

Primary Health Branch Policy and Funding Guidelines

2006-07 to 2008-09

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Contents

Foreword	1		
Part 1. Introduction	2		
1.1 Primary Health Branch	2		
1.2 What these guidelines cover	2		
Part 2. Primary Health Policy Context	4		
2.1 <i>Growing Victoria Together</i> and <i>A Fairer Victoria</i>	4		
2.2 <i>Care in Your Community</i>	5		
2.3 Primary Care Partnerships Strategy	6		
2.4 Community Health Policy	6		
2.5 Other Relevant Strategies and Policies	7		
Part 3. Sector Development	8		
3.1 Quality and Safety	8		
3.1.1 Strengthening community and consumer engagement	8		
3.1.2 Client satisfaction surveys	8		
3.1.3 Reporting to the community on quality of care	9		
3.1.4 Complaints management	9		
3.1.5 Cultural and linguistic diversity	9		
3.1.6 Clinical governance	9		
3.1.7 External accreditation	10		
3.1.8 Critical incidents	10		
3.1.9 Infection control	10		
3.1.10 Credentialing and scope of practice	10		
3.1.11 Clinical performance and outcome indicators	11		
3.1.12 Appropriateness of care	11		
3.1.13 Awards	11		
3.2 Partnerships	11		
3.3 Integrated Health Promotion	11		
3.3.1 Priority setting and mix of interventions	11		
3.3.2 Catchment planning	11		
3.3.3 Planning tools	11		
3.3.4 Organisational priorities	12		
3.3.5 Addressing health inequalities	12		
3.4 Service Coordination	12		
3.5 Chronic Disease Management	13		
3.6 Demand Management	14		
		3.7 Language Services	16
		3.8 Service and Capital Planning	16
		3.9 Workforce Development	16
		3.9.1 Better Skills, Best Care Strategy	17
		3.9.2 Dental Health Program	18
		3.10 Funding Directions	18
		3.10.1 Dental Health Program Funding Review	18
		3.10.2 Dental Health Program Service Integration	18
		3.10.3 Dental Health Program Common Data Set Project	19
		3.10.4 New DHS funded activities	19
		3.10.5 Primary Health Funding Approach	19
		Part 4. Primary Health Branch Programs	20
		4.1 Primary Care Partnerships Strategy	20
		4.2 Community Health	21
		4.3 Dental Health	22
		4.4 Women’s Health	24
		4.5 Family Planning	24
		4.6 Family and Reproductive Rights Education	25
		4.7 Innovative Health Service for Homeless Youth	25
		4.8 Refugee Health Nurse Initiative	26
		4.9 Child Health Teams Initiative	27
		4.10 Early Intervention in Chronic Disease	28
		4.11 Diabetes Management	29
		4.12 Aboriginal Health Promotion and Chronic Care Partnership	30
		4.13 Telephone Counselling	31
		4.14 Suicide Prevention	32
		4.15 NURSE ON CALL	32
		4.16 General Practitioners in Community Health Services Strategy	33

Part 5. Reporting and accountability	34
5.1 Reporting Requirements	34
5.2 Changes to funded activities	36
Part 6. References	39
6.1 Terms and Definitions	39
6.2 Publications	48
6.3 Website References	48
Part 7. Appendix	50
<i>Rural Directions for a better state of Health</i>	50
<i>Small Rural Health Services</i>	50
<i>Metropolitan Health Strategy</i>	50
<i>Relevant National Strategies and Policies</i>	51
<i>Refugee health and wellbeing action plan</i>	51
<i>The Victorian Women’s Health and Wellbeing Strategy: Stage 2 2006–10 Women’s Health—Everybody’s Business</i>	51
<i>Healthy Mouths Healthy Lives, Australia’s National Oral Health Plan 2004–2013</i>	52
<i>Improving Mental Health Outcomes for Victorians: The Next Wave of Reform</i>	52

Foreword

I am pleased to present the Primary Health Branch's Policy and Funding Guidelines for 2006–07 to 2008–09. This is the first time we have had consolidated guidelines outlining the policies, programs and priorities for the Primary Health Branch. They also replace previously separate guidelines for the Community and Women's Health Program, Public Dental Program and the Primary Care Partnerships (PCP) Strategy. Information about changes during the three-year cycle, and new funding initiatives, will be provided as annual updates.

In May 2006, the Ministers for Health and Aged Care released *Care in your community*, a planning framework for integrated ambulatory health care that envisions:

The Victorian health care system will increasingly deliver person and family centred health care in community-based settings, reducing the need for inpatient care and improving the health outcomes of Victorians.

This vision describes how the department expects the health care system in Victoria to provide important guidance for planning and managing its future.

Care in your community provides the overarching policy context for the development of community-based health care. The increasing emphasis on community-based care will require more integrated service development, planning and delivery. The PCP Strategy remains the way of building a more integrated primary health care system in Victoria. The Community Health Policy continues to provide the strategic directions for Community Health Services, our major primary health providers. These three policies jointly provide the rationale behind these guidelines.

Partnership is the core principle behind *Care in your community*. Partnerships between primary health agencies, health providers, non-health organisations and the communities in which they operate, will enable these groups to better tackle the social determinants of health and deliver integrated health care.

Most importantly, agencies must work in partnership with individuals, their carers and their families to help them lead healthy lives. Care should be provided to meet the needs of those requiring services, not delivered in the most convenient way for service providers. This is most important when responding to those members of the community who are most vulnerable and suffer the poorest health. It is vital that we reach out to them and offer the best care we can provide.

A major initiative that will add to our capacity to better integrate health services and inform consumers is NURSE ON CALL. This recent addition to health services gives Victorians ready access by telephone to registered nurses providing evidence-based clinical advice. Nurses are able to assess the caller's health concerns and refer them to the appropriate level of service, including hospitals, community health, general practice, emergency services and other phone help lines.

On behalf of the department, I congratulate and thank those people who are delivering Victoria's primary health care services. In 2004–05, these agencies provided nearly 1.8 million occasions of service to over 450,000 Victorians through the programs covered by these guidelines.

The people using these services are generally the most disadvantaged members of the Victorian community. This is a vital contribution to the Victorian health system and I look forward to primary health playing an even greater role over the next three years.

Janet Laverick
Director, Primary Health.

www.dhs.vic.gov.au/rrhacs/primarybranch.htm

1. Introduction

1.1 Primary Health Branch

The Primary Health Branch is responsible for statewide policy development, planning, funding and monitoring for primary health programs and initiatives.

Vision

The Primary Health Branch will improve the health and wellbeing of Victorians, particularly those with or at risk of poorest health status, by developing strong, effective and modern primary health care services as part of Victoria's health care system.

The Primary Health Branch has five aims:

1. Strengthen, expand and integrate the primary health care service system.
2. Integrate primary health care services with acute and residential care to support substitution and diversion.
3. Expand service options and access to information to support: self-management; primary, secondary and tertiary prevention; and, integrated health promotion.
4. Improve performance including demand management, quality and safety of state funded primary health care services.
5. Value and improve consumer and carer participation in all primary health programs as a key aspect of continuous improvement of primary health care services.

The Primary Health Branch manages the Community, Women's and Dental Health programs and the Primary Care Partnerships Strategy. The branch is responsible for a number of new initiatives including NURSE ON CALL, Early Intervention in Chronic Disease, Refugee Health Nurse Initiative, Diabetes Management, Child Health Teams, the Aboriginal Health Promotion and Chronic Care Partnership (AHPACC) and the General Practitioners in Community Health Services Strategy.

A number of service development initiatives are also underway in the Branch including a funding review of the Dental Health Program, integration of community and school dental services and a Demand Management Strategy.

These programs share the goal of providing primary health care services that improve the physical, mental and social wellbeing of Victorians, and reduce the requirements for hospital and other specialist institutional services.

Consumers of these services are generally those who are the most economically vulnerable, at risk and disadvantaged.

1.2 What these guidelines cover

The Primary Health Branch Policy and Funding Guidelines provide information about the key strategic directions, funded programs and major initiatives to be undertaken during 2006–2009. The environmental factors that influence Branch activities are described in the Rural and Regional Health and Aged Care Services Division, Policy and Funding Plan, 2006–07 to 2008–09. It is recommended that these Guidelines be read in conjunction with the Divisional Plan (www.dhs.vic.gov.au/rrhacs).

These guidelines replace previous separate Primary Health Branch program guidelines, including the Community and Women's Health Program Guidelines, 2003–04 to 2005–06 and the Dental Health Program Service Standards and Guidelines, 2003–04 to 2005–06.

These guidelines are designed to foster transparency in decision-making and to improve partnerships with the service delivery sector and the broader community.

This document is essential to the management of funded agencies and will also be of interest to agency staff, the community, Board of Management members, policy-makers, researchers as well as staff within the Department of Human Services.

The guidelines are presented in seven parts:

Part 1—outlines the role of the Branch and provides overview of the guidelines.

Part 2—outlines the policy context underpinning Primary Health Branch activities throughout 2006–07 to 2008–09. It presents the Government’s overall policy directions that provide a context for the Branch aims, and priorities.

Part 3—describes the Branch’s developmental work that will have significant impact upon business practices, partnerships and change within the sector during 2006–07 to 2008–09. This work includes activity that is established, for example, service coordination, through to new initiatives in demand management.

Part 4—summarises each program funded by the Branch describing the program aims, funding, target group, fees and expected commitment to integrated health promotion, service coordination and community participation.

Part 5—details program reporting requirements. The Rural and Regional Health Aged Care Services (RRHACS) Division, Policy and Funding Plan 2006–2009 provides the detail on reporting and funding for Primary Health Branch programs. The RRHACS Plan provides the Division’s service funding mechanisms, including program-specific funding policies, the structure of the overall RRHACS budget for 2006–07 to 2008–09 and 2006–07 State budget highlights. In addition, the Plan provides service agreement information including service planning and service activity information, including service descriptions, performance measures, data collection requirements, standards and guidelines and special funding terms and conditions.

Part 6—describe terms and definitions and references used throughout the guidelines.

Part 7—The Appendix describes a number of other policies relevant to Branch activities.

2. Primary Health Policy Context

The mission of the Department of Human Services is to enhance and protect the health and wellbeing of all Victorians, with particular emphasis on vulnerable groups and those most in need.

At the highest level of social policy, Victoria's primary health programs are guided by two Government policies: *Growing Victoria Together* and *A Fairer Victoria*.

At the health policy level, three policy documents drive the development of primary health care services: *Care in Your Community*, the Community Health policy—*Community Health Services—creating a healthier Victoria* and the Primary Care Partnerships Strategy. (Figure 1 shows the relationship between these key policies.)

2.1 *Growing Victoria Together* and *A Fairer Victoria*

Growing Victoria Together commits the government to high quality, accessible health and community services. This will provide improvements in the health of Victorians, improvement in the wellbeing of young children, reduced emergency, elective and dental waiting times and increased consumer confidence in health and community services.

A Fairer Victoria, the Government's social policy statement, establishes a framework to address disadvantage by developing and implementing innovative approaches to service delivery. The guiding elements of this framework are:

- ensuring that universal services provide equal opportunity for all
- reducing barriers to opportunity
- strengthening assistance to disadvantaged groups
- providing targeted support to the highest risk area
- involving communities in decisions affecting their lives and making it easier to work with Government.

Figure 1: State Policy context for Victorian Primary Health Programs



2.2 Care in your Community

Care in your community sets out a framework for a consistent approach to the development of a health care system that is integrated and coordinated around the needs of people, rather than service types, professional boundaries, organisational structure, funding and reporting requirements.

It adopts the principles set out in *Victoria: a better state of health*, which are further underpinned by a number of specific values that inform the development of the Victorian healthcare system. These are:

- the best place to treat
- together we do better
- technology to benefit people
- a better health care experience
- a better place to work.

Care in your Community will refocus planning and investment to ensure the best mix of inpatient and community-based integrated care services. It will respond to the need for prevention, early intervention, self-management and health promotion.

Planning and investment for the delivery of integrated, community-based health care will be:

- based on a single set of area-based planning catchments
- informed by a single set of planning principles
- supported by area-based planning networks
- focused on three high-level areas of need
- conducted on the basis of defined modes, settings and levels of care.

In order to support delivery of person and family-centred health care in integrated community-based settings *Care in your community* describes five critical enablers:

1. *Funding Models*—will provide appropriately structured incentives to support person-centred care and will give agencies flexibility to address area-based planning priorities. New initiatives will review outpatient funding arrangements, trial alternatives to casemix funding and develop new funding approaches, including the reallocation of WIES based on proposals developed and agreed by area-based planning networks.
2. *Workforce*—Delivering care under more flexible, person-centred arrangements will have implications for the workforce in terms of planning, skills and competencies, work environments and the numbers and distribution of staff.
3. *Integration Tools*—Integrated business communication tools will support continuum of care, avoid duplication and enhance communication. These tools will be refined and developed by partners operating within planning networks who will decide on the type of information to be collected and shared, the way it is to be interpreted and how it is to be used.
4. *Information and Communication Technology (ICT)*—The Department of Human Services will help drive statewide approaches to ICT capacities that support the business requirements of integrated community based care services. Integrated information systems will facilitate change in business practice and provide new service delivery options and opportunities. For example, when NURSE ON CALL provides health advice, information about services, triage and referral to callers, it plays an important role in supporting an integrated service system.
5. *Partnerships*—Agencies will be required to participate in two core areas of partnership work to implement *Care in your community*:
 - Partnering around integration; and
 - Partnering around community-based service configuration planning.

(www.health.vic.gov.au/ambulatorycare/careinyourcommunity/)

2.3 Primary Care Partnerships Strategy

The Primary Care Partnerships (PCP) Strategy will facilitate the integration required by *Care in your community* and demonstrates what can be achieved by agencies working in partnership towards shared goals.

Although the strategy has its origins in the primary health care sector, PCPs have broadened their scope over time. Typical PCP members include local government, Community Health Services, Divisions of General Practice, acute health services, Aged Care Assessment Services, district nursing, and a range of other primary health and aged care services providing care and coordination to consumers with chronic disease and conditions and/or complex needs.

PCPs are the DHS’s preferred vehicle for driving initiatives that require a partnership approach. As such, PCPs have collaborated with the acute sector around HARP-Chronic Disease Management and are participating in a range of chronic disease initiatives, including Early Intervention in Chronic Disease and the “*Go for your life*” diabetes prevention program.

With the announcement of ongoing funding in 2005, the PCP Strategy was endorsed as an integral part of the Victorian health and human services sector. The current role of PCPs is to facilitate change management in partnership development, in integrated health promotion and in service coordination. Although improving health outcomes for those with chronic and/or complex conditions has always been a major role for PCPs, 2006–09 will see Integrated Chronic Disease Management as a specific deliverable for PCPs. As part of this, PCPs will be expected to increase the participation of General Practices, General Practice Divisions and providers of acute care in PCP activities.

