUSDRISK) in 166 persons.</li> <li>○ Free blood glucose testing for diabetes screening conducted in Tahmoor and Picton through partnership with stakeholders (NSW Health Pathology, Tahmoor Baptist Church Community, ABC catalyst, and Appin Men's Shed)</li> </ul> </li> <li>• Developed a community awareness and engagement program through the Dilly Wanderer to increase uptake of WDP services among residents: <ul style="list-style-type: none"> <li>○ 10 events have been attended using the Dilly Wanderer</li> <li>○ Student summer project completed using the Dilly Wanderer.</li> </ul> </li> </ul>		
Complex diabetes prevention	<ul style="list-style-type: none"> <li>• Clinical and health promotion team consisting of 0.05FTE Endocrinologist, 0.4FTE Dietitian, 0.5FTE Educator, 0.4FTE Administration, 0.15FTE Health Promotion</li> <li>• Weekly educator clinic, weekly dietitian clinic, monthly multidisciplinary team (MDT) diabetes clinic including endocrinologist. There is a waiting list for the MDT clinic. Total attendance: 361; 9 practices referred</li> <li>• Developed and established a general practice based, Medicare income generating, case conferencing program: <ul style="list-style-type: none"> <li>○ Records are maintained in an electronic record (Swishcare)</li> <li>○ Case conferencing is associated with a 1% reduction in HbA1c (pilot data)</li> <li>○ The case conferencing using these processes has been extended across the district and now used by 4 endocrinologists</li> <li>○ Funding is now through SWSPHN</li> <li>○ Total attendance: 146; 5 Wollondilly practices involved.</li> </ul> </li> <li>• Bi-monthly Clinician Reference Group (CRG) with approximately 25 local clinical staff (general practice, pharmacy, optometry, exercise physiology) regularly attending. The CRG involves discussion of integrated diabetes care strategies and provides education. 5 Wollondilly practices involved.</li> <li>• Developed a patient interface for Swishcare with 21 patients involved.</li> </ul>		

	<ul style="list-style-type: none"> <li>• Piloted the online diabetes competency/health care professional education program (AUSCDEP) in primary care and adapted for use. The program is now available across the district.</li> <li>• Roll out of the DIRECT program on low carb diet in Wollondilly. Public discussion forum to be held on 19 May 2019. Some GP practices have already volunteered to participate.</li> </ul>
<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• Undertaken door to door prevalence and awareness survey with 949 community members visited by volunteer medical students.</li> <li>• Identified positive and negative aspects of the WDP through stakeholder interviews (summer studentship project-paper in preparation).</li> <li>• Swishcare evaluation showed all were satisfied with the passport and more than 75% were positive about the template interface navigation, readability and data interpretation (paper submitted for publication).</li> <li>• Identified challenges to the establishment of the WDP (PhD project-ethnographic study-paper to be submitted week of 1/4/19).</li> </ul>	



