

# CENTRAL EAST PRIMARY CARE PARTNERSHIP

## *Executive Summary*

JUNE 2001

## COMMUNITY HEALTH PLAN EXECUTIVE SUMMARY

The Central East Primary Care Partnership is an unincorporated alliance of service providers committed to a collaborative and partnership approach in planning, coordination and redeveloping primary care services in order to improve the health and well-being of the communities of Manningham, Monash and Whitehorse.

The Central East Primary Care Partnership comprises the local government areas of Manningham, Monash and Whitehorse, a geographical area of 260 square kilometres, with a population of almost 425,000 in 2000. The area is predominantly residential in nature and is characterised by expansive public spaces such as urban parks and bushland but also features large industrial estates and high technology precincts.

The physical attributes of the catchment create some natural barriers, requiring specific collaborative approaches to ensure services are coordinated and accessible. Also, the residential infrastructure has insufficient medium density housing, resulting in isolation for many older residents and insufficient housing options for lower income residents. Isolation is compounded by transport inadequacies in many areas, specifically access to transport which travels across the municipalities (rather than straight to the central business district).

The socio-economic status of the catchment is characterised by diversity. Looking at averages, the catchment has a high socio-economic status in comparison to the State, but the area has pockets of very high and very low socio-economic advantage. Further to this, there are a range of culturally and linguistically diverse communities within the catchment.

The aims of the Community Health Plan for the Central East Primary Care Partnership are to:

- improve outcomes for consumers, carers and the community of the catchment;
- improve collaboration between sectors in order to
  - ♦ improve client outcomes; and to
  - ♦ increase efficiency and improve the effectiveness of primary care sector services.

## PARTNERSHIP

The Central East Primary Care Partnership (PCP) has adopted an unincorporated alliance as its form of organisation, with a Memorandum of Understanding between members. This enables members to maintain separate legal, cultural and organisational identities whilst entering into joint projects and activities. The structure has required commitment from members to achieve collaborative decision making, and facilitated the development of stronger relationships between partnership members. These provide a strong basis for working together to achieve the objectives of the three year community health plan.

Positive aspects of the partnership structure to date include:

- cooperative management in a large catchment, involving three local government areas, serving a large population with a diverse group of organisations;

- building of the partnership on an extensive range of existing networks and consultative infrastructure in the PCP catchment;
- consistent and extensive involvement of General Practitioners in the PCP;
- previous collaborative projects completed in the catchment provide an excellent basis for future primary care projects eg., information management (Whitehorse IM); aged care (best practice project); and cross-sectoral (ARC Project).

Areas for attention in 2001/2002:

- resourcing of special interest groups (eg., GPs, small and multi-catchment agencies, consumers);
- expansion of representation in general and associate membership categories;
- increased understanding of the PCP in the health sector overall. This will be achieved through both the partnership and service coordination strategies and contribute to improved client outcomes across the sector;
- development of a consumer/carer/community charter, based on already constituted representative bodies.

A key strategy for improving the relationships between members of the partnership and increasing the effectiveness of their coordinating activities will be through the Service Coordination Strategy, which is addressed in the next section.

## SERVICE COORDINATION

The service coordination strategies have been developed by the Central East PCP through the employment of consultants, the Knowledge Corporation. The consultants employed extensive consultation to develop a service coordination model and to outline a number of projects to facilitate its implementation.

The Service Coordination Strategies address the major issue of coordination between agencies. They will improve outcomes for clients by:

- Ensuring they are directed to appropriate services at the first point of contact with primary care agencies;
- Supporting the emphasis of primary care agencies on early intervention through earlier identification of client needs due to better coordination of services, more informed referral processes and sharing of data to support coordinating activities.

Four PCP projects are proposed and one Eastern region project. These will:

- Improve coordination between all primary care agencies;
- Improve coordination between primary care agencies and other sectors –
  - ♦ with particular focus on services to aged persons and young children (identified growth sectors of Central Eastern catchment population).

### **Project One - Progressing Service Coordination - Objectives:**

The project objectives are:

- To build on work in place and best practice on intake, assessment and care planning
- To further develop and sign off the Central East Service Coordination Model

- To support the work of agencies in the trial and evaluation of DHS INI and care planning tools
- To participate in other work initiated by DHS to support service coordination eg. development of core competencies
- To improve outcomes for consumers in accessing services and in the coordination of care.