Moving from a developmental program to an integral ongoing part of the Victorian health and human services sector will bring some changes to the way PCPs operate. In line with other program areas, PCPs will be required to regularly report progress to the department. A major role for DHS over the next three years will be to achieve a more consistent performance from PCPs across Victoria.

For PCPs to achieve their stated aims, ongoing change of the work environment will be required with PCPs playing a key role. The department recognises that PCPs are unable to enforce change in the practice of member agencies, however it is expected that PCPs will develop strategies to encourage and promote the necessary practice change.

2.4 Community Health Policy

The *Community Health Services—creating a healthier Victoria* policy provides the framework to help build more sustainable and effective community-based health services as a key component on an integrated “whole of health” system. It outlines a consistent set of roles, principles and directions for Community Health Services. The policy builds on the many strengths of Victoria’s community health services, addresses major challenges confronting them, and complements other strategies and policies at all levels of government.

The policy describes five major strategic directions and four major capacity building enablers.



Enablers	
Capital investment and service planning	Research and workforce development
Governance and effective leadership	Business systems and quality

Over the next decade, the five strategic policy directions of CHS are:

- Deliver a comprehensive range of primary health care and support services through community-based models of care.
- Provide coordinated community-based disease management and ambulatory care, both directly and in partnership with other primary care and acute care providers, including GP's and Divisions of General Practice.
- Provide primary medical care through the development of general practices integrated with other primary health care services.
- Increase focus on child and family primary health care.
- Continue to provide leadership in health promotion.

2.5 Other Relevant Strategies and Policies

The following strategies and policies are also relevant to Victoria's primary health care services including:

- Rural Directions for a better state of health
- Small Rural Health Strategy
- Metropolitan Health Strategy
- Doing it with us, not for us
- National Oral Health Plan
- Refugee Health and Wellbeing Action Plan
- Victorian Women's Health and Wellbeing Strategy
- Improving Mental Health Outcomes for Victorians.

More detail on these policies and strategies is provided in Appendix 1.

3. Sector Development

This section describes Branch developmental work that will have significant impact upon business practices, partnerships and change within the sector during 2006–09. This work includes activity that is established such as service coordination and the Primary Health Funding Approach, through to new initiatives including demand management and the Dental Health Program Funding Review.

3.1 Quality and Safety

It is important that services funded by Primary Health Branch programs meet the highest standards of quality and safety.

The strategic goals for the initiatives in this area are:

- strong client and community engagement
- strong clinical governance of health services
- strong partnerships with the sector and stakeholders
- compliance with legislative and regulatory requirements and
- recognition of innovation and excellence.

The framework developed by the Victorian Quality Council informs the quality and safety practices of services funded by the Primary Health Branch programs. Information on the framework and resources to assist in its implementation are available at www.health.vic.gov.au/qualitycouncil/.

3.1.1 Strengthening community and consumer engagement

Community and consumer participation contributes to effective system-wide planning and promotes improvement in health care quality and safety. It does this by supporting accountability, stimulating review and improvement, and providing mechanisms for integrating community and consumer priorities in policy and practice. Improving the mix, accessibility, safety and quality of services are direct objectives of enhancing community participation in health services. There is also increasing evidence that consumer participation in individual decision-making improves individual health outcomes.

The PCP strategy is founded on community participation. Input from consumer and carer groups was sought in the development of all PCP policy documents and PCPs are encouraged to ensure that their communities are represented in local partnerships. Consumer engagement is facilitated through Boards of Management, Public Health Services Community Advisory Committees (CACs) and Primary Care and Population Health Advisory Committees. Agencies are further encouraged to build on existing mechanisms for client and community engagement. The work of these Committees should inform the service's strategic planning.

The department has funded a number of initiatives to support the engagement of clients and the community. These resources are available at www.health.vic.gov.au/consumer and www.healthissuescentre.org.au. Information on these is available at www.health.vic.gov.au/ruralhealth/consult/index.htm and www.participateinhealth.org.au.

Training for consumers and community members is also provided regularly through the Health Issues Centre—www.healthissuescentre.org.au.

3.1.2 Client satisfaction surveys

The Primary Health Branch has funded the Australian Institute for Primary Care (AIPC) to assist CHSs survey their clients using the Primary Health Carer Consumer Opinion Survey (PHCCOS). Over the next two years, every agency in receipt of community, women's and dental health funding will participate in a survey of a sample client group.

The survey measures consumer satisfaction with service provision, service environment and provision for special needs. Statewide aggregated data and further information on the project is found at www.latrobe.edu.au/aipc/cqhcs/phccos/surveys. Once CHSs receive the report and results from AIPC, they are expected to consider the findings, discuss these with their Regional Program and Service Adviser (PASA) and identify activities for inclusion in their annual quality plan.

3.1.3 Reporting to the community on quality of care

Health services are required to publish an annual Quality of Care Report. Further information (including annual milestone dates) and resources are available at www.health.vic.gov.au/consumer.

The Department plans to extend the requirement to produce an annual Quality of Care Report to stand-alone CHSs. Timelines and milestones for introducing this initiative are:

- October 2006—training workshop
- September 2007—draft 2006–07 Quality of Care Report due
- November 2007—feedback provided
- December 2008—first stand-alone CHS mandated Quality of Care Report for 2007–08 published.

3.1.4 Complaints management

Complaints and other comments from clients are an important tool for quality improvement and risk management. Agencies are expected to show evidence of comprehensive policy and practices for complaints management.

A guide on complaints management is available on line at www.health.vic.gov.au/hsc/resources/guide.htm.

3.1.5 Cultural and linguistic diversity

The department's cultural and linguistic diversity framework is based on the Victorian Multicultural Affairs Policy *Valuing Cultural Diversity* (www.voma.vic.gov.au). It should inform CHSs' development of cultural diversity policies and practices.

The Victorian Government's language services policy *Improving the Use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedure*, stipulates the minimum government guidelines for the provision of interpreting and translating services.

Further information, resources and links are available at www.health.vic.gov.au/cald/index.htm.

3.1.6 Clinical governance

In order to strengthen the quality and safety of services and programs in primary health, a three-year project has commenced to develop, trial and implement a clinical governance framework in Community Health Services. This is being jointly undertaken by the Victorian Healthcare Association—Community Health Victoria (VHA-CHV), Accrediting Organisations (Quality Improvement Council and Australian Council on Healthcare Standards), CHSs and the department.

Major initiatives planned for 2006–07 are:

- Clinical governance for agency boards:
 - clinical governance policy development;
 - Board of Management reporting; and
 - training in clinical governance for members of Boards of agencies providing primary health services and programs;
 - development of systems of clinical governance that support clients across the continuum of care, in the context of *Care in your Community*.
- Development of frameworks and tools to support Clinical Risk Management (CRM) in physiotherapy, podiatry, dentistry, general practice, occupational therapy, drug and alcohol counselling, generalist counselling and speech pathology.
- Development of frameworks and tools to support credentialing and scope of practice.

Updates of these initiatives will be posted on www.dhs.vic.gov.au/rrhacs/primarybranch.htm

Clinical governance in the context of partnership models of care also needs to be explored. This is particularly relevant for people with chronic disease and complex needs who will often be receiving services from multiple providers, e.g. community health, local government, GPs.

CHSs are invited to share their work on clinical governance through the project at VHA-CHV. Agencies who have yet to develop frameworks and supporting activities for clinical governance are encouraged to participate and to keep up to date through the VHA-CHV website: www.vha.org.au.

As policies and support materials are developed throughout 2006–07 and beyond, they will be placed on the DHS Primary Health Branch web page—www.health.vic.gov.au/communityhealth.

Sections 3.1.7–3.1.10 outline further initiatives to strengthen clinical governance.

3.1.7 External accreditation

All agencies in receipt of Primary Health funding must be accredited and/or participating in a recognised external quality improvement program such as:

- Quality Improvement Council (QIC) National Review and Accreditation Program
- The Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP) and
- International Standards Organisation (ISO).

The department will work with accrediting bodies to incorporate primary health care clinical governance initiatives, including the introduction of performance indicators.

3.1.8 Critical incidents

The management of critical events, near misses, adverse events and sentinel events is a major component of clinical governance and risk management. Policies and reporting requirements differ between stand-alone CHSs and those integrated with smaller and larger health services.

Stand-alone CHSs are expected to maintain a register of critical events. In the case of Category 1 events, these should be reported to the Regional Office. Category 1 events include death or serious injury to a client, serious fire or damage, allegations of sexual or serious physical assault, an event that has the potential to involve the Minister and an event that has the potential to subject the Department to high levels of public or legal scrutiny.

CHSs integrated with larger health services should refer to www.health.vic.gov.au/clinrisk for information on all aspects of Clinical Risk Management.

Information on Limited Adverse Occurrence Screening (LAOS) for agencies integrated with small rural hospitals/health services on is available at www.health.vic.gov.au/clinrisk/laos.htm.

During 2006–07 the Quality and Safety Branch will undertake a major project to look at the management and reporting of adverse events across the health sector.

3.1.9 Infection control

Effective prevention, monitoring and control of infection are an integral part of the day-to-day quality and safety operations of CHSs. All agencies are expected to comply with the following standards:

- The Commonwealth Government Department of Health and Ageing *Infection Control guidelines for the prevention of transmission of infectious disease in the Health Care Setting*—refer to www.icg.health.gov.au;
- Australian Standard AS4187 (current edition);
- AS/NZS4815: (current edition)—refer to www.icg.health.gov.au. (Office based healthcare facilities)

Additional information, policies, codes of practice and standards of practice for different health professionals are available through respective Practice Boards.

Information on infectious diseases epidemiology and surveillance, including cleaning standards, is available at www.health.vic.gov.au/ideas/index.htm.

3.1.10 Credentialing and scope of practice

The department and accrediting bodies expect agencies to verify registration and qualifications of staff at recruitment and ensure that copies of current registrations are placed on staff personnel records.

Useful resources to support credentialing and scope of practice activities are available at www.health.vic.gov.au/ruralhealth. The department's Quality and Safety Branch and the project at VHA-CHV are developing policies and resources to support credentialing and scope of practice relevant to all health professions.

3.1.11 Clinical performance and outcome indicators

The Primary Health Branch is participating in work (i.e. nationally and in Victoria) to develop clinical outcome and performance measures for a range of primary health services. The VHA–CHV project will be contributing to these initiatives.

3.1.12 Appropriateness of care

Agencies providing community dental services are expected to participate in the *Treatment Profiles* activity. This activity is supported by DHSV through the provision of quarterly regional and statewide service-mix data.

3.1.13 Awards

Recognition and celebration of the innovative efforts of individuals, work teams and funded agencies are important opportunities for all involved. The department currently supports the following awards:

- Victorian Public Health Awards: Annual awards for research, programs and annual spotlight (2006 spotlight category is Childhood health and wellbeing)—www.health.vic.gov.au/publichealthawards;
- Primary and Community Health Network Awards: Biennial awards that recognise excellence and innovation in primary health—www.latrobe.edu.au/aipc/cdih/pchnetwork/05abstracts/index.htm; and
- Victorian Public Healthcare Awards: Annual awards for the whole-of-health sector. Includes Premier’s award for outstanding healthcare organisation and Minister’s awards for outstanding individual and team achievement—www.health.vic.gov.au/healthcareawards.

3.2 Partnerships

Creating a system of care through engaging in partnerships is the business of every agency.

To achieve this, all agencies funded by the Primary Health Branch from 2006–07 to 2008–09 are required to:

- Actively participate and take leadership roles in PCPs.
- Authorise and encourage staff to participate in PCP activities where appropriate.

3.3 Integrated Health Promotion

Health promotion is the process of enabling people and populations as a whole to increase control over the determinants of their health. It is an effective investment in improving health and human development.

3.3.1 Priority setting and mix of interventions

In Victoria, Integrated Health Promotion (IHP) sees agencies and organisations from a range of sectors working in collaboration with local communities, and using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues. This collaborative approach reduces duplication and fragmentation of health promotion effort and investment.

The current Victorian Health Promotion priorities are being revised by the Department and will be published in early 2007. The new *Victorian 2007–12 Health Promotion Priorities* are underpinned by evidence and agencies will use these to guide their health promotion practice.

Municipal Public Health Plans also provide population health data and analysis to contribute to local priority setting.

3.3.2 Catchment planning

The importance of the term ‘catchment’ is that organisations, communities and people think and act together about local problems, solutions, planning and evaluation. Catchment planning occurs when organisations and communities come together across a catchment to think strategically about evidence based health promotion. The services and communities within a PCP’s geographic area are considered catchments, and implementation of catchment planning can occur within local communities or with specific age or cultural groups. Catchments can also be local government areas or even ‘place-based’ communities.

3.3.3 Planning tools

Integrated health promotion practice and delivery must be underpinned by evidence of what works. Agencies are required to use well researched evidence based tools and resources to plan and implement their health promotion. Effective evaluation will add to the evidence and provide information about what is effective for enhancing the health outcomes of local communities. The *Integrated Health Promotion Resource Kit and Planning for Effective Health Promotion Evaluation* resource are valuable tools. The VicHealth Framework for Health Promotion sets out clear

prompts to assist in developing a comprehensive and long-term context for integrated health promotion planning relevant to all aspects of people’s health and wellbeing. It includes social and economic determinants, outcomes and benefits, and population groups.

3.3.4 Organisational priorities

Primary Health Branch funded agencies are expected to be involved in, and support, catchment planning and integrated health promotion priority setting. PCPs are asked to determine 1–3 catchment priorities of which at least one is based on a Victorian Statewide Health Promotion Priority. Community and Women’s Health funded agencies are expected to include at least 1 PCP priority within their organisational health promotion priorities, as well as contributing 25% of their health promotion budget to PCP catchment priorities.

3.3.5 Addressing health inequalities

The health of many Victorians has improved significantly over the past 20 years. With that improvement however, growing inequalities in health exist. The evidence suggests that over a steady gradient there is a direct correlation between socio-economic status and health outcomes. Addressing health inequality is a focus of the Victorian government, as articulated in *A Fairer Victoria*, and demonstrated by a range of programs across DHS and Department of Victorian Communities, including Neighbourhood Renewal. (www.neighbourhoodrenewal.vic.gov.au).

PCPs with Neighbourhood Renewal programs are required to focus on these communities as priority settings for their integrated health promotion catchment planning and partnership development. Community Health funded agencies should also direct support to communities within Neighbourhood Renewal areas. Over 90% of registered community health clients are concession card-holders which suggests a strong targeting already by Community Health Services towards low-income populations, including those living in Neighbourhood Renewal areas. PCPs, Community and Women’s Health Services are encouraged to use ‘place based’ principles within their health promotion planning. These principles enhance participation and inclusion for communities that experience barriers related to socio-economic, cultural, educational, historic and geographic circumstances.

3.4 Service Coordination

Service coordination aims to place consumers at the centre of service delivery to facilitate access to services, opportunities for early intervention, health promotion and improved health and care outcomes.