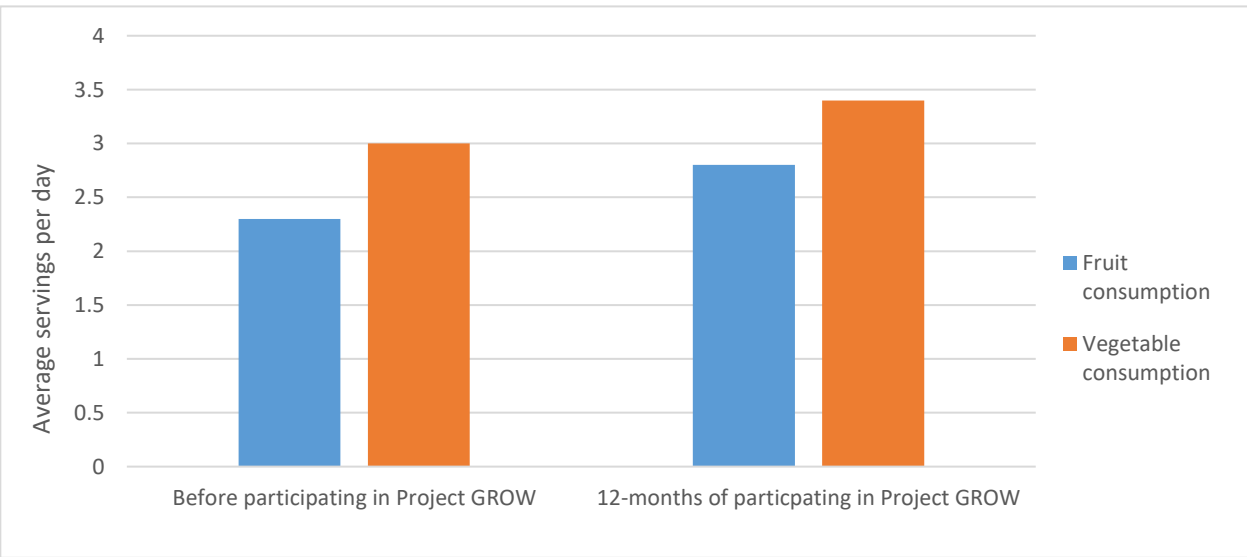
<b>Project Title: Dilly Wanderer Enhancement</b>		<b>Project Lead: Candice Muzevic &amp; Madison Jarrett</b>	
<b>Activity</b>	<b>Result/Outcome</b>		
Project GROW project support	<ul style="list-style-type: none"> <li>Decision made for WHA to gradually withdraw from Project GROW due to the success of the project and sustainability by Community Links Wellbeing staff.</li> <li>Dilly Wanderer Outreach Worker provides project support on an ad-hoc basis now.</li> </ul>		
Aboriginal Community Engagement project support	<ul style="list-style-type: none"> <li>Arts and wellbeing project started in April 2019, focusing on the 5 Ways to Wellbeing. Ceramic artist has been recruited to facilitate workshops to build skills.</li> <li>Dilly Wanderer Outreach Worker provides project support during workshops and meetings.</li> </ul>		
Buxton Buzz	<ul style="list-style-type: none"> <li>Commenced February 2019 as a series of wellbeing-focused information events for the Buxton Community, concluded April 2019.</li> <li>Attendance was low despite extensive promotion (letter box drops, social media, local primary school contacts).</li> <li>However, feedback from participants and staff was overall positive.</li> </ul>		
Childhood development sessions	<ul style="list-style-type: none"> <li>Sessions involved having health staff hold education/information sessions with parents who participate in the Dilly Wanderer playgroup sessions across the Shire. Topics included parenting strategies, ages and stages, accessing allied health, and healthy eating for families.</li> <li>Sessions were completed from December 2016 to December 2017 across all villages involved in the playgroup schedule.</li> <li>Early discussions commenced to engage SWSLHD allied health staff to restart these sessions in 2019/20.</li> </ul>		
Walking groups	<ul style="list-style-type: none"> <li>Commenced at Tahmoor Sports Ground on 18 October 2017; Group ceased due to limited participation (1-3 each week).</li> <li>Wollondilly Diabetes Program to commence walking group in 2019, taking over from the WHA group and linking in with their engagement and education initiatives.</li> </ul>		
<b>Evaluation</b> <ul style="list-style-type: none"> <li>Project GROW evaluation was completed as part of the Healthy Towns evaluation plan (see page 11).</li> <li>Buxton evaluation completed 23 April. Session 6 (final session) had no participants and therefore no surveys were completed. Sessions 1-6 surveys showed: <ul style="list-style-type: none"> <li>Average of 3 participants per session</li> <li>100% of those surveyed reported meeting a new person (social inclusion)</li> <li>100% of those surveyed reported learning something new (skill &amp; knowledge development)</li> <li>57% of those surveyed reported learning about wellbeing (5 Ways to Wellbeing promotion)</li> </ul> </li> </ul>			

- Childhood development sessions:

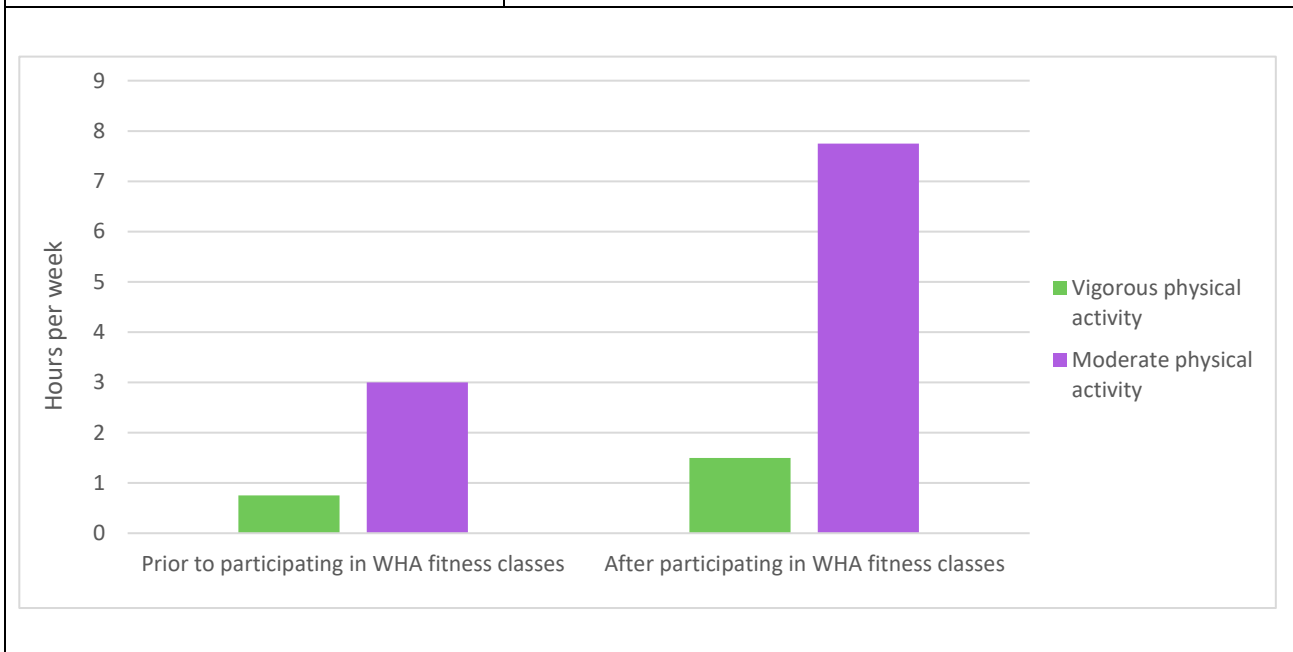
	<b>Dec 2015 BUXTON</b>	<b>May 2016 WILTON</b>	<b>Nov 2016 WARRAGAMBA</b>	<b>May 2017 APPIN</b>
<b>No. of attendees</b>	20	19	4	11
<b>Respondents indicated they would recommend the session to others</b>	94%	95%	100%	100%
<b>Respondents indicated they met new people/made new connections at the session</b>	90%	89%	0%	100%
<b>Respondents indicated they intend to use the skills they learned at the sessions.</b>	90%	89%	25%	73%

**Recommendations for future follow-up**

- Support Project GROW where possible through promotion of events and ad-hoc assistance with workshops.
- Continue planning of childhood development events for 2019.
- Support the Wollondilly Diabetes Program to maintain walking groups, through promotion of events and assisting with navigation of the Heart Foundation Walking organisation.
- Due to low attendance at Buxton Buzz, it is recommended that if the project is to continue, it does so in more populated/easily accessible villages such as Picton and Tahmoor.