#### **Project Two - Implementation of Standard Client Referral Processes - Objectives**

- To develop a user friendly, consistent referral process that does not duplicate information and clearly identifies who is making the referral and to whom and includes agreed client consent procedures
- To improve the referral process and outcomes for consumers and carers.

#### **Project Three - Service Information Strategy - Objectives**

- To implement a service information strategy that meets the needs of providers and consumers and supports maximum uptake and usage
- To maximise the use of the Central East PCP service directory as the primary support tool for the provision of service information to consumers and the community.

#### **Project Four: Primary Care Reaching Out - Linkages between Sectors**

- **Project 4A: Reaching out to Aged Care Across Sectors**
- This project addresses service interface issues between primary care (aged) services, acute, sub-acute and residential care, building on learning's from the Central East Health Alliance Acute to Residential Care project (ARC)
- **Project 4B: Reaching out to Young Family Support Across Sectors**
- This project aims to strengthen the relationships between primary care, maternal and child health and protective services agencies, building on the Eastern Region Enhanced Family Support Project

Both projects support service linkages and will draw on concurrent work on the Service Coordination Model (Project 1) and client referrals (Project 2).

#### **Additional Project: Regional Consistency**

- There is considerable scope to consider aspects of service coordination on a regional basis across the eastern region. In addition to the projects above, each PCP in the Eastern Region, together with the Eastern Region DHS Office, will participate in a regional consistency project to examine a range of issues and report back to each PCP about appropriate actions. This project will sit alongside other catchment-based projects funded through the Service Co-ordination pool or undertaken through other resources.

The service coordination strategies are, in part, a response to the priority issues identified through the integrated service planning project. The latter identified, for example, the need to focus attention on services for older people in the Central East catchment. The next section summarises the key points from this part of the planning process.

## INTEGRATED SERVICE PLANNING

The Integrated Service Planning (ISP) strategies have been developed by the Central East PCP through the employment of consultants, Planning Paradigms. The consultants utilised a service audit to gather service provision information and analysed population health and other demographic data. The service audit was completed by a limited number of agencies, and will be completed in further detail in the first year of the plan. It should be noted that not all recommendations made by the consultants have been accepted by the PCP (eg, the PCP has decided not to create a separate Finance and Resource Allocation Committee).

The data analysis has provided a basis for integrated service planning, of which some preliminary work has been completed. Strategies for Health Promotion and Quality Improvement have been developed utilising the analysed data and in consultation with service providers and health promotion experts.

The following key issues arose from an analysis of the population health data:

- Demographic characteristics: The catchment population was 424,782 in 2000, with an aging population overall. Population growth is expected to be slow over the next 5 years at 2.5%, with the greatest growth in the age group over 60 years of age.
- Ethnicity of the population is around 30% born overseas, with new arrivals predominantly from China and Hong Kong, and a range of other countries represented.
- Health Status: although the overall health status of the catchment population is good, the catchment is characterised by diversity, and significant geographical pockets of low socio-economic status. The two main disease groups of mental disorders and neurological and sense disorders had the biggest impact on the catchments YLD scores. The disorders of cancer, musculo-skeletal diseases and chronic respiratory diseases had the next highest impact. Disease conditions affecting the population most were depression, osteoarthritis, hearing loss, asthma and dementia.
- Planning Data: the ISP project identified significant potential for improved integration of service planning. There are currently different data definitions, data collection methods and conflicting requirements from funding bodies. The ISP strategy identifies a number of activities for improving the collection and analysis of data to improve the planning capacity of the PCP. These will be supported by the Service Coordination strategy.

### Service Planning Priorities

The analysis of demographic and service data lead to the following service planning priorities being selected by the Central East Primary Care Partnership, to be addressed in the first year of the plan:

- older persons in the population;
- ensuring that members from CALD communities have primary care services that are relevant to their needs;
- that primary care services are strengthened in the areas of mental health, healthy lifestyles and injury prevention;
- that particular attention is paid to increased access to, and coordination of, services in drug treatment, allied health and aged care;

- Specific health status issues of priority are mental disorders (eg depression); Neurological and Sense Disorders (eg, hearing loss, osteoarthritis); Cancer and Cardiovascular diseases (eg lung and breast cancer, ischaemic heart disease and stroke).