A number of fundamental principles underpin service coordination:

- a central focus on consumers
- partnerships and collaboration
- the social model of health
- competent staff
- a duty of care
- protection of consumer information
- engagement of other sectors.

The Better Access to Services: A policy and operational framework (BATS) document provides the statewide framework for service coordination. Local models that reflect consumer and community characteristics, circumstances and service availability, have been developed by local partnerships. These partnerships have built on existing good practices to develop sustainable and systematic practice across Victoria.

Service coordination was mandated in 2003 for the Community and Women’s Health Program. In 2006–07 it is mandated for the Dental Health Program. Consistent use of the Service Coordination Tool Templates (SCTT) and implementation of the Practices, Processes, Protocols and Systems (PPPS) supports improved client service arrangements. In order to facilitate the necessary practice change, to implement service co-ordination, the community health program has funded an industry consultant in a time-limited position to assist CHSs with embedding service coordination. This process may identify new strategies to ensure effective service coordination across the continuum of care.

As the scope of service coordination grows it is important that all agencies funded by the Primary Health Branch take an active role to improve the coordination of client care, particularly for those with chronic disease, and conditions and/or complex needs.

To achieve this, all agencies funded by the Primary Health Branch from 2006–07 to 2008–09 are required to:

- implement the Statewide and agreed local Practices, Protocols, Processes and Systems
- provide feedback to other agencies including GPs involved in client care, including referral acknowledgement and service outcome
- improve the transfer of client information between agencies using the Service Co-ordination Tool Templates (SCTT)
- recording GP details on the SCTT
- use technology where appropriate to support good service coordination practice, including e-referral and use of the Human Services Directory
- embed service coordination and integrated health promotion in agency policies and quality improvement activities
- regularly update agency details in the Human Services Directory
- participate in PCP evaluation and reporting requirements and
- work with DHS to improve service coordination practice statewide through participation in projects such as the development of a statewide practices, protocols, processes and systems manual and updating of the SCTT.

3.5 Chronic Disease Management

All primary health funded agencies are required to strengthen their role in providing integrated and coordinated services for people with chronic disease and conditions and/or complex needs. Agencies should consider the following areas:

- Workforce development—Ensure that staff have the appropriate knowledge and skills to support people with chronic disease and conditions and/or complex needs.

- Systems change—Review agency practices, processes, protocols and systems (PPPS) including care planning to ensure that the needs of people with chronic disease and conditions and/or complex needs are identified and responded to in a timely, effective and efficient manner. The agency PPPS should be consistent with the broader PPPS developed through the local PCP.
- Increase capacity—Where possible, enhance service delivery responsiveness for people with chronic disease and conditions and/or complex needs.
- Maximise care planning—Raise awareness of MBS items supporting care planning and implement models of practice to maximise use of care planning approaches.

Strengthening the role of primary health funded agencies in chronic disease management is a necessary response to the increasing prevalence of preventable chronic disease and demand pressures on services.

Many primary health funded services across the state see a large number of people with chronic and complex conditions (approximately 60% all CHS registered clients).

Care for people with chronic disease and conditions and/or complex needs usually involves numerous health care providers in multiple settings. To provide this care within an integrated system, providers must work collaboratively to coordinate and plan care and services. People with chronic disease and conditions and/or complex needs need a responsive person-centred and effective system of care that aims to:

- slow the rate of disease progression whilst maximising their health and well-being within the community
- improve access to quality integrated multidisciplinary care across the care continuum
- facilitate client and carer empowerment through self-management programs and approaches
- promote and encourage protective behaviours
- actively engage GPs and
- reduce inappropriate demands on the acute healthcare system.

Chronic disease management approaches can enhance local efforts to reduce the burden of disease and improve the health and wellbeing of catchment populations. Integrated disease management encompasses the continuum of care from prevention and health promotion through to care planning, treatment, management and maintenance. It is consumer focused and underpinned by evidence based on appropriate research.

The challenge for the service system is to improve integration and continuity of care for clients over time and at different stages of disease progression. Evidence-based integrated chronic disease management models include the following elements:

- Community—resources and activities that provide ongoing support for people with chronic disease/s, e.g. direct services delivered by allied health, nursing, etc.
- Health Systems—that support prepared and proactive multidisciplinary care, including care planning.
- Self-Management Support—that empowers and prepares clients to manage their health and health care.
- Delivery System Design—that assists in the delivery of systematic, effective, efficient clinical care and self-management support.
- Decision Support—design systems and tools to ensure clinical care is consistent with evidence based guidelines, including clinical pathways.
- Clinical Information Systems—data systems that provide information about the client population and provide reminders for review and recall.

3.6 Demand Management

The aim of effective demand management is to provide equitable, timely and appropriate access to health services regardless of where people live.

The Primary Health Branch in consultation with service providers is developing a more robust approach to demand measurement and management in Community Health Services, which will align with other relevant program areas.

Through consultation, the aim is to develop a standardised Community Health demand management model that addresses waiting list definition, prioritisation and management of allied health, counselling and nursing services at a statewide level.

Managing access to Community Health Services requires a system that can accurately record waiting times. This measurement can provide useful and powerful information if a consistent process is employed across the sector at a statewide level. Benchmarking across agencies can identify local resource allocation, service planning issues and good practice strategies for managing high demand.

A new approach from 2006–07 will include the collection of continuous client-level data based on clear business rules and definitions. When the current supporting data systems provide the revised specifications, agencies are required to capture data for the Primary Health quarterly report. The department will then derive waiting time information from these quarterly reports and provide a feedback report to Community Health Services.

From 2006–07, waiting times will be defined as the time elapsed between the date of needs identification and date of service provision. Review of the timeline between date of initial client contact and date of needs identification will also occur during the first analysis of the data to determine the most accurate way of capturing waiting time information from the client's perspective.

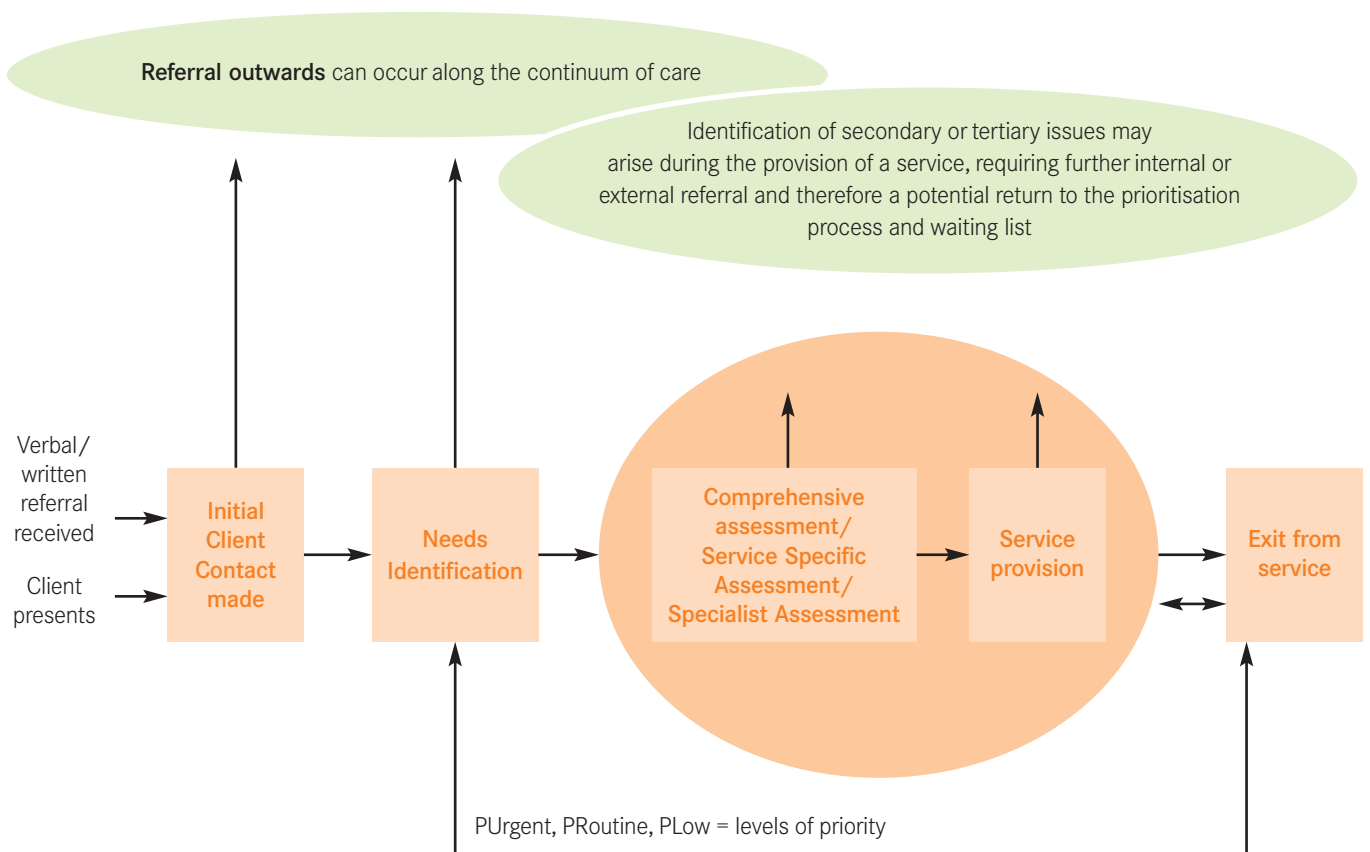
Beginning 2006–07, the second stage will review prioritisation strategies in consultation with agencies, and develop standard approaches that will apply across Victoria.

In a move toward HealthSMART, the Whole-of-Health Information and Communication Strategy, this will provide an opportunity to trial an improved electronic data management system that records essential information for the Community and Women’s Health Program. It is expected that as the system is implemented, ongoing improvement and refinement will occur.

In order to ensure a consistent, standardised approach to measure demand for Community Health Services, **waiting lists for accessing Community Health Services must remain open at all times.** This may require practice changes for some Community Health Services.

A diagrammatic representation of the Client Journey based on the Better Access to Services Operational Framework is at Figure 3 below.

Figure 3: Demand Measurement in Community Health Services: Client Journey



Identified points of measurement



3.7 Language Services

The department's Language Services Policy outlines the requirements for funded agencies to enable people who cannot speak English or who speak limited English, to access professional interpreting and translating services.

This policy is in line with the Office of Multicultural Affairs publication *Improving the Use of Translating and Interpreting Services: A Guide to Victorian Government Policy and Procedures*.

The department is changing the way it funds language services from 1 October 2006. The most significant changes are the tendering of the department's language services credit line system and direct funding of language services to agencies that are large-scale users.

Direct funding to large-scale users of language services

From 1 October 2006, a number of DHS funded organisations that are large-scale users of language services will receive a direct allocation to coordinate their own usage of language services.

DHS Language Services Credit Line

From 1 October 2006, the DHS Language Services Credit Line will be managed by an "On Call" contract arrangement providing for greater quality standards, electronic and telephone bookings, three-way telephone interpreting capacity, a stronger emphasis on rural coverage and training and skill specialisation for interpreters.

There will also be:

- a new phone number to access the Credit Line; and
- new PINs to access the Credit Line.

Primary Health Branch has allocated funds for interpreting and translating services provided either through Credit Line with "On Call" or through direct allocation to large users of language services. The purpose of these arrangements is to enable some government funded interpreting and translating services to clients of Primary Health Branch Programs.

Further information, resources and links are available at www.health.vic.gov.au/cald/index.htm

3.8 Service and Capital Planning

Service Planning is a requirement and should define the role and function of an agency within an area catchment. In developing a service plan, an agency must consider:

- current and projected health needs of the population its services;
- role and function of other local service providers; and
- strategic policy directions of government.

Care in your Community is a key government policy that will guide future service and capital planning for health services. The underpinning service planning principles in *Care in your Community* promote a population based approach to health service development, building on concepts of access, equity, service integration and collaboration, and the provision of services in the community or home.

The first point of contact for agencies considering service planning is the Regional Office. It will assist the agencies to clarify their goals and consider how any changes to service or redevelopments will fit into an area-based view of service provision to their catchment.

The Region will liaise with the Community and Women's Health (C&WH) Program, the Dental Health Program and the Service Planning Teams within the Rural Regional Health and Aged Care and Metropolitan Health and Aged Care divisions. If the need for a capital development is established further steps will be undertaken. Any proposed capital development will require an endorsed service plan.

Primary Health Branch is developing a resource to provide information to agencies that are undertaking a service planning exercise. This will be located at www.dhs.vic.gov.au/rrhacs/primarybranch.htm.

3.9 Workforce Development

Workforce development is integral to maintaining and improving the quality and effectiveness of primary health services. An effective workforce needs to be supported by:

- Leadership
- Governance
- management development activities
- systematic workforce planning, work design
- competency-based training
- placement opportunities and
- research and development programs.

The Community and Women’s Health Programs, Primary Care Partnerships Strategy and the Dental Health Program provide workforce development funding to support these strategic activities.

Victoria’s community based health services employ a workforce that is trained and qualified in the provision of primary care. However, issues to be addressed include:

- an ageing health workforce
- increased competition in recruiting and retaining staff, especially in rural areas
- increased focus on the delivery of health care in the community rather than in hospitals
- an increase in the complexity of care being delivered in the community and
- an expectation that service delivery will be based on evidence.

The *Community Health Services—creating a healthier Victoria* and *Care in Your Community* policies both identify research and workforce development initiatives as a key enabler of stronger Primary Health Care services. The policies support agencies partnering around workforce initiatives and encourage workforce and professional development strategies aligned with their strategic directions. The policies also support training and development funding, workforce recruitment and retention initiatives, as well as culturally sensitive practice through implementation of the department’s Multicultural Strategy—*Cultural diversity guide*.

In addition to this, the department has commissioned the delivery of Cultural Respect Training, across the state to support agencies in the provision of culturally appropriate services for Aboriginal and/or Torres Strait Islander populations.

A new program for supporting student clinical placements and research opportunities for CHSs is currently under consideration. The aims of the Community Health Teaching and Research Program (CH TARP) will be to:

- provide a coordinated undergraduate and postgraduate student placement system at Community Health Services for health disciplines that include medical, allied health, dentistry and nursing
- provide Community Health staff with the opportunity to actively initiate and participate in education and research

- enhance workforce recruitment and retention in the Community Health sector
- strengthen the evidence base of Community Health practice by developing partnerships between Community Health Services and education and research institutions
- educate future health professionals about multidisciplinary community based model of health care provided in Community Health and
- promote continuity of care through a broader understanding of community based health care.

As a priority for workforce development, PCPs must support the implementation of organisational and area-based Integrated Health Promotion Plans. As part of an organisation’s or catchment’s health promotion planning process, workforce strategies should be developed. Agencies are expected to document workforce strategies annually as part of the agency’s health promotion plan.