Project Title: Healthy Towns		Project Lead: Madison Jarrett										
Activity		Result/Outcome										
Community garden – Bargo <ul style="list-style-type: none"> <li>• Project management</li> <li>• Evaluation</li> </ul>		Project management: <ul style="list-style-type: none"> <li>• Increasing availability of healthy food in the community through regular donations to the local Community Pantry since February 2018.</li> <li>• WHA will gradually withdraw from Project GROW due to sustainability by Community Links Wellbeing.</li> </ul> Project evaluation: <ul style="list-style-type: none"> <li>• Attendance monitoring:               <ul style="list-style-type: none"> <li>○ 3 to 5 volunteers each working bee (weekly).</li> </ul> </li> <li>• New volunteer survey to assess current eating habits and access to healthy food.</li> <li>• 6-month follow-up survey to assess changes to eating habits and access to healthy food.</li> <li>• 12-month follow-up survey to assess changes to eating habits and access to healthy food.               <ul style="list-style-type: none"> <li>○ Minor improvement in self-reported fruit/vegetable consumption (see graph below)</li> </ul> </li> </ul> Participants reported that they had started to eat more fruit and vegetables, tried new fruit and vegetables and had learned new skills since attending the garden.										
 <table border="1"> <caption>Average servings per day of fruit and vegetable consumption</caption> <thead> <tr> <th>Time Period</th> <th>Fruit consumption</th> <th>Vegetable consumption</th> </tr> </thead> <tbody> <tr> <td>Before participating in Project GROW</td> <td>~2.3</td> <td>3.0</td> </tr> <tr> <td>12-months of participating in Project GROW</td> <td>~2.8</td> <td>3.4</td> </tr> </tbody> </table>				Time Period	Fruit consumption	Vegetable consumption	Before participating in Project GROW	~2.3	3.0	12-months of participating in Project GROW	~2.8	3.4
Time Period	Fruit consumption	Vegetable consumption										
Before participating in Project GROW	~2.3	3.0										
12-months of participating in Project GROW	~2.8	3.4										
Outdoor gym – Warragamba <ul style="list-style-type: none"> <li>• Fitness classes</li> <li>• Evaluation</li> <li>• Observation study</li> </ul>		Free community fitness classes implemented and run by a personal trainer from March to July 2018. No further classes will be funded by the WHA as the cost of the personal trainer is not sustainable.  Project evaluation:										

	<ul style="list-style-type: none"> <li>• Fitness class attendance: 3-5 in attendance each week.</li> <li>• Pre-fitness class survey to assess participants' physical activity levels:             <ul style="list-style-type: none"> <li>○ Most participants were female and between the ages of 20 and 39, and about half had used outdoor gym equipment and/or a personal trainer before.</li> </ul> </li> <li>• Post- class survey to assess participants' physical activity levels and confidence using the outdoor gym equipment:             <ul style="list-style-type: none"> <li>○ Indicated self-reported satisfaction with the outdoor gym equipment, and about half of participants had continued to use the equipment outside of the fitness classes.</li> <li>○ Self-reported increase in physical activity</li> </ul> </li> </ul> <p>Observation study to understand usage of equipment outside of fitness classes:</p> <ul style="list-style-type: none"> <li>• Approval from SWSLHD ethics committee granted in July 2018, and observation study consequently conducted from August to October 2018.</li> <li>• A total of 120 people observed over 33 hours and 36 minutes; 18.3% were observed using the gym equipment.</li> <li>• Most users were adult and female, and spent an average of 43 minutes in the observation area.</li> </ul>
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<p>Enhancement of the NSW <i>Get Healthy @ Work</i> service – Tahmoor</p> <ul style="list-style-type: none"> <li>• Business follow-up</li> <li>• Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• Participating businesses reported dissatisfaction with the <i>Get Healthy @ Work</i> service due to unresponsive service providers.</li> <li>• Of the 7 businesses, 6 had implemented healthy changes. 1 business withdrew of the program.</li> <li>• Smaller businesses had employees make personal changes such as walking during breaks or packing healthier lunches.</li> </ul>
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	<ul style="list-style-type: none"> <li>• Larger businesses implemented changes such as implementing a yoga program for employees and conducting step challenges (e.g. <i>September</i>).</li> <li>• Evaluation found that many of the recruited businesses had too few employees to fully benefit from the program, so no further action will be taken for this project.</li> </ul>
<p>Wellbeing – Wollondilly Aboriginal Community</p> <ul style="list-style-type: none"> <li>• Community engagement</li> <li>• Partnership evaluation</li> </ul>	<ul style="list-style-type: none"> <li>• No further activities or contact was made during a mourning period of the Black Cockatoos elders group.</li> <li>• Community re-engagement commenced in December 2018.</li> <li>• A new project was identified focusing on wellbeing and the arts, commencing April 2019.</li> <li>• Upon completion of this project, the partnership between the Elders groups and the Wollondilly Health Alliance will be evaluated with guidance from the Aboriginal Health &amp; Medical Research Council.</li> </ul>
<p><b>Recommendations for future follow-up:</b></p> <ul style="list-style-type: none"> <li>• Project GROW is potentially replicable in other towns and villages, however more promotion and community presence is needed to build a larger volunteer base. The use of sustainable gardening techniques is important to help reduce costs, as well as the application for community funding grants for larger garden items such as shed storage and events.</li> <li>• Engaging the businesses for this project used a lot of staff time and resources, with ultimately limited results (7 of 88 businesses signing up to the program) – replication of this strategy is not recommended.</li> <li>• Implementing free fitness classes in a small community appear to have positive consequences for those who participate. Greater promotion and advertising may assist in attracting larger attendance numbers if this strategy were to be replicated in future.</li> <li>• At the Warragamba site it was observed that the majority of people who enter this area are parents, grandparents and/or carers with children; this is perhaps because the equipment is located in a fenced area alongside children’s playground equipment (e.g. a slide, see-saw etc). As such, if outdoor gym equipment were to be installed in another Wollondilly village, it may be advantageous to do so in a fenced, secure area with a playground to facilitate gym equipment use by parents and families.</li> <li>• Developing a partnership with the Aboriginal community is an important step in addressing issues of health social inequality. Promotion of wellbeing can be done in many ways, including the facilitation of programs and activities, and education.</li> </ul>	