### **Health Promotion**

The ISP identified the health status needs of the catchment and those areas which would benefit from health promotion initiatives. The research on health promotion in the catchment revealed a need to improve the primary care sector's understanding of health promotion and a need to better coordinate and promote health promotion activities.

The *Health Promotion Strategy* will:

- Improve client outcomes through:
  - ♦ Providing a basis for coordination of an early intervention approach to health;
  - ♦ Reduce duplication, increase coordination and therefore maximise resource allocation to health promotion (effectiveness);

*Targeted Health Promotion Strategy: Mental Health Priority*

- Addresses priorities identified by the demographic and health status analysis;
- Will provide a basis for cross-agency and cross-sector collaboration, due to common involvement in mental health issues;
- Provides a basis for infrastructure development across primary care agencies;
- Enables links across primary, secondary and tertiary care sectors, and provides an example of how health promotion can be an effective early intervention (compared to a purely medical or clinical approach to mental health).

### **Quality**

The *Quality Improvement Strategy* aims to increase the service quality of primary care services in the Partnership. This will be done through a combination of individual agency and inter-agency approaches. The strategy builds the potential for:

- Working towards agreed standards of quality for all agencies participating in the primary care partnership;
- Increasing the level of consumer, carer and community input into primary care service management and direction;
- Sharing knowledge and support between large and small agencies, thereby strengthening partnerships.

## **CONCLUSION**

The Central East PCP looks forward to working collaboratively with its catchment population, service providers and DHS to achieve the goals of this first Community Health Plan. A budget will be prepared in consultation with DHS regional staff to implement the Plan, recognising the need to commit some funds from the 2000/01 service agreement to complete projects commenced this financial year and needing completion in 2001/02.

# PARTNERSHIPS

## Summary of Community Health Plan Strategies 2001 to 2004

Strategy	Year One - 2001/02	Year Two - 2002/03	Year Three - 2003/04
<b>1.1 Partnership</b>	<ul style="list-style-type: none"> <li>• <b>Expand membership and strengthen partnership structures</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Strengthen relationships through implementation of strategies</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Review, revise and implement new arrangements</b></li> </ul>
<b>1.1.1 Strategic Outlook</b>	<ul style="list-style-type: none"> <li>• Implement Communication Strategy to enlarge general and associate membership                             <ul style="list-style-type: none"> <li>• Monthly newsletter</li> <li>• Website</li> <li>• Quarterly Membership Meetings</li> </ul> </li> <li>• Actively seek involvement of small agencies, investigating options such as a payment system</li> <li>• Seek consumer input into appropriate consumer representation (see 1.1.3)</li> <li>• Through implementation of Service Coordination and Service Planning Strategies, involve partnership agencies and strengthen relationships</li> <li>• Liaise with Eastern Region PCP's and DHS regional office to seek collaborative arrangements and improve consistency in strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Through implementation of Strategies, the Primary Care Partnership will have improved working relationships which will be evidenced through better service coordination and integrated service planning</li> <li>• After a year of improved planning and coordination, identify service priorities for the PCP catchment and projects to address these</li> </ul>	<ul style="list-style-type: none"> <li>• Implement new projects, based on identified priorities from Year 2</li> </ul>
<b>1.1.2 Partnering Agreement</b>	<ul style="list-style-type: none"> <li>• MOU and variation completed for 1 July 2001</li> <li>• Review effectiveness of Structures, including Chair and Sub-Committees, for revised MOU in December 2001</li> <li>• Review payment and support mechanisms for involvement in the partnership, with particular reference to smaller agencies</li> </ul>	<ul style="list-style-type: none"> <li>• New, revised MOU implemented, with increase membership and new support mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>• Review partnership arrangements in light of experience implementing projects, and improved relationships over time</li> </ul>