Training and professional development for the workforce will also be a priority, to ensure capacity and skills to support service co-ordination and integrated disease management strategies and to lead systems change.

3.9.1 Better Skills, Best Care Strategy

The availability of a suitably skilled workforce is essential if the department is to sustain an effective human services system into the future. The *Better Skills, Best Care* strategy seeks to encourage health services to explore new and redesigned work roles and provide support to pilot and roll-out initiatives. The emphasis is on developing roles that will provide better outcomes for patients, promote greater work satisfaction for staff and contribute to more efficient and sustainable health services.

Through this Workforce Branch strategy, the department is exploring the potential to extend the capacities of clinicians to provide care in community-based settings, including supporting delivery of services in super-clinics. A focus of this work will involve new and expanded roles for allied health professionals, as well as allied health assistants and support worker roles in community and rural settings. For further information, contact the Workforce Branch—www.health.vic.gov.au/workforce/

3.9.2 Dental Health Program

Dental Health Services Victoria (DHSV) has a statewide role in recruitment and retention of public dental health staff and will assist agencies to recruit staff in all dental health disciplines.

DHSV supports retention of the public dental health workforce by offering a program of continuing professional development activities for clinicians and specialist clinical training packages. Bridging programs and assistance with recruitment processes are also available for overseas trained dentists.

A statewide mentoring program has been developed for recent dental health graduates working in the public sector. All clinics employing new graduates should provide them with a suitable and experienced clinical supervisor to provide clinical supervision. The mentoring program is in addition to this clinical supervision and provides professional and social mentoring. Social mentoring is particularly important in rural areas and can be a significant factor in retaining recent graduates in public clinics.

Cooperative arrangements between the education sector, agencies and DHSV mean that undergraduate students can undertake clinical placements in Community Health Services.

3.10 Funding Directions

3.10.1 Dental Health Program Funding Review

This initiative will review and refine the funding arrangements for the Dental Health Program with a view to achieving better alignment between funding, service delivery, policy objectives and value for money.

The review and evaluation will provide recommendations on:

- ways in which the current funding arrangements could be streamlined to support service integration, workforce strategies, demand management and oral health promotion
- options for how three-year funding could be provided to agencies consistent with DHS policy
- improving the effectiveness and efficiency of budget allocation and payment processes and performance measures
- aligning re-imburement processes for services delivered by agencies and private sector providers with DHS and industry best practice and
- whether overhead/operational costs are reasonable relative to industry standards.

Findings of the review will be implemented in 2007–08.

3.10.2 Dental Health Program Service Integration

The Department will lead a staged project to integrate the School Dental Service and Community Dental Program into one public dental service. The project has commenced with three pilot sites and will move towards integrating all public dental services by 2007–08.

Service integration will provide a more streamlined public dental service and will allow families to access dental and other primary health services together.

3.10.3 Dental Health Program Common Data Set Project

In 2005–06 Primary Health Branch conducted a review of data reporting requirements of Dental Health Services Victoria for the Dental Health Program. The review found that the current reporting approach is ad-hoc and provides a mix of high level and aggregated data that does not always meet the needs of program accountability and service planning.

This project will streamline data reporting required of Dental Health Services Victoria across three stages:

Stage 1—Implement minor improvements to the current reports to be provided for 2006–07 to 2008–09.

Stage 2—Implement interim (rationalised) reporting arrangements for 2006–07. This includes changes to format and content, reporting frequency and due dates. Some reports will no longer be required.

Stage 3—Implement the replacement of current data reports with unit level data collection for 2007–08 and beyond. This will enable DHS to produce reports to meet identified needs and provide performance feedback to Dental Health Services Victoria. Some reports (e.g. the F1) will continue to be made.

3.10.4 New DHS funded activities

There are new department funded activities for the Aboriginal Health Promotion and Chronic Care Partnership, the Early Intervention in Chronic Disease initiative, Primary Care Partnerships Integrated Chronic Disease Management and Diabetes Self-Management. Refer to specific program guidelines in Part 4.

3.10.5 Primary Health Funding Approach

The Primary Health Funding Approach (PHFA) was implemented for the Community and Women's Health Program in July 2002 following extensive consultation with the sector and a costing study undertaken by the Australian Institute for Primary Care. It remains in place, except in small rural health services where Community Health Program funding is pooled with funding from other DHS programs. The PHFA is described in detail in the Community and Women's Health Program Guidelines 2003–04 to 2005–06 (www.health.vic.gov.au/communityhealth/downloads/cwh_glines_final03_06.pdf).

In summary, the PHFA currently includes three components:

1. *Direct Care*: Allied health, counselling and nursing services for individuals or groups funded on a unit price basis. The unit price is adjusted to take into account revenue from client fees.
2. *Health Promotion*: Funding for health promotion activities based on an agreed plan.
3. *Development and Resourcing (D&R)*: Funding as a contribution to 'overhead' costs. Agencies may allocate up to 25 per cent (depending on specified local factors) of their PHFA funding for management, administration, service development, general operating and infrastructure costs.

The D&R component is an interim arrangement needing further development. External consultants were engaged to review the D&R component, completing their study in 2005.

The study found that the four cost drivers for D&R used in the current PHFA (rurality, number of sites, service and funding complexity, and proportion of primary health funding compared with total agency funding) accounted for only 13% of the variation in reported actual expenditure. The consultants analysed the data for a range of cost drivers, but the best correlation still only explained less than 50% of the variation.

The Department is examining the findings of this study and will commence consultation with the sector on a revised funding approach in 2006–2007.

4. Primary Health Branch Programs

4.1 Primary Care Partnerships Strategy

Program: Primary Care Partnerships (PCP) Strategy

Type and Scope of Service	<p>PCPs are required to deliver outcomes in the areas of partnership development, integrated health promotion, service coordination and integrated chronic disease management.</p> <p>Through actively participating in the PCP Strategy, Primary Health agencies are providing more effective health promotion practice, better coordination of client care and improved management of chronic disease.</p>
Funding	<p>All PCPs receive the same base funding for partnership, integrated health promotion and service coordination activities, in addition to a variable amount for Integrated Health Promotion (IHP). The variable amount is based on a formula which considers population weighted factors that may affect the communities capacity to access services and DALY (Disability Adjusted Life Years) based on the Burden of Disease study www.health.vic.gov.au/healthstatus/bod/bod_vic.htm</p> <p><i>Integrated Chronic Disease Management funding</i></p> <p>This funding is a State-funded element of the <i>Australian Better Health Initiative</i> package. In 2006–07, Integrated Chronic Disease Management funding has been extended to all thirty-one PCPs to progress chronic disease management system integration.</p> <p>Funding PCPs to undertake integrated chronic disease management tasks including change management and system integration activities particularly with General Practice will build on existing PCP activities, especially service coordination. www.health.vic.gov.au/pcps/coordination/index.htm</p> <p>The tasks will be graduated to reflect the differing levels of funding provided to PCPs. There is an expectation of continuing progress and that over time the whole PCP catchment will be encompassed in PCP integrated chronic disease management activities. As a part of the <i>Australian Better Health Initiative</i> there may be further development of requirements and performance measures for 2006–2007 to 2008–2009.</p> <p><i>Other funding</i></p> <p>As funds become available, grants such as the General Practice Small Grants, may be provided to support the PCP Strategy and build an evidence base. Funding for these projects will continue to be allocated based on a PCPs demonstrated capacity to deliver.</p>
Target Group/ Eligibility	<p>PCP membership includes local government, CHSs, Divisions of General Practice, health services, Aged Care Assessment Services, district nursing and a range of other service providers who have a role in service coordination, integrated health promotion and managing consumers with chronic disease and conditions and/or complex needs.</p> <p>The focus for 2006–07 to 2008–09 is on improving the outcomes for clients with chronic disease. All PCPs are required to develop greater engagement and active participation in PCP activities with relevant stakeholders, in particular acute health services, Neighborhood Renewal sites and GP's through Divisions of General Practice.</p>
Fees	Not applicable

4.2 Community Health

Program: Community Health

Type and Scope of Program	<p>The type and scope of services managed and delivered by CHSs. These include health promotion and disease prevention; early identification and intervention; assessment and treatment for allied health services, such as audiology, dental, dietetics, occupational therapy, physiotherapy, podiatry and speech therapy; nursing, counselling; coordinated care with GPs and other primary care providers and the acute, aged care and mental health sectors. CHSs also promote multi-disciplinary teamwork.</p> <p>Community Health Services (CHSs) play an important role in preventive, rehabilitative, maintenance and support programs for people with complex conditions and chronic illnesses, such as diabetes, cardiovascular disease and asthma.</p>
Funding	<p>The Community Health Programs funds more than 120 agencies operating from more than 300 sites across Victoria. These include statewide services such as the Victorian Foundation for Survivors of Torture, Centre for Culture, Ethnicity and Health, and International Diabetes Institute.</p> <p>Agencies are funded under the Primary Health Funding Approach (<i>see section 3.9.5</i>)</p>
Target Group/ Eligibility	<p>Services funded through the Community Health Program are available to everyone regardless of where they live. People are free to choose which CHS they will attend, and CHSs must not restrict access for Community Health Program services to people living or working in a specified catchment area. This includes people living across state borders but near service sites in Victoria. The gazetted catchments of stand-alone CHSs relate to membership and governance, and while a CHS will primarily relate to, plan for and serve the community in its catchment, people outside the catchment may still access its services. CHSs should prioritise services and activities towards population groups and individuals with chronic and complex health issues and in lower socioeconomic groups. Notwithstanding the general principle described above there will be additional initiatives eg. Early Intervention in Chronic Disease, where funding is specifically allocated on a notion of a primary catchment. Clients from this primary catchment would be prioritised.</p>
Fees	<p>A statewide fees policy applies for all clients of the Community Health Program.</p> <p>Fees are chargeable for all activities except Health Promotion and other group activities, where fees are optional. The fee level depends on client income. Adolescents are not charged for any service. Inability to pay is not a basis for refusing a service to people who are assessed as requiring a service.</p> <p>Details of the current policy can be found in <i>Fees Policy for Community Health Program and Home and Community Care Program, December 2005</i>, at www.health.vic.gov.au/communityhealth/publications/ch_fees.htm</p>
Service Co-ordination	<p>To achieve service integration across the healthcare continuum, it is expected that the practice of service coordination be embedded into service delivery. An Service Coordination Industry Consultant has been engaged from February 2006 to provide support and resources to assist in this goal.</p>
Integrated Health Promotion	<p>It is expected that quality health promotion practice (as outlined in the Integrated Health Promotion Framework) is to be embedded within health promotion planning, implementation and evaluation. Primary health agencies serving Neighbourhood Renewal areas and receiving more than \$20,000 in ongoing health promotion funding, should include Neighbourhood Renewal areas as a priority setting.</p>
Chronic Disease Management	<p>It is expected that agencies will implement necessary changes to practices, processes, protocols and systems to deliver, planned, systematic, proactive chronic disease management both internally and with relevant partners. Agencies need to review their internal operations to ensure that services are responsive to people with chronic disease/s.</p>

4.3 Dental Health

Program: Dental Health

Type and Scope of Service	<p>Public dental services are provided in community and school dental clinics that are located in Community Health Services, hospitals and schools. In some cases, dental care is provided by private clinicians through the Victorian Emergency Dental Scheme (VEDS), the Victorian General Dental Scheme (VGDS), and the Victorian Denture Scheme (VDS).</p> <p>Dental Health Services Victoria (DHSV) is responsible for the delivery of public dental services through direct provision in DHSV clinics, School Dental Service and the Royal Dental Hospital Melbourne and funding Community Health Services and rural hospitals under conditions set by the department.</p> <p>Public dental services provide routine and urgent care. People seeking urgent care are assessed, triaged and managed using the Emergency Demand Management Strategy (EDMS).</p> <p>People triaged as requiring urgent care will be offered an appointment and those who require routine care will be placed on the General Waiting List. Agencies are required to maintain waiting lists in accordance with departmental policies.</p> <p>More extensive information and policies relating to the dental health program can be found on the Dentistry in Victoria website at www.health.vic.gov.au/dentistry.</p>
Funding	<p>Dental services are output funded using a funding formula based on the Department of Veteran Affairs Dental Items Schedule. Programs for special needs groups are block funded.</p>
Target Group/Eligibility	<p>CHILDREN: Preschool and primary school aged children, dependents of health care or pensioner concession card holders in year 7–8 and 14–15 year olds who have left formal schooling have priority access to public dental services. Preschool aged children can visit any community dental clinic for priority access by appointment.</p> <p>Students in years 9–12 or 14–18 year olds who have left formal schooling have priority access to public dental services if they are dependents of a health care or pensioner concession cardholder. There is no co-payment required.</p> <p>ADULTS: Health care or pensioner concession cardholders and their dependants over the age of 18 are eligible for public dental and denture services.</p>

Fees	<p>Health care or pensioner concession cardholders and their dependants aged 18 and over:</p> <ul style="list-style-type: none"> • \$22 per visit up to a maximum amount of \$88 for a completed course of care. • Up to \$105 for a full acrylic denture and approximately \$50 for partial dentures. • \$22 for emergency dental care. • Fees for specialist services are a percentage of the Department of Veterans Affairs Dental Items Schedule and are dependant on the treatment required. <p>Preschoolers and children aged 5 to 13, who are not dependants of a health care or pensioner concession cardholder:</p> <ul style="list-style-type: none"> • \$27 per child for a completed course of care. Fees per family will not exceed \$108. <p>Exemptions from fees for public dental services apply to the following groups:</p> <ul style="list-style-type: none"> • Those experiencing financial hardship. • 14–18 year olds who are health care or pensioner concession cardholders or dependants of a health care or pensioner cardholder. • Registered clients of mental health and disability services, supported by a letter of recommendation from their case manager or staff of special developmental schools. • Those receiving care from undergraduate students.
Service Coordination	To achieve service integration across the health care continuum, it is expected that the practice of service coordination be embedded into service delivery.
Integrated Health Promotion	Dental Health Services Victoria (DHSV) has lead responsibility for oral health promotion. From 2006–07, DHSV will develop an organisational health promotion plan, with a statewide focus, that will begin the integration of oral health promotion into broader evidence based interventions and strategies.
Chronic Disease Management	It is expected that agencies will implement necessary changes to practices, processes, protocols and systems to deliver, planned, systematic, proactive chronic disease management both internally and with relevant partners. Agencies need to review their internal operations to ensure that services are responsive to people with chronic disease/s.