<b>Project Title: Wellbeing Strategy</b>		<b>Project Lead: Madison Jarrett</b>
<b>Activity</b>	<b>Result/Outcome</b>	
Informed communities and embedding of wellbeing	<ul style="list-style-type: none"> <li>• Wollondilly Wellbeing Network disbanded due to lack of funding and poor interest/attendance at meetings.</li> <li>• 5 Ways to Wellbeing framework now embedded in other WHA initiatives e.g. Buxton Buzz and Project GROW</li> </ul>	
Advocacy for wellbeing	<ul style="list-style-type: none"> <li>• Wilton Wellbeing Strategy overseen by WHA Health in Planning Working Group</li> </ul>	
Wellbeing across the lifespan	<ul style="list-style-type: none"> <li>• Early discussions commenced to engaged SWSLHD Health Promotion service for school-based initiatives e.g. Healthy Canteen Strategy</li> <li>• An arts and wellbeing project has been planned with the Wollondilly Aboriginal Elders groups (Koolkunna Elders and Black Cockatoos) continuing from wellbeing projects conducted in 2017 and 2016.</li> </ul>	
Events and spaces for connection	<ul style="list-style-type: none"> <li>• Buxton Buzz incorporating 5 Ways to Wellbeing framework.</li> <li>• Replication of community garden, community fitness classes, and Aboriginal wellbeing initiatives recommended in Healthy Towns Project Report.</li> </ul>	
<b>Evaluation</b>		
<ul style="list-style-type: none"> <li>• Buxton Buzz evaluation being undertaken as project progresses (see page 9)</li> <li>• Evaluation of the Aboriginal Arts and Wellbeing project being undertaken as project progresses (see page 13)</li> </ul>		
<b>Recommendations for future follow-up</b>		
<ul style="list-style-type: none"> <li>• Embedding the 5 Ways to Wellbeing framework into future projects and initiatives is useful for promoting wellbeing in Wollondilly.</li> <li>• Continue with plans to implement wellbeing strategies for school-aged children.</li> </ul>		