## Summary of Community Health Plan Strategies 2001 to 2004

Strategy	Year One - 2001/02	Year Two - 2002/03	Year Three - 2003/04
<p><b>1.1.3 Consumer Charter of Rights and Responsibilities</b></p> <p><b>&amp;</b></p> <p><b>1.1.4 Consumer Carer, Community participation</b></p>	<ul style="list-style-type: none"> <li>• Complete draft Primary Care Consumer Charter of Rights and Responsibilities from basis of existing charters and agreements in place in membership organisations (July – August 2001)</li> <li>• Commence consultative process for the development of a consumer charter and representative processes for Consumers, Carers and Community (August-October 2001, post evaluation of CHP)</li> <li>• Implement Consumer Charter (Nov 2001 – July 2002)</li> </ul>	<ul style="list-style-type: none"> <li>• Consumers, Carers and Community are involved in the projects used for the implementation of strategies</li> <li>• Consumers, Carers and Community are involved in identification of new service priorities for 2003/04</li> </ul>	<ul style="list-style-type: none"> <li>• Consumers, Carers and Community involvement ongoing</li> <li>• Effectiveness of Consumers, Carers and Community involvement, and Charter, reviewed and revisions recommended/implemented</li> </ul>

Strategy	Year One - 2001/02	Year Two - 2002/03	Year Three - 2003/04
<p><b>1.2 GP Engagement</b></p>	<ul style="list-style-type: none"> <li>• <b>Incorporate GP involvement in the PCP and in PCP Projects</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Strengthen relationships through joint projects</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Review, revise and implement new arrangements</b></li> </ul>
<p><b>1.2.1 GP-PCP Partnership</b></p>	<ul style="list-style-type: none"> <li>• GP Divisions represented on PCP.</li> <li>• GPs included in working groups of the PCP.</li> <li>• Increase awareness of GPs about Primary Care Services                             <ul style="list-style-type: none"> <li>• Education and training program, achieved through other strategies (see 1.2.2. GP-PCP Communication)</li> </ul> </li> <li>• Increase understanding of GPs by Primary Care Services                             <ul style="list-style-type: none"> <li>• Education and training program, achieved through other strategies (see 1.2.2. GP-PCP Communication)</li> </ul> </li> <li>• Document an agreement about communication between GPs and Primary Care Services</li> <li>• PCP to establish a resourcing policy for GP involvement in the PCP</li> </ul>	<ul style="list-style-type: none"> <li>• Collaboratively implement PCP Projects</li> <li>• Trial documented GP-PCP communication agreement</li> </ul>	<ul style="list-style-type: none"> <li>• Review and Improve Agreements</li> </ul>

## Summary of Community Health Plan Strategies 2001 to 2004

Strategy	Year One - 2001/02	Year Two - 2002/03	Year Three - 2003/04
<p><b>1.2.2 GP-PCP Communication</b></p>	<ul style="list-style-type: none"> <li>• Education and Training Program developed and conducted, using the utilisation of MBS-EPC items as a tool for improving communication overall. Programs to be developed for the key stakeholders:               <ul style="list-style-type: none"> <li>• for GPs</li> <li>• for Consumers (ensure they understand and ask the GP for an EPC service)</li> <li>• for Primary Care service providers</li> </ul> </li> <li>• Shared Care Agreements developed between GPs and Primary Care service providers, seeking improved appreciation of and involvement in, multi-disciplinary care planning. This will be approached through the following projects:               <ul style="list-style-type: none"> <li>• Eastern Palliative Care project;</li> <li>• ACAS agreements on referrals and case planning;</li> <li>• Processes for involvement of GPs in case conferences and case planning reviewed and documented, including roles and responsibilities of both parties (GPs and Primary Care providers);</li> <li>• Chronic Disease, Sharing Health Care Project (specific service and service providers, acts like a pilot project)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Agreed Communication Protocols implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Agreed Communication Protocols Reviewed and Updated</li> </ul>
<p><b>1.2.3 GP Involvement in Specific PCP Projects</b></p>	<p><b>Service Coordination</b></p> <ul style="list-style-type: none"> <li>• GP Division and representative GPs participate in 'Reaching Out to Aged Care Across Service Sectors' Project to develop new referral processes between primary care, GPs and acute care providers (incorporating acute care-residential care interface; coordinated care trials; acute health and primary care providers)</li> </ul>	<ul style="list-style-type: none"> <li>• Service Coordination protocols implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Service Coordination protocols evaluated and updated</li> </ul>