4.4 Women’s Health

Program: Women’s Health

Type and Scope of Service	Women’s health services work directly with women and in partnership with other organizations. The program operates through three statewide and nine regional programs.
Funding	Refer to <i>Primary Health Funding Approach</i> section 3.9.5.
Target Group/ Eligibility	Women’s Health Services work to improve the health and wellbeing of women but prioritise those population groups for whom access to health services is difficult. These include Aboriginal women, women from culturally and linguistically diverse backgrounds, women with disabilities, rural women and those identified by statewide, regional, Primary Care Partnerships and community health planning processes, e.g. women from drought and bushfire affected areas.
Fees	No fees apply for Women’s Health Program services.
Service Coordination	To achieve service integration across the health care continuum, it is expected that the practice of service coordination be embedded into service delivery.
Integrated Health Promotion	Quality health promotion practice (as outlined in the <i>Integrated Health Promotion Framework</i>) is to be embedded within health promotion planning, implementation and evaluation.
Chronic Disease Management	Review health promotion programs to ensure that there are no barriers of access for people with chronic disease and that risk factors associated with chronic disease are addressed through these programs.

4.5 Family Planning (FPP)

Program: Family Planning (FPP)

Type and Scope of Service	Family Planning Program (FPP) assists Victorians to make individual choices on sexual and reproductive health matters by providing a range of accessible, culturally relevant and responsive services to people experiencing difficulty accessing mainstream services.
Funding	Refer to Primary Health Funding Approach in section 3.9.5.
Target Group/ Eligibility	People with special needs who are less able to obtain adequate family planning services from mainstream health services. These include young people, women from culturally, sexually and linguistically diverse backgrounds, Aboriginal people and people with disabilities.
Fees	As per the Community and Women’s Health fees policy. Inability to pay cannot be used as a basis for refusing a service to people who are assessed as requiring a service.
Service Coordination	To achieve service integration across the health care continuum, it is expected that the practice of service coordination be embedded into service delivery.
Integrated Health Promotion	Quality health promotion practice (as outlined in the <i>Integrated Health Promotion Framework</i>) is to be embedded within health promotion planning, implementation and evaluation.

4.6 Family and Reproductive Rights Education (FARREP)

Program: Family and Reproductive Rights Education (FARREP)

Type and Scope of Service	Family and Reproductive Rights Education Program (FARREP) works with communities that traditionally practice female genital mutilation to: <ul style="list-style-type: none"> • increase their access to primary health services; • improve the physical and emotional health and wellbeing of women, young girls and their families; and • encourage the health system to be more responsive to their needs.
Funding	FARREP funding is allocated to selected agencies where there are target communities in the Northwest and Southern regions of Metropolitan Melbourne. Refer to Primary Health Funding Approach in section 3.9.5.
Target Group/Eligibility	With a focus on those most at risk, the Program targets all communities that practice FGM. In addition, the Program also targets health and other related professionals who work with the affected communities.
Fees	Agencies should not charge fees for services funded through FARREP
Service Coordination	To achieve service integration across the healthcare continuum, it is expected that the practice of service coordination be embedded into service delivery.
Integrated Health Promotion	It is expected that quality health promotion practice (as outlined in the <i>Integrated Health Promotion Framework</i>) be embedded within health promotion planning, implementation and evaluation.

4.7 Innovative Health Services for Homeless Youth (IHSY)

Program: Innovative Health Services for Homeless Youth (IHSY)

Type and Scope of Service	Innovative Health Services for Homeless Youth (IHSY) promotes health care for homeless and otherwise at-risk young people through innovative approaches to health service delivery and increasing access to mainstream and specialist services.
Funding	IHSY is a Commonwealth/State cost shared program. Funding is allocated to community agencies in identified areas at higher risk of homeless young people.
Target Group	Homeless young people or young people at risk of homelessness.
Fees	Agencies should not charge fees for services funded through IHSY.
Service Coordination	To achieve service integration across the health care continuum, it is expected that the practice of service coordination be embedded into service delivery.
Integrated Health Promotion	Quality health promotion practice (as outlined in the <i>Integrated Health Promotion Framework</i>) is to be embedded within health promotion planning, implementation and evaluation.

4.8 Refugee Health Nurse Initiative

Program: Refugee Health Nurse (RHN) Initiative

Type and Scope of Service	<p>The Refugee Health Nurse (RHN) Initiative builds a coordinated approach to refugee health by increasing refugee access to primary health services, improving the response of health services to refugees needs and enabling individuals, families and refugee communities to improve their health and wellbeing.</p> <p>Refugee health nurses establish contact with refugee communities and develop expertise through professional development and advocacy with other providers. Nurses will assist refugee communities to improve their health through health promotion, prevention and developing referral networks and collaborative relationships with general practitioners, social support and orientation programs.</p>
Funding	<p>Funding is allocated to Community Health Services in areas of high refugee population to employ Refugee Health Nurses. Additional funding for language services is allocated at the rate of \$25,000 per full-time nurse.</p> <p>Non-recurrent funds have been allocated to each of the Primary Care Partnerships that have Refugee Health Nurse positions allocated. These funds will extend existing service coordination mechanisms to include referral and access to specialists to manage the complex health issues for refugee clients.</p>
Target Group/ Eligibility	<p>Refugee Health Nurses will be placed in sentinel CHSs that are known to work effectively with refugees and situated in geographical areas with high levels of refugee settlement.</p>
Fees	<p>No fees apply for Refugee Health Nurse activity.</p>
Service Coordination	<p>To achieve service integration across the health care continuum, it is expected that the practice of service coordination be embedded into service delivery.</p>
Integrated Health Promotion	<p>Refugee Health Nurses will deliver a range of health promotion interventions including screening, individual risk assessment, immunisation, health information and education, skill development, social marketing, community action and creating supportive settings and environments.</p>
Chronic Disease Management	<p>It is expected that agencies will implement necessary changes to practices, processes, protocols and systems to deliver, planned, systematic, proactive chronic disease management both internally and with relevant partners. Agencies need to review their internal operations to ensure that services are responsive to people with chronic disease/s.</p>

4.9 Child Health Teams Initiative

Program: Child Health Teams Initiative

Type and Scope of Service	<p>Child health teams have been established or extended in rural:urban interface areas where there is significant population growth, and areas of high demand for early intervention services to respond to developmental delays and other priority children’s health conditions.</p> <p>The aim is to develop coordinated and innovative approaches to child health and wellbeing through working with children and families in coordination with local government and other early childhood services.</p> <p>For further information on Child Health Teams see:</p> <ul style="list-style-type: none"> • Child Health Teams in <i>Community Health Services Guidelines</i>; and • <i>Growing Communities Thriving Children</i>: guidelines for the development of an implementation and action plan 2006.
Funding	The priority for funding has been to focus on high needs areas and/or communities in outer suburban and growth corridors.
Target Group/ Eligibility	<p>Child Health Teams should target families with children who:</p> <ul style="list-style-type: none"> • are aged 0–12, with priority to preschool age; • have high priority issues including language, cognitive development, behaviour and other developmental delays, and/or nominated priorities from the Children’s Health and Wellbeing Outcomes Framework; • are ineligible for Early Childhood Intervention Services (ECIS) on the basis of limited severity of developmental delay; • are unable to access other local services; • have multiple and/or complex psychosocial needs. <p>CHSs are encouraged to adopt specific prioritising protocols that reflect the needs of their community as determined through a coordinated planning process.</p>
Fees	As per the Community and Women’s Health Fees Policy.
Service Coordination	The practice of service coordination should be embedded in service delivery. It is planned to develop a specific SCTT tool for children during 2006–07.
Integrated Health Promotion	Quality health promotion practice that targets children and their families (as outlined in the <i>Integrated Health Promotion Framework</i>) is to be embedded within health promotion planning, implementation and evaluation. CHS Integrated Health Promotion activity should target children’s priority health and wellbeing issues with particular focus on the six outcomes prioritised for intervention in the <i>Growing Communities Thriving Children Initiative</i> (refer to guidelines above).
Chronic Disease Management	Children also may present with chronic disease and services should ensure that these children are linked with relevant services.

4.10 Early Intervention in Chronic Disease

Program: Early Intervention in Chronic Disease

Type and Scope of Service	<p>The aim of this initiative is to improve the health, wellbeing and quality of life for people with chronic disease. This initiative aims to provide planned and well managed care to people with a range of chronic diseases. Models of care will deliver planned, proactive and systematic care for people with chronic disease.</p> <p>This initiative complements the health promotion programs implemented by Community Health Services (CHSs) and other Primary Care Partnerships (PCP) members. It also complements funding provided by the Hospital Admission Risk Program (HARP) by providing support to people with chronic disease earlier in the disease continuum to delay and reduce the need for more intensive and costly interventions.</p>
Funding	<p>This is a State funded element of the <i>Australian Better Health Initiative</i> package.</p> <p>Funding will be provided to 18 CHSs in 2006–07. This will be based on a number of factors including: high numbers of hospital admissions of ambulatory care sensitive conditions; the Index of Relative Socio-Economic Disadvantage (IRSED) regional ranking; partnerships between CHSs, GPs and the acute sector; demonstration of advanced PCP catchment service coordination practices; sound leadership and clinical governance; and the existence of a Neighbourhood Renewal Project.</p> <p>All PCPs are being funded to progress work on system integration to support improved delivery of chronic disease services in the broader service system, in particular with General Practice.</p> <p>As a part of the <i>Australian Better Health Initiative</i> there may be further development of requirements and performance measures for 2006–2007 to 2008–2009.</p>
Target Group/ Eligibility	<p>The target group are those who:</p> <ul style="list-style-type: none"> • have been diagnosed with chronic disease/s (especially diabetes, cardiovascular disease [CVD], early stages of respiratory disease, and asthma); and/or • have complex needs, particularly in the elderly, prior to significant complications or significant decline; and/or • could potentially require hospitalisation in the medium to long term and require a managed and planned approach to reduce risks.
Fees	As per the Community and Women’s Health Program Fees Policy.
Service Coordination	To achieve service integration across the health care continuum, the practice of service coordination should be embedded in service delivery.
Integrated Health Promotion	Quality health promotion practice (as outlined in the <i>Integrated Health Promotion Framework</i>) is to be embedded within health promotion planning, implementation and evaluation.

4.11 Diabetes Management

Program: Diabetes Management

Type and Scope of Service	<p>This initiative will provide improved management, including self management interventions, to people newly diagnosed with Type 2 diabetes through CHSs in rural Primary Care Partnership catchments where no funding has been made through the Early Intervention in Chronic Disease initiative.</p> <p>Self-management can encompass a range of interventions where the client works in partnership with their carer(s) and health care provider to:</p> <ul style="list-style-type: none"> • know their condition and various treatment options; • negotiate a plan of care; • engage in activities that protect and promote health; • monitor and manage the symptoms and signs of the condition(s); and • manage the impact of the condition on physical functioning, emotions and interpersonal relationships’.
Funding	<p>It is a State funded element of the <i>Australian Better Health Initiative</i> package. Funding will be distributed to rural Regional Offices to allocate to CHSs based on need, as indicated by diabetes hospital admission data and agency capacity to deliver services.</p> <p>As a part of the <i>Australian Better Health Initiative</i> there may be further development of requirements and performance measures for 2006–2009.</p>
Target Group/ Eligibility	People newly diagnosed with Type 2 diabetes in rural Victoria.
Fees	As per the Community and Women’s Health Fees Policy.
Service Coordination	To achieve service integration across the health care continuum, it is expected that the practice of service coordination be embedded into service delivery.
Integrated Health Promotion	Quality health promotion practice (as outlined in the <i>Integrated Health Promotion Framework</i>) is expected to be embedded within health promotion planning, implementation and evaluation.

4.12 Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership

Program: Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership

Type and Scope of Service	The AHPACC initiative supports partnerships between Aboriginal Community Controlled Organisations (ACCHOs) and Community Health Services (CHSs) to increase access for Aboriginal persons to integrated, comprehensive primary health care. These partnerships involve identification of chronic disease and health promotion priorities and the development of strategies to address these priorities. The Partnerships are in the planning and early implementation phases.
Funding	CHSs and ACCHOs receive equal funding under this initiative to employ additional staff (with either a health promotion or chronic care focus), and fund other organisational supports and infrastructure to implement this new program model.
Target Group/Eligibility	Aboriginal and Torres Strait Islander populations using services in identified geographical catchments.
Fees	As per the Community and Women’s Health Program Fees Policy. Inability to pay is not a basis for refusing a service to people who are assessed as requiring a service and adolescents are not charged for any service.
Service Coordination	To achieve service integration across the health care continuum, it is expected that the practice of service coordination be embedded into service delivery.
Integrated Health Promotion	Quality health promotion practice (as outlined in the <i>Integrated Health Promotion Framework</i>) is to be embedded within the health promotion component of the AHPACC Partnership. Refer to “ <i>Building Better Partnerships—Working with Aboriginal Communities and Organisations: a Communication Guide for the Department of Human Services</i> ” (www.health.vic.gov.au/koori/).
Chronic Disease Management	It is expected that community health services and Aboriginal community controlled health organisations will work together to implement culturally appropriate practices, processes, protocols and systems to deliver, planned, systematic chronic disease management across agencies. Community Health Services will need to review their internal operations to ensure services are responsive to Aboriginal and Torres Strait Islander people with chronic disease.

4.13 Telephone Counselling

Program: Telephone Counselling

Type and Scope of Service	Provides telephone counselling 24 hours a day, 7 days per week to provide individuals with support, information and referral. There are a generalist (13114) and suicide prevention (1300651251) numbers, both of which are toll free.
Funding	Funding is provided to support seven Lifeline sites and one site for a statewide suicide prevention telephone counselling line. The Commonwealth also contributes substantial funding to Lifeline.
Target Group/Eligibility	Individuals who need support and also family and friends who are concerned about others.
Fees	No fees are charged for this service.
Service Coordination	Not applicable to majority of callers because they are anonymous.
Integrated Health Promotion	Not applicable at this stage

4.14 Suicide Prevention

Program: Suicide Prevention

Type and Scope of Service	This program is run by the Victorian Foundation for Survivors of Torture (VFST) and aims to reduce the incidence of suicide among child and adolescent refugees.
Funding	Refer to 3.9.5 Primary Health Funding Approach
Target Group/Eligibility	The VFST will provide services to child and adolescent refugees, including children who come to Australia as part of the unaccompanied minors program.
Fees	No fees are charged for this service.
Integrated Health Promotion	For Integrated Health Promotion involving this target group, the priority issue, relevant program objectives and evidence based health promotion interventions and strategies should be identified in the agencies organisational health promotion plan. From 2003–04 agencies have been required to plan and report against reach and impact indicators in their organisational health promotion plan.
Service Coordination	To achieve service integration across the health care continuum, it is expected that the practice of service coordination be embedded into service delivery.