<b>Project Title: Health Assessment Protocol</b>		<b>Project Leads: Fiona Haigh / Carolyn Whitton / Chris Browne</b>	
<b>Activity</b>	<b>Result/Outcome</b>		
Project: Health Assessment Protocol for Wollondilly Shire Council	<p>This project continues the collaboration between CHETRE, SWSLHD and WSC - Health in Planning Working Group. The objective of this research was to develop a Health Assessment Protocol for land use and strategic planning within WSC. The protocol utilises tools and processes that fit the WSC context and considered local government environment and council processes. The Health Assessment Protocol (HAP) can operate at two levels:</p> <ul style="list-style-type: none"> <li>• Strategic Health Assessment Protocol to be used internally within WSC to integrate health considerations into WSC policy development and strategic planning processes.</li> <li>• Development Control Plan Health Assessment Protocol which would be used to integrate health considerations into the development application processes.</li> </ul> <p>In addition, the report describes an implementation, monitoring and evaluation framework for the HAP.</p>		
HAP Piloting	<ul style="list-style-type: none"> <li>• A Senior Health Planner, Christopher Browne, commenced in the position January 2019</li> <li>• The Senior Health Planner with support from CHETRE will begin piloting the HAP tool</li> <li>• The implementation of the HAP will be evaluated and overseen by the Health in Planning Working Group (HiPWG)</li> </ul>		
<p><b>Evaluation</b></p> <ul style="list-style-type: none"> <li>• The development of the HAP is the result of a long-term program of work focussed on integrating health into planning processes carried out in partnership between CHETRE, SWSLHD and WSC.</li> <li>• There is an ongoing work required in integrating the HAP into WSC processes</li> <li>• The HAP tool implementation requires ongoing work focussed on creating a supportive environment. This links to other HiPWG activities such as the Joint Post.</li> </ul>			
<p><b>Recommendations for future follow-up</b></p> <ul style="list-style-type: none"> <li>• Further development of the HAP and related guidance into an online format</li> </ul>			

<b>Project Title: Joint Health Planner Position</b>		<b>Project Leads: Peter Wright / Maria Beer</b>
<b>Activity</b>	<b>Result/Outcome</b>	
Memorandum of Understanding between SWSLHD and Wollondilly Council for a “Health in Planning Partnership”	<ul style="list-style-type: none"> <li>• The MOU is for a three year period and was finalised in November 2018</li> <li>• The MOU includes agreement to jointly fund the Senior Health Planner Position</li> <li>• In relation to the joint position, the MOU includes a framework for:               <ul style="list-style-type: none"> <li>○ How the position will operate and be funded</li> <li>○ Establishing key workplan areas for the position</li> <li>○ A Project Steering Group to guide and support the position</li> </ul> </li> </ul>	
Recruitment of the Senior Health Planner	<ul style="list-style-type: none"> <li>• A recruitment process was successfully carried out during December 2018</li> <li>• The successful candidate, Christopher Browne, commenced in the position January 2019</li> </ul>	
Establishing a workplan for the position	<p>A workplan has been developed which incorporates the following key action areas:</p> <ul style="list-style-type: none"> <li>• Drive amendments to Council’s LEP to consider health and wellbeing outcomes</li> <li>• Drive amendments to Council’s DCP to consider health and wellbeing outcomes</li> <li>• Oversee preparation of the Wilton Health and Wellbeing Strategy</li> <li>• Build capacity among relevant Council staff regarding health in planning</li> <li>• Identify and exploit further opportunities to optimise WSC’s approach to health in planning</li> <li>• Engage with and influence major development proposals and projects</li> <li>• Undertake monitoring, evaluation and learning activities to gauge effectiveness of the partnership and position</li> </ul>	
<b>Evaluation</b> <ul style="list-style-type: none"> <li>• The position is operating successfully for both organisations in terms of day to day operational / logistical matters</li> <li>• There is a significant body of work to pursue as documented in the workplan, however progress is being achieved on many actions</li> <li>• There are still some ongoing challenges in getting buy-in from some staff and leaders in Council regarding their understanding of the position and its purpose and more broadly the concept of “health in planning”</li> <li>• A survey to measure levels of understanding of the concept of “health in planning” among Council staff and SWSLHD Population Health staff is currently being developed. This survey will be used to establish a “baseline” and then repeated annually in the future to evaluate any change</li> </ul>		
<b>Recommendations for future follow-up</b> <ul style="list-style-type: none"> <li>• Increased promotion of the partnership, the joint position and the concept of health in planning within both organisations</li> </ul>		