4.15 NURSE ON CALL

Program: NURSE ON CALL

Type and Scope of Service	<p>NURSE ON CALL provides a new 24 hour a day, 7 days per week, telephone based health advice and information line.</p> <p>Registered Nurses answer all calls and use computerised evidence-based clinical decision support software systems to undertake triage and direct callers to the most appropriate level of health care for their symptoms. The software has been customised for the Victorian environment. To ensure a high level of quality and clinical safety, the clinical guidelines are reviewed by the provider on a regular basis and by an expert clinical group established by the department</p>
Funding	NURSE ON CALL is provided under a three-year contract arrangement with McKesson Asia-Pacific.
Target Group/Eligibility	The Victorian community is able to call directly through the widely publicised 1300 60 60 24 number. NURSE ON CALL also has access to interpreting services and the National Relay Service to assist the hearing or speech impaired.
Fees	Fees are not charged for this service.
Integrated Health Promotion	For NURSE ON CALL, nurses provide health promotion with a focus on individuals. The interventions used include screening, individual risk factor assessment, health information and health education.

4.16 General Practitioners in Community Health Services Strategy

Program: General Practitioners (GPs) in Community Health Services Strategy

Type and scope of service	<p>This strategy aims to strengthen the interface between GPs and other primary health services by:</p> <ul style="list-style-type: none"> Improving access for Victorians experiencing difficulty accessing a GP, particularly those who have chronic disease and conditions and/or complex needs. Generating genuine service integration and coordination between GPs and CHSs; and Improving workforce capacity for CHS medical teams. <p>The outcomes of the 2006–2008 funding round, together with evaluation of the initiatives implemented since the 2004–2005 round, will inform the directions of future strategies.</p>
Funding	<p>Approximately \$3 million is available for project implementation in 2006–08. Funds are available for the remaining two years of the strategy (2006–07 and 2007–08). Proposals for two-year projects were sought by submission closing on 10 July 2006.</p> <p>CHSs, Divisions of General Practice (DGP) and PCPs are eligible to apply for funding. All applicants are encouraged to use existing PCP structures and framework to support the development of proposals. Submissions proposed by a CHS should be developed in partnership with a Division. Submissions proposed by the Division should be developed in partnership with a CHS. Agencies that have previously received funding are eligible to apply.</p> <p>The key priorities for 2006–08 are:</p> <ul style="list-style-type: none"> Developing innovative models of primary health care for general practice demonstrating coordination with CHS's and a focus on clients with chronic and complex conditions. Developing and trialling new treatment and business models to support integrated care, focusing on sustainability and viability of services.
Target Group/Eligibility	<p>The ongoing focus of the GP's in CHS strategy is to improve access to general practice, particularly for Victorians experiencing difficulty accessing a GP and those Community Health Service clients with chronic disease and conditions and/or complex needs.</p>
Fees	<p>Agency discretion should be used in determining whether fees are charged for GP services.</p>
Service Coordination	<p>To achieve health service integration across the health care continuum, it is expected that the practice of service coordination is embedded into service delivery.</p>
Integrated Health Promotion	<p>Quality health promotion practice (as outlined in the <i>Integrated Health Promotion Framework</i>) is to be embedded within health promotion planning, implementation and evaluation.</p>
Chronic Disease Management	<p>Agencies should develop mechanisms to engage in care planning with general practice both with GPs within Community Health Services and with GPs in private practice to maximise opportunities available through MBS items relevant for people with chronic disease and conditions and/or complex needs.</p>

5. Reporting and Accountability

5.1 Reporting Requirements

The Rural and Regional Health and Aged Care Services (RRHACS) Division Policy and Funding Plan, 2006–07 to 2008–09 provides the detail on reporting for Primary Health Branch activities including service activity descriptions, performance measures, data collection requirements, standards and guidelines and special funding terms and conditions. (Refer to www.dhs.vic.gov.au/rrhacs)

The Purpose of Reporting

The Primary Health Branch reporting schedule monitors agencies and service system performance to ensure funds are directed to appropriate services. Accordingly, agencies are required to submit data reports used to support one or more of the following functions:

- Reporting to the Department of Finance (State Treasury) in respect of agreed output targets.
- Internal Primary Health Branch reporting for:
 - policy development, monitoring and strategic planning
 - service monitoring and targeting
 - budget and resource allocation processes and
 - research.
- Providing feedback to funded service provider agencies.
- Providing research and policy development information both internally and externally.

Mandatory Data Reports

In 2006–09, agencies funded by the Primary Health Branch are required to provide reports in accordance with Table 1 shown below.

This table outlines the reporting requirements for the relevant components/activities funded through the Primary and Dental Health output group. Electronic copies of the reporting requirements can be obtained from the internet pages (URLs) listed. For information about reporting requirements for individual activities funded through the Primary and Dental Health Output Group, see the RRHACS Policy and Funding Plan 2006–07 to 2008–09.

Table 1: Mandatory Data Reports for primary health agencies and funding recipients
 Source of information for reporting requirements—Primary and Dental Health Output Group

Output Group	Primary and Dental Health							Dental Services
	Community Health Care			Dental Services				
Output	Community Health Care	Primary Health General Practice Services Support	Community Health Integrated Chronic Disease Management	Aboriginal Health Promotion and Chronic Care Partnership	Primary Care Partnerships*	Telephone Counselling	Dental Services	
Community and Women's Health Programs 2006-07 Data Reporting Requirements www.health.vic.gov.au/communityhealth	<ul style="list-style-type: none"> Community Health Women's Health IHSY Family Planning Family & Reproductive Rights Education Suicide Prevention Community Health Diabetes Self Management Primary Health DVA 		✓		✓	* There is ongoing developmental work in relation to this strategy both in terms of practice change and data collection and reporting approaches. This will be further developed and implemented throughout the life of this plan.	<ul style="list-style-type: none"> Oral Health Promotion Community Dental Care RDHM Dental Care School Dental Care 	
Community Health Plan and Community Health Plan Implementation Agreement www.health.vic.gov.au/pops					✓			
Australian Government Innovative Health Services for Homeless Youth (IHSY) reporting requirements www.health.vic.gov.au/communityhealth	IHSY program only							
Early Intervention in Chronic Disease evaluation reporting requirements			✓					
Aboriginal Health Promotion and Chronic Care Partnership evaluation reporting requirements www.health.vic.gov.au/communityhealth/ahpacc.htm				✓				
GPs in Community Health biannual report www.health.vic.gov.au/communityhealth/gps		✓						
Telephone counselling reporting requirements www.health.vic.gov.au/communityhealth/counselling						✓		
Dental Health program reporting requirements as agreed with Dental Health Services Victoria							✓	

5.2 Changes to funded activities

Output name: Community Health Care

A number of changes have been made to the Community Health Care activities (as shown in the table below). For specific information in relation to each funded activity see the RRHACS Funding and Policy Guidelines 2006–07 to 2008–09.

Changes to Community Health Care Output

2005–06	2006–07		
Funded activity	Funded activity	Activity Number	Change
• Community Health—Health Promotion	• Community Health—Health Promotion	28001	No change
• Allied Health—Podiatry • Allied Health—Occupational therapy • Allied Health—Speech Therapy • Allied Health—Dietetics • Allied Health—Physiotherapy • Allied Health—Audiology • Community Health—Nursing • Community Health—Counselling Casework	• Community Health—Direct Care	28065	Simplified into one activity which also includes Initial Needs Identification
• Women’s Health—Health promotion	• Women’s Health—Health promotion	28050	No change
• Women’s Health—Counselling Casework • Women’s Health—Nursing	• Women’s Health—Direct Care	28067	Simplified into one activity which also includes Initial Needs Identification
• Family Planning—Health Promotion	• Family Planning—Health Promotion	28018	No change
• Family Planning—Counselling Casework • Family Planning—Nursing	• Family Planning—Direct Care	28068	Simplified into one activity which also includes Initial Needs Identification
• Family Planning—Education & Training	• Family Planning—Education & Training	28063	No change
• Family Planning—Clinical Services & Training	• Family Planning—Clinical Services & Training	28064	No change
• ISHY—Health Promotion	• ISHY—Health Promotion	28021	No change
• ISHY—Counselling Casework • ISHY—Nursing	• ISHY—Direct Care	28066	Simplified into one activity which also includes Initial Needs Identification
• FARREP—Health Promotion	• FARREP—Health Promotion	28016	No change
• FARREP—Counselling Casework	• FARREP—Direct Care	28015	Renamed for consistency with Community Health and includes Initial Needs Identification
• Suicide Prevention—Health Promotion	• Suicide Prevention—Health Promotion	28024	No change
• Suicide Prevention—Counselling Casework	• Suicide Prevention—Direct Care	28023	Renamed for consistency with Community Health and includes Initial Needs Identification

2005–06	2006–07		
Funded activity	Funded activity	Activity Number	Change
• Case Coordination	<ul style="list-style-type: none"> • Case Coordination • Community Health—Integrated Chronic Disease Management • Aboriginal Health Promotion and Chronic Care Partnership (AHPACC) • Community Health—Diabetes Self Management 	<ul style="list-style-type: none"> 28060 28072 28071 	Additional activities to provide funding for new Primary Health initiatives
• Telephone Counselling	• Telephone Counselling	28062	No change
• Primary Health General Practice Services Support	• Primary Health General Practice Services Support	28054	No change
• Flexible Transport	• Flexible Transport	28053	No change
• Primary Health DVA	• Primary Health DVA	28061	No change
• Primary Health Development & Resourcing	• Primary Health Development & Resourcing	28049	No change
• PCP—Information Management	• PCP—Information Management	28037	No change
• PCP—Integrated Health Promotion	• PCP—Integrated Health Promotion	28040	No change
• PCP—Development and Planning • PCP—Better Access to Services	• PCP—Partnerships and Service Coordination	28070	Simplified into one activity
	• PCP—Integrated Chronic Disease Management	28073	New activity
• Disaster Support & Recovery	• Disaster Support & Recovery	28047	No change
• Language Services	• Language Services	28048	No change
	• Service System Development	28069	New investment activity

Direct Care activity: further information

From July 2006, each funding source (Community Health, IHSHY, Women’s Health, Family Planning, FARREP and Suicide Prevention) will include ‘Direct Care’, which comprises a mix of allied health, counselling, nursing and Initial Needs Identification (INI) as appropriate for each agency.

The changes respond to feedback from Regions and agencies. They are intended to support greater service flexibility by making it easier to respond to changes in service needs and circumstances within the Direct Care activity, such as changes in demand or changes to workforce and service capacity. They also include changes designed to better measure demand, providing the basis for a more consistent statewide approach to demand management (see Section 3.5 Demand Management).

There will be no new funding tied to INI, as INI hours reported through the 2005–06 activities (e.g. counselling) will now be reported as a service. There should be no net increase or reduction in hours of Direct Care activity arising from these changes.

Regional PASAs will work closely with funded agencies to negotiate an appropriate mix of services within each funded activity and across funded activities. Targets will not be set for each service type (allied health, counselling, nursing and INI) included under ‘Direct Care’. Instead, targets will be negotiated for Direct Care as an activity in itself, which will comprise the various service types.

Funded agencies are expected to work closely with their Regional Offices to determine an appropriate mix of service types within each funded activity and across funded activities.

Where unit prices of ‘Direct Care’ service types differ, it will be to take this into consideration when negotiating the service mix with the DHS Regional Office. Items reported under ‘Direct Care’ will be based on 2005/06 reporting arrangements and will therefore include the number of contacts and hours of service for each of the allied health activities, such as nursing, counselling and INI (as appropriate). This will provide regions and funded agencies with detailed information that will help monitor agency performance and inform the service plan agreement process for the following year.

For example, a CHS is experiencing a growing demand for counselling services. In consultation with the Regional Office, they decide to reduce podiatry services because it has been experiencing a lower demand. More resources can then be directed to counselling, but the total target hours for ‘Direct Care’ does not change.

6. References

6.1 Terms and Definitions

Acronym/Term	Description
ACCHO	Aboriginal Community Controlled Health Organisation
Accreditation	A formal recognition that explicit quality standards have been achieved by a particular service.
ACHS	The Australian Council on Healthcare Standards
AIPC	Australian Institute of Primary Care
Ambulatory care	Care that takes place as a day attendance at a health care facility or at the consumer's home. This umbrella term incorporates: primary, secondary and tertiary level services, services provided to individuals or populations, services provided on a same day basis and acute episodic or longitudinal care.
Ambulatory care sensitive conditions	Conditions for which hospitalisation is avoidable through prevention and early intervention delivered in ambulatory settings.
Area-based planning	Planning of health care services for the population of defined catchment areas.
Assessment	Assessments (usually service specific in CHSs) will build on the information collected through the initial needs identification (INI) process. The INI process will have identified need for specialist, service specific or comprehensive assessment.
Audiology	To provide audiology services for the assessment, diagnosis, treatment and prevention of disorders of human hearing, including population/public health approach to targeted population groups—all performed by a suitably qualified person.
BATS	Better Access to Services: A policy and operational framework.
Burden of disease	The burden of disease is the health and socioeconomic cost of a given medical condition on a society.
CAC	Community Advisory Committee.
C&WH	Community and Women's Health.
Care Planning	A process of deliberation that incorporates a range of existing activities such as care coordination, case management, referral, feedback, review, reassessment and monitoring.
CHC (Community sensitive conditions)	Community-based health service with an independent board of management as defined in the Health Services Act.
CHF	Chronic Heart Failure.
Chronic Disease and chronic conditions	A chronic condition or disease in continuous or persistent over an extended period of time and not easily or quickly resolved. Amongst Australia's national health priorities are chronic disease and chronic conditions that are our greatest burden of disease: asthma, cancer, cardiovascular disease, diabetes mellitus, mental health conditions, arthritis and musculoskeletal conditions.
Chronic disease management	Used in a generic sense in this document to refer to care for people with chronic disease and chronic conditions which usually involves numerous health care providers in multiple settings. Care should be provided within an integrated system.
Community Health Service (CHS)	Agencies in receipt of Victorian Community Health Program funding that also deliver a wide range of other primary health and support services to meet local community needs. This definition includes community health centres and primary health units or divisions of rural and metropolitan health services.

Acronym/Term	Description
CHS TARP	Community Health Service Teaching and Research Program
Client	A client is an individual, organisation or group that receives a service from a provider. For the purposes of recording data, clients are considered to be either individuals (including individuals, and family units) or organisations (business, social, community, government or education body).
Clinical governance	The framework through which health organisations are accountable for continuously improving the quality of their services. Clinical Governance entails safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
COAG	Council of Australian Governments.
Co-located	Health services sharing geographic facilities.
Communities	Defined as groups of people who have interests in the development of an accessible, effective and efficient health and aged care service that best meets their needs.
Community Action (for Social and Environmental Change)	Community action aims to encourage and empower communities (both geographic areas and communities of interest) to build their capacity to develop and sustain improvements in their social and physical environments.
Community Development Worker	Community development workers encourage and assist community groups to identify their needs, participate in decision making and develop appropriate services and facilities to meet those needs. Membership of the Australian Institute of Welfare and Community Workers—completion of a degree or diploma in welfare work or community services, or another qualification plus 3 years of experience.
Community participation	Processes that enable individuals and groups in the community to contribute to debate and decision making about a particular activity. This means opportunities for community members to participate in planning, managing and evaluating services, and in identifying issues and ways of addressing them.
Complex needs	Complexity as it relates to chronic disease and chronic conditions typically involves co-morbidities and psychosocial factors. This could include older people who are becoming frailer, carer stress or a reduced ability to function independently.
Consumers	People who are current, or past users of health services. This includes children, women and men, people living with a disability, people from diverse cultural and religious experiences, socio-economic status and social circumstances, sexual orientations, health and illness conditions.
Contact	One-to-one consultations with individual clients, includes case conferencing, secondary consultation and advocacy (excludes groups).
COPD	Chronic Obstructive Pulmonary Disease.
Counselling (and psychotherapy)	Both counselling and psychotherapy utilise the personal relationship to enable clients to develop an understanding about themselves and to make changes in their lives. Counselling and psychotherapy must work within a principled relationship that enables clients to explore and resolve interpersonal issues. Such processes are based on an ethos of respect for clients, their values, beliefs and uniqueness, and right to self-determination. Counselling usually focuses on specific problems or adjusting to life's changes. Psychotherapy is more concerned with the restructuring of the personality or the self. Psychotherapy tends to be more intensive, more frequent and for longer periods of time than counselling. (Psychotherapy and Counselling Federation, 2004)

Acronym/Term	Description
CRM	Clinical Risk Management
CVD	Cardiovascular Disease
DALY	Disability Adjusted Life Years
D&R	Development and Resourcing
Department	The Department of Human Services
Dietetics	To provide nutritional support for individuals and groups in health and illness, including population/public health nutrition approach to targeted population groups—all performed by a suitably qualified person.
DGP	Division of General Practice
DHS	Department of Human Services
DHSV	Dental Health Services Victoria
DVA	Department of Veterans' Affairs
ECIS	Early Childhood Intervention Services
Early Intervention	The attempt to address or deal with, at an early stage, the range of physical, emotional, cultural, social and environmental factors that can contribute to health problems, in order to circumvent or curtail the further development of health issues.
Early intervention in chronic disease	This term is used in this document to refer to a specific funding initiative—Early Intervention in Chronic Disease and includes the funded role of community health services under this initiative.
EDMS	Emergency Demand Management Strategy
EFT	Full time equivalent staff units represent the on-job hours paid for (including overtime) as well as hours of paid leave (of any type) divided by the number of normal hours paid for a full-time staff member under an award or agreement.
EQuIP	Evaluation and Quality Improvement Program—an accreditation program for health services.
Evidence-based practice	A process through which professionals use the best available evidence, integrated with professional expertise, to make decisions regarding the care of an individual. It is a concept that is now widely promoted in the medical and allied health fields and requires practitioners to seek the best evidence from a variety of sources; critically appraise that evidence; decide what outcome is to be achieved; apply that evidence in professional practice; and evaluate the outcome. Consultation with the client is implicit in the process.
FARREP	Family and Reproductive Rights Education Program
FGM	Female Genital Mutilation
FPP	Family Planning Program
Government	The Victorian State Government (unless otherwise specified).
GP	General Practitioner

Acronym/Term	Description
Group Client	<p>Target populations or a collection of individual clients receiving a service collectively or as part of a group audience. A group may be:</p> <ul style="list-style-type: none"> • Informal or casual (for example, a presentation/display at a local fete or where a population or a segment of a population with common characteristics is targeted). In this case it is not significant who attends these group sessions; or • Formal, which is used to provide the same service to a number of people at the same time (for example, a hydrotherapy class).
Hospital Admission Risk Program (HARP)	HARP is an initiative of the Victorian Government to prevent unnecessary use of emergency department and inpatient services in particular hospitals and is a component of a broader hospital demand strategy.
Health	A complete state of physical, mental and social wellbeing, not merely the absence of disease or infirmity.
Health Education and Skill Development	Health education and skill development include the provision of education to individuals (through discrete planned sessions) or groups, with the aim of improving knowledge, attitudes, self-efficacy and individual capacity to change.
Health promotion	Health promotion is the process of enabling people to increase control over, and improve, their health. Health is seen as a resource for everyday life, not the objective of living. Health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing. The fundamental conditions and resources needed for good health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice and equity.
Health service	A publicly funded organisation providing health care. This includes hospitals, rehabilitation centres, aged care services, community health centres and primary care services.
HealthSMART	Victoria's Whole-of-Health Information and Communication Strategy. HealthSMART aims to improve patient care, reduce the administrative burden on health care professionals and ease the costs associated with updating the technical infrastructure within the public health care system by adopting a more standardised approach to information systems.
ICT	Information and Communication Technology
IHP	Integrated Health Promotion
IHSY	Innovative Health Service for Homeless Youth
Individual client	An individual client may be one person, a couple or family receiving a one-to-one service from a service provider or providers. A family should be treated as an individual client where a one-to-one service is provided to the family unit. If individual family members receive a separate invoice, this should be treated as separate direct services.
Individual staff learning and training	Those activities which respond to identified learning needs. This includes a broad range of professional development strategies to strengthen individual skills including health promotion and providing services from an evidence base.
Information management (IM)	The practices, protocols, roles, responsibilities and business processes that support the management of information (personal, health, services, financial and administrative, planning and performance monitoring information) whether in electronic or other form.

Acronym/Term	Description
Initial contact	The point where a person makes his/her first contact with agency staff and often the service system (by telephone or in person). Often this point of contact will result in the presenting person either accessing a service (following an initial needs identification) or making an appointment to do so. It may simply be the point where basic health and service information is provided and no further service or intervention is necessary.
Initial Needs Identification (INI)	An initial assessment process where presenting and underlying issues are uncovered. It is not a diagnostic process but is a determination of the consumer's risk, eligibility and priority for service and a balancing of the service capacity and the consumer needs.
Integrated care	Care that is coordinated and connected across the continuum of services and amongst providers in all sectors and levels.
Integrated chronic disease management (ICDM)	Care for people with chronic disease and conditions is coordinated and connected across the continuum of services and amongst providers in all sectors and levels. This term is used in this document to describe the funded ICDM role of PCPs from 2006–07.
Integrated Health Promotion	Agencies and organisations from a wide range of sectors and communities in a catchment working in a collaborative manner, using a mix of health promotion interventions and capacity building strategies to address priority health and wellbeing issues.
Integrated service planning	Identifying the priority health and wellbeing needs of the community and developing collaborative strategies to address these needs, such as integrated health promotion and disease management.
IRSED	Index of Relative Socio-Economic Disadvantage
ISO	International Standards Organisation
LAOS	Limited Adverse Occurrence Screening
Leadership and management development	Those activities which encourage development of strong and visionary leaders and managers who are able to advocate for health issues and health promoting strategies to be a priority in the organisational and local agenda.
Metropolitan Health and Aged Care Services Division	This division is responsible for the full range of health and aged care services in metropolitan Melbourne. It also has statewide policy and program responsibility for acute, sub-acute, ambulance and mental health services.
MHS	Metropolitan Health Strategy
Municipal Public Health Plan (MPHP)	The MPHP is a strategic plan prepared by local councils that integrates with the corporate plan of the council and with those community partners with an interest in local public health. The MPHP sets the broad mission, goals and priorities to promote municipal health and wellbeing and these, in turn, are intended to inform the operational processes of council and local organisations.
Neighbourhood Renewal	Neighbourhood Renewal is the major State Government initiative aimed at tackling socioeconomic disadvantage in Victoria. Locations have been selected because of their relative disadvantage compared to other parts of Victoria and are generally where there are concentrations of public housing.
Nursing	Nursing services are provided by a suitably qualified person who is involved in the provision of clinical care, support and referrals to individuals and/or their carers and groups regarding a variety of medical, social and environmental issues.

Acronym/Term	Description
Occupational Therapy	The assessment and treatment of persons with a temporary or permanent physical disability, including population/public health approaches to targeted population groups—all performed by a suitably qualified person.
Organisational client	A collection of people who, on behalf of an identifiable entity (such as a business, social community, government or education body) receive a service from a provider/s (includes secondary consultation).
Organisational Development	<p>Strengthening organisational support for health promotion within provider agencies. It includes:</p> <ul style="list-style-type: none"> • Policies and strategic plans • Organisational management structures • Management support and commitment • Recognition and reward systems • Information systems—monitoring and evaluation • Information resources • Quality improvement systems • Informal organisational culture
Organisational development activities	Activities that aim to strengthen the organisation’s capacity to improve the health and wellbeing of the local community. It should assist organisations to respond to change, strategically plan and allocate resources, and foster strong leadership at all levels of the organisation. It includes an understanding that Board of Management members, consumers and members of the community should be included as vital members of the organisation.
Outcome	A measurable change in the health of an individual, or group of people or population, which is attributable to an intervention or series of interventions.
Participation	<p>Occurs when consumers, carers and community members are meaningfully involved in decision making about health policy and planning, care and treatment, and the wellbeing of themselves and the community. It is about having your say, thinking about why you believe in your view, and listening to the views and ideas of others. In working together decisions may include a range of perspectives.</p> <p><i>Note that the term ‘participation’ is used here to encompass consumer, carer and community participation, unless otherwise specified.</i></p>
PASA	Program and Service Adviser
Performance indicator	A statistic or other unit of information which reflects, directly or indirectly, the extent to which an anticipated outcome is achieved or the quality of the process leading to that outcome.’
Performance measurement	A strategy that enables an organisation to systematically assess progress against defined goals and objectives. It measures how well current strategies, plans and processes are working and provides information to aid decision making and shape future action.
Person-centred	Delivery of health care configured around the needs of the person.
PHCCOS	Primary Health Carer Consumer Opinion Survey
PHFA	Primary Health Funding Approach

Acronym/Term	Description
Physiotherapy	The assessment, diagnosis, treatment and prevention of disorders of human movement, including population/public health approaches to targeted population groups, with a special emphasis on the neurological, musculo-skeletal and cardiovascular systems—all performed by a suitable qualified person.
Population health	Population health is the health of groups, families and communities. Populations may be defined by locality, biological criteria (age or gender), social criteria (socioeconomic status) or cultural criteria (ethnicity).
Population-based interventions	Interventions targeted to populations, rather than individuals. These interventions include whole population activities as well as activities deliberately targeted to population sub-groups, such as rural or Indigenous people.
PPPS	Practices, Processes, Protocols and Systems
Prevention	There are three types of prevention: primary, secondary and tertiary prevention. Primary prevention is an active assertive process of creating conditions and or personal attributes that promote the wellbeing of people. Secondary prevention is early detection and intervention to keep initial problems from becoming more severe. Tertiary prevention is the effort to rehabilitate those affected with severe disorders and return them to the community.
Primary health care/ Primary care	The terms primary health care and primary care are sometimes used interchangeably in the literature, however, primary care is commonly associated with primary medical care. Primary medical care is a term used to specify the role of general practice within the primary care system. Other primary care providers include community health nurses, Aboriginal health workers, and allied health practitioners. (Specialist care, or tertiary services, may be provided by accident and emergency services, hospital wards, youth health or mental health services.) The broader term of primary health care is commonly used to describe the first level of the health system from sick care to the development of health, seeking to protect and promote the health of defined communities and to address individual and population health problems at an early stage.
Primary Care Partnership (PCP)	A group of primary care providers that have formed voluntary alliances to work together to improve health and wellbeing in their local communities.
PCP Strategy	Primary Care Partnerships Strategy. A strategy which aims to enable primary care services to achieve positive outcomes for consumers and deliver improved health and wellbeing for the community. This strategy provides a framework for improving the planning and delivery of primary care services and for ensuring they work effectively together.
Podiatry	The diagnosis and treatment of ailments or abnormal conditions of human foot, including population/public health nutrition approach to targeted population groups—all performed by a suitably qualified person.
Public health framework	Public health describes those activities that aim to benefit a population rather than individuals. Prevention, protection and promotion are emphasised, as distinct from treatment tailored to the needs of individuals with symptoms. A public health approach is structured around the continuum of primary, secondary and tertiary prevention.
Social Worker	The assessment, diagnosis and treatment of individuals with speech disorders, eating and drinking difficulties and swallowing difficulties, including population/public health nutrition approach to targeted population groups—all performed by a suitably qualified person.

Acronym/Term	Description
Quality Improvement Council (QIC)	QIC is a national primary health industry body that produces standards for primary health care and associated services. The QIC Review and Accreditation Program is based on the QIC standards, but has the capacity to use service delivery standards developed by other industries provided they meet particular criteria. These criteria include consistency with QIC's Core Concepts, which are based on the social model of health.
Quality Improvement and Community Services Accreditation (QICSA)	QICSA provides accreditation services in Victoria under licence from the Quality Improvement Council (QIC).
Referral	The transmission (physically or by other means) of personal and/or health information relating to an individual from one service provider(s) to another service provider(s) with the individual's consent and for the purpose of care or treatment.
Refugee	According to the United Nations Convention (1951) and Protocol (1967) relating to the Status of Refugees, a refugee is defined as any person who: <i>'...owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence, is unable or, owing to such fear, is unwilling to return to it.'</i>
RDHM	Royal Dental Hospital of Melbourne
RHN	Refugee Health Nurse
Rural and Regional Health and Aged Care Services (RRHACS) Division	This division is responsible for the full range of health and aged care services in rural and regional Victoria. It also has statewide policy and program responsibility for aged care, primary health, dental health and public health and drugs treatment services.
Screening, Individual Risk Factor Assessment and Immunisation	Screening involves the systematic use of a test or investigatory tool to detect individuals at risk of developing a specific disease that is amenable to prevention or treatment. It is a population-based strategy to identify specific conditions in targeted groups before any symptoms appear. Individual risk factor assessment involves a more comprehensive process of detecting the overall risk of a single disease or multiple diseases. These can include biological, psychological and behavioural risks. Immunisation aims to reduce the spread of vaccine-preventable diseases across targeted population groups.
SCTT	Service Coordination Tool Templates
Sector-wide activities	Activities which encourage collaborative practise and sector-wide policy development, including participation in Primary Care Partnerships. This may include participation in forums and consultations for a range of purposes including health promotion and the Statewide Workforce Research and Development Strategy.
Self-management	Involves engaging in activities that protect and promote health, monitoring and managing of symptoms and signs of illness, managing the impacts of illness on functioning, emotions and interpersonal relationships, and adhering to treatment regimes.
Service coordination	Service coordination aims to place consumers at the centre of service delivery, ensuring that they have access to the services they need, opportunities for early intervention and health promotion and improved health outcomes.