<b>Project Title: Wilton Rail HIA Learning by Doing</b>		<b>Project Lead: Chris Browne</b>
<b>Activity</b>	<b>Result/Outcome</b>	
Re-establishment of joint Council/LHD HIA project team	<ul style="list-style-type: none"> <li>The team has been reconstituted after the departure of some members, and now consists of Leng Boonwaat (SWSLHD), Soumya Mazumdar (SWSLHD), Vickie Tierney (WSC), Nicholas Kafer (WSC), Mark Ruddiman (WSC) and Chris Browne (WSC). There have been challenges in relation to recruiting new DA planners to replace departing DA planners. Nevertheless, the team has successfully managed to continue working on the project.</li> </ul>	
HIA phases	<ul style="list-style-type: none"> <li>The team has completed the screening, scoping and identification phases, and is now working on assessment.</li> <li>The team is about to commence work on the recommendations and report.</li> <li>The team will present preliminary findings along with other Council HIA Learning by Doing teams at a workshop hosted by CHETRE on the 25<sup>th</sup> of June.</li> </ul>	
Delivery of recommendations and outputs	<ul style="list-style-type: none"> <li>The team will seek advice from the HIA Steering Group regarding what outputs should be produced and what steps are required to have these outputs adopted by Council and put to use.</li> </ul>	
<b>Evaluation</b> <ul style="list-style-type: none"> <li>After some setbacks, the project is now progressing.</li> <li>There is still significant work to be done if the HIA is to be used by Council as an advocacy document.</li> <li>There is potential to increase the project's effectiveness as a capacity-building exercise through greater involvement from Council's DA team.</li> </ul>		
<b>Recommendations for future follow-up</b> <ul style="list-style-type: none"> <li>Increased input from the HIA steering group in order to maximise the efficacy of the project's outputs.</li> </ul>		

<b>Project Title: Wilton Health and Wellbeing Strategy</b>		<b>Project Lead: Chris Browne</b>
<b>Activity</b>	<b>Result/Outcome</b>	
Engagement of consultant to prepare and deliver strategy	<ul style="list-style-type: none"> <li>• EOs were called for in mid-2018. Four submissions were received.</li> <li>• Elton Consulting was chosen as the preferred consultant and was asked to provide a more detailed project proposal. Elton did so in August 2018.</li> <li>• Elton Consulting was formally engaged in February 2019, with the expectation that preparation of the Strategy should be completed by October 2019.</li> </ul>	
Liaison with and management of consultant	<ul style="list-style-type: none"> <li>• Elton has carried out an inception workshop with Council staff and has run two workshops with HiPWG (presenting findings of the scoping/inception phase and the research phase respectively).</li> <li>• Elton has been paid for the inception/scoping phase, and has invoiced for the research phase. Three phases remain for the 2019/20 financial year.</li> </ul>	
Ensuring adoption and implementation of the Strategy	<ul style="list-style-type: none"> <li>• The consultant views developer buy-in as a more effective lever than attempting to influence the State government. HiPWG has agreed that developers should be engaged during the synthesis and testing phase of the project, on the proviso that this occur within the existing budget.</li> <li>• A Councillor workshop is included in the synthesis and testing phase in Elton's methodology.</li> </ul>	
<b>Evaluation</b>		
<ul style="list-style-type: none"> <li>• The project is progressing on time and on budget, and the consultant has developed key themes and messaging.</li> <li>• The State government's planning for Wilton is progressing rapidly, and the draft DCP is to be exhibited in July 2019. This may limit the effectiveness of the Strategy in influencing planning outcomes.</li> </ul>		
<b>Recommendations for future follow-up</b>		
<ul style="list-style-type: none"> <li>• Ensure that Council adopts the Strategy and uses it to its full potential as both an advocacy document and a strategic document.</li> </ul>		