Acronym/Term	Description
Service Planning	Planning that is undertaken periodically with the aim of providing an effective and efficient health service which meets the needs of the catchment population.
Settings and Supportive Environments	<p>This includes:</p> <ul style="list-style-type: none"> • Organisational development—which aims to create a supportive environment for health promotion activities within organisations, such as schools, local businesses and sporting clubs. It involves ensuring that policies, service directions, priorities and practices integrate health promotion principles. • Economic and Regulatory Activities—which involves the application of financial and legislative incentives or disincentives to support healthy choices. These approaches typically focus on pricing, availability, restrictions and enforcement. • Advocacy—which involves a combination of individual, peer and social actions designed to gain political commitment, policy support, structural change, social acceptance and systems support for a particular goal. It includes direct political lobbying.
Social Marketing and Health Information	<p>Social marketing involves programs designed to advocate for change and influence the voluntary behaviour of target audiences to benefit this audience and society as a whole. It aims to shift attitudes, changes people’s view of themselves and their relationships with others change lifelong habits, values or behaviours. It typically uses persuasive (not just information) and cultural change processes. It can involve raising public awareness about a health issue through use of mass media, e.g. advertising in newspapers, magazines, pamphlets, and fliers or on radio, television etc. at local, state and national levels. It may also involve a mix of promotional strategies including public relations and face-to face communications.</p> <p>Health information aims to improve people’s understanding about the causes of health and illness, the services and support available to help maintain or improve health, and personal responsibility for actions affecting their health.</p>
Social Model of Health	A conceptual framework within which improvements in health and wellbeing are achieved by directing effort towards addressing the social and environmental determinants of health, in tandem with biological and medical factors.
Socioeconomic status	A relative position in the community as determined by occupation, income and amount of education.
SRHS	Small Rural Health Services
Super clinic	Community-based services able to treat people with complex medical conditions requiring specialist interventions, as a substitute for hospitalisation.
VDS	Victorian Denture Scheme
VEDS	Victorian Emergency Dental Scheme
VGDS	Victorian General Dental Scheme
VHA-CHV	Victorian Healthcare Association—Community Health Victoria
Waiting list	A list of clients who currently don’t have an appointment scheduled with Community Health services professionals, but are waiting to be scheduled. This occurs when the service provider is unable to provide an appointment time due to the current appointment booking list being full.
WIES	Weighted Inlier Equivalent Separation

6.2 Publications

Rae Walker, Collaborations and alliances: a review for VicHealth, Victoria, www.vichealth.vic.gov.au

Gillam, Abbott, Banks-Smith (2001) *'Can primary care groups and trusts improve health?'* BMJ 323 14th July 2001.

Health Promotion Priorities for Victoria, a discussion paper, 2006 www.health.vic.gov.au/healthpromotion/downloads/discuss_paper.pdf

OP cit Rural directions for a better state of in health.

Evans D, Killoran A (2000) *'Tackling health inequalities through partnership working: learning from realistic evaluation'*, Critical Public Health 10(2) 2000

6.3 Website References

A Fairer Victoria: The Victorian Government Social Action Plan www.dpc.vic.gov.au

Aboriginal Health Promotion and Chronic Care Partnership evaluation reporting requirements www.health.vic.gov.au/communityhealth/ahpacc.htm

Better Skills, Best Care—Workforce Design Strategy www.health.vic.gov.au/workforce/skills.htm

Building Better Partnerships—Working with Aboriginal Communities and Organisations: A Communication Guide www.health.vic.gov.au/koori/

Burden of Disease study www.health.vic.gov.au/healthstatus/bod/bod_vic.htm

Care in your Community: A planning framework for integrated ambulatory healthcare www.health.vic.gov.au/ambulatorycare/careinyourcommunity

Clinical Risk Management www.health.vic.gov.au/clinrisk

Community Health Policy: creating a healthier Victoria www.health.vic.gov.au/communityhealth/publications/chs.htm

Community & Women's Health Program www.health.vic.gov.au/communityhealth/downloads/cwh_glines_final03_06.pdf

Complaints management www.health.vic.gov.au/hsc/resources/guide.htm

Dental Health Program information www.health.vic.gov.au/dentistry

Dept Health & Ageing—Infection Control www.icg.health.gov.au

DHS—Cultural Diversity Guide, Multicultural Strategy www.dhs.vic.gov.au/multicultural/index.htm

DHS—Cultural Respect Training www.dhs.vic.gov.au/operations/crt/index.htm

DHS Primary Health Branch website www.health.vic.gov.au/communityhealth

Doing it with us not for us www.health.vic.gov.au/consumer

Fees Policy for Community Health Program and Home and Community Care Program www.health.vic.gov.au/communityhealth/publications/ch_fees.htm

Go For Your Life www.goforyourlife.vic.gov.au/

Growing Victoria Together www.dpc.vic.gov.au

GPs in Community Health biannual report www.health.vic.gov.au/communityhealth/gps

Health Issues Centre—community consultation www.healthissuescentre.org.au

Health Promotion Priorities for Victoria—a discussion paper www.health.vic.gov.au/healthpromotion/downloads/discuss_paper.pdf

Improving the Use of Translating and Interpreting Services: A Guide to Victoria Government Policy and Procedures www.voma.vic.gov.au

Infectious diseases epidemiology and surveillance www.health.vic.gov.au/ideas/index.htm

Languages Service Policy, DHS 2005 www.dhs.vic.gov.au/multicultural/downloads/language_service_policy.pdf

LAOS www.health.vic.gov.au/clinrisk/laos.htm

Metropolitan Health Strategy www.health.vic.gov.au/metrohealthstrategy/index.htm

Municipal Public Health Plans www.health.vic.gov.au/localgov/mphp/index.htm

National Oral Health Plan www.health.vic.gov.au/dentistry/publications/index.htm

Neighbourhood Renewal

www.neighbourhoodrenewal.vic.gov.au

Participate In Health—community consultation

www.participateinhealth.org.au

PCPs—service coordination

www.health.vic.gov.au/pcps/coordination/index.htm

Primary Care Partnership Strategy

www.health.vic.gov.au/pcps/strategy/index.htm

Primary & Community Health Awards

www.latrobe.edu.au/aipc/cdih/pchnetwork/05abstracts/index.htm

Primary Health Branch

www.dhs.vic.gov.au/rrhacs/primarybranch.htm

Primary Health Consumer and Carer Opinion Survey

www.latrobe.edu.au/aipc/cqhcs/phccos/surveys

RRHACS Division Plan

www.dhs.vic.gov.au/rrhacs

Rural Directions for a better state of health

www.health.vic.gov.au/ruralhealth/hservices/directions.htm

Rural Health—community consultation

www.health.vic.gov.au/ruralhealth/consult/index.htm

Small Rural Health Strategy

www.health.vic.gov.au/ruralhealth/hservices/small.htm

Small Rural Health Services Guide 2003–2004

www.health.vic.gov.au/ruralhealth/hservices/small.htm

Small Rural Health Services Guide 2003–2004,
2004–2005 Update

www.health.vic.gov.au/ruralhealth/hservices/small.htm

Telephone Counselling Health biannual report

www.health.vic.gov.au/communityhealth/counselling

The Better Access to Services: A policy and operational
framework (2001)

www.health.vic.gov.au/pcps/publications/access.htm

The Integrated Health Promotion Resource Kit and Planning
for Effective Health Promotion Evaluation

www.health.vic.gov.au/healthpromotion/downloads/planning_may05.pdf

The VicHealth Framework for Health Promotion

www.vichealth.vic.gov.au

Valuing Cultural Diversity

www.voma.vic.gov.au

Victoria: a better state of health

www.health.vic.gov.au/betterstate/index.htm

Victorian Healthcare Association—Community Health

Victoria (VHS-CHV)

www.vha.org.au

Victorian Public Health Awards

www.health.vic.gov.au/publichealthawards

Victorian Public Healthcare Awards

www.health.vic.gov.au/healthcareawards

Victorian Quality Council

www.health.vic.gov.au/qualitycouncil/

WHO

www.who.int/en/

7. Appendix

Other relevant policies:

Rural Directions for a better state of health

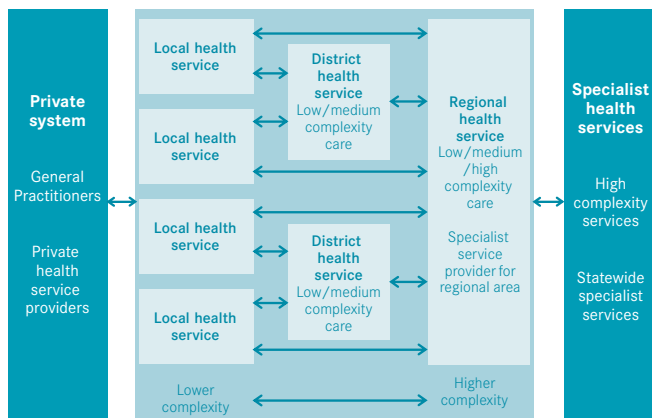
The Primary Health Branch recognises the challenges facing the delivery of health services to promote the health and wellbeing of rural Victorians. *Rural directions for a better state of health* provides a framework to address the challenges to deliver a contemporary health system and models of care across Victoria.

It identifies six community challenges facing rural health services:

1. the structure of the health system;
2. workforce;
3. effective service delivery models;
4. governance;
5. intergovernmental relationships; and
6. responding effectively to diversity within rural communities.

Rural directions for a better state of health describe strategies to strengthen the role and function of rural health services. These strategies include area based planning, capacity building and the development of community health programs.

Figure 4: The integrated rural health system



Small Rural Health Services

A new funding and accountability approach for small rural health services (SRHSs) was introduced from 2003–04 and updated in 2005.

The SRHS initiative aims to:

- improve the health status of Victorians living in small rural communities;
- support a sustainable configuration of health and aged care services in these communities that is responsive to local needs; and
- facilitate delivery of a locally determined mix of services, with an emphasis on those which are community-based and in-home.

The SRHSs approach enables funding and service delivery flexibility for SRHSs in towns with fewer than 5000 people. The 67 agencies that fall into this category are primarily Group D & E Hospitals (including Multi-Purpose Services and Healthstreams) and Bush Nursing Centres, plus a small number of stand-alone community health services.

It encourages services to be active in the planning and management of health service delivery to meet local needs, to involve the community and to be active in collaborative planning and service delivery arrangements with neighbouring health service providers. This is supported by the flexible use of funding for acute health program and primary health program.

Metropolitan Health Strategy

The Metropolitan Health Strategy (MHS) was released in October 2003 and provides a framework for service and capital planning across Melbourne. The MHS is a responsive and responsible approach to the complex issues impacting on the health system.

The strategy builds on the many strengths of the past, securing a future in which health services will continue to respond to the advances in health care and deliver the best possible service.

It complements a number of existing activities including the Hospital Demand Management Strategy.

In 2006, the MHS is being updated (known as the *Metropolitan Health Strategy Refresh—MHSR*) to reflect:

- Progress made in implementation, such as the development and funding of capital projects;
- New policy and program initiatives developed since 2003; and
- Agreed new priority service and capital developments.

The overarching aim of the MHSR is a public health system that provides the optimal level, distribution and mix of services to meet growing and changing demand while ensuring:

- Safe, high quality, appropriate services.
- Sustainability of service provision.
- Timely access.

Relevant National Strategies and Policies

The National Reform Agenda, through the Council of Australian Governments (COAG), is providing a broad framework for coordinated reform of the health system to improve health outcomes.

A key element of the framework is the focus by the Commonwealth and all state governments on effective prevention and management of chronic disease. The package of reforms includes the National Chronic Disease Strategy and the Productivity Commission's work on achieving a more sustainable and responsive health workforce.

The National Chronic Disease Strategy is a nationally agreed agenda to encourage coordinated action in response to the growing impact of chronic disease on the health of Australians and the health care system. The national approach also includes five supporting National Service Improvement Frameworks that cover the national health priority areas of asthma, cancer, diabetes, heart, stroke and vascular disease, osteoarthritis, rheumatoid arthritis and osteoporosis.

The Council of Australian Governments (COAG) has also committed funding over the next five years for health promotion, disease prevention and early intervention, improving care and support in the community, hospitals and residential care settings, strengthening the health system and its infrastructure, and mental health.

Refugee health and wellbeing action plan

The purpose of the Refugee health and wellbeing action plan is to assist the department and other stakeholders to respond to the health and wellbeing needs of refugees and to support refugee communities to positively engage with the health and community services system.

This action plan provides a clear commitment to people who are refugees or people of a refugee background living in Victoria. It focuses on recently arrived refugees, while also acknowledging the issues facing many older adults with a refugee background who may have lived in Victoria for many years.

The development of this plan is based on the premise that supporting refugees to re-establish their lives in Victoria requires the collective effort of state, Commonwealth and local governments, local communities and community support agencies. The services and initiatives outlined in the action plan build on the significant work that is already occurring. It is recognised that many of these existing services and supports rely on the commitment and goodwill of volunteers at the local level.

Refugee Health and Wellbeing Action Plan
www.dhs.vic.gov.au/multicultural/

The Victorian Women's Health and Wellbeing Strategy Stage 2: 2006–10 Women's Health— Everyone's Business

The *Victorian Women's Health and Wellbeing Strategy Policy Statement and Implementation Framework 2002–2006* established the Government's commitment to improving women's health and wellbeing, particularly those who are most disadvantaged.

This second stage outlines the Government's key strategic directions for improving the health and wellbeing of Victorian women over the period 2006–09.

Women's Health—Everybody's Business draws on the experience and achievements of Stage One but signals a new approach.

The strategy will continue to guide policy and program development across the broad range of DHS responsibilities in health, aged care, disability, housing, and services for children, youth and family. It will also continue the important focus on the needs of disadvantaged women and diversity.

Refer to: www.health.vic.gov.au/

Healthy Mouths Healthy Lives, Australia's National Oral Health Plan 2004–2013

Healthy Mouths Healthy Lives, Australia's National Oral Health Plan 2004–2013 aims to help all Australians to retain as many teeth as possible throughout their lives. It wants everyone to have good oral health as part of their general good health and to have affordable and quality oral health services.

The National Oral Health Plan is founded on four themes:

1. Oral health is an integral part of general health.
2. A population health approach.
3. Access to appropriate and affordable services.
4. Education to achieve a sufficient and appropriately skilled workforce.

Within the population health framework, the Plan identifies a number of key areas for action:

- promoting oral health across the population;
- children and adolescents;
- older people;
- low income and social disadvantage;
- people with special needs;
- aboriginal and Torres Strait Islander peoples;
- workforce development.

Refer to:

www.health.vic.gov.au/dentistry/publications/index.htm

Improving Mental Health Outcomes for Victorians: The Next Wave of Reform

In February 2006, the Council of Australian Governments (COAG) identified mental health as an issue of national significance. Mental health reform is being pursued in parallel with the broader National Reform Agenda (NRA), the overall aims of which are to improve workforce participation and productivity.

The Victorian Government engaged The Boston Consulting Group (BCG) to develop a long-term vision and lay out a way forward for mental health care reform in Victoria. It was also asked to recommend some short- to medium-term initiatives for both Commonwealth and state governments to improve service delivery to consumers.

The findings and recommendations from BCG are summarised in the report—*Improving Mental Health Outcomes in Victoria: The Next Wave of Reform*.

Refer to: www.dpc.vic.gov.au