## Summary of Community Health Plan Strategies 2001 to 2004

Strategy	Year One - 2001/02	Year Two - 2002/03	Year Three - 2003/04
	<p><b>Referral Pathways</b></p> <ul style="list-style-type: none"> <li>• EPC Items               <ul style="list-style-type: none"> <li>• GP Divisions and PCP develop a preferred approach to the implementation of the EPC items (taking into account results of partnership and communication strategies)</li> <li>• Preferred approach to use a consumer focussed approach, that is, improved patient outcomes as the goal of the project</li> </ul> </li> <li>• Standardised referral processes developed to support collaborative approach</li> <li>• Specific expectations of GPs and service providers documented</li> </ul>	<ul style="list-style-type: none"> <li>• Preferred approach to referral pathways implemented</li> </ul>	<ul style="list-style-type: none"> <li>• Preferred approach to referral pathways evaluated and updated</li> </ul>
<p><i>1.2.3 GP Involvement in Specific PCP Projects continued</i></p>	<p><b>Service Directory</b></p> <ul style="list-style-type: none"> <li>• Work with PCP to establish baseline processes for a shared local service directory</li> <li>• Participate in 'Reaching Out to Aged Care Across Service Sectors' Project to develop new referral processes between primary care, GP and acute care providers (Service Coordination).</li> </ul>	<ul style="list-style-type: none"> <li>• New service directory operational</li> </ul>	<ul style="list-style-type: none"> <li>• Service directory evaluated and updated</li> </ul>
	<p><b>Integrated Service Planning</b></p> <ul style="list-style-type: none"> <li>• New data collection processes to be agreed in the first year of the project to improve capacity of PCP to collect common service planning data.</li> </ul>	<ul style="list-style-type: none"> <li>• Service Priorities identified from analysis of common service planning data</li> <li>• Service priority items reviewed and updated</li> </ul>	<ul style="list-style-type: none"> <li>• Service Priorities identified from analysis of common service planning data</li> <li>• Service priority items reviewed and updated</li> </ul>
	<p><b>Health Promotion</b></p> <ul style="list-style-type: none"> <li>• As per Health Promotion activities identified in the ISP</li> </ul>		

## Summary of Community Health Plan Strategies 2001 to 2004

Strategy	Year One - 2001/02	Year Two - 2002/03	Year Three - 2003/04
	<p><b><i>Consumer Involvement</i></b></p> <ul style="list-style-type: none"> <li>• Through GP consumer representative bodies, seek input into projects.</li> <li>• Through training, marketing programs of EPC items, educate consumers on the availability and benefits of MBS-EPC services</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate consumer involvement through consumer satisfaction survey</li> <li>• Devise new consumer involvement strategy based on feedback from survey</li> </ul>	<ul style="list-style-type: none"> <li>• Implement new consumer involvement strategy</li> </ul>

Strategy	Year One - 2001/02	Year Two - 2002/03	Year Three - 2003/04
<b>1.3 Service Linkage</b>	<ul style="list-style-type: none"> <li>• <b>Expand membership and strengthen partnership structures</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Strengthen relationships through implementation of strategies</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Review, revise and implement new arrangements</b></li> </ul>
<b><i>1.3.1 Strategic Outlook</i></b>	<ul style="list-style-type: none"> <li>• Actively seek involvement of small agencies, through implementation of communication strategy (3.1)</li> <li>• Investigate options such as a payment system to encourage participation of smaller agencies</li> <li>• Engage with network of PCP managers and DHS (regional and central) to create consistent agreements with state-wide and multi-catchment agencies</li> </ul>	<ul style="list-style-type: none"> <li>• Through implementation of Strategies, the Primary Care Partnership will have improved working relationships which will be evidenced through better service coordination and integrated service planning</li> <li>• After a year of improved planning and coordination, identify service priorities for the PCP catchment and projects to address these</li> </ul>	<ul style="list-style-type: none"> <li>• Implement new projects, based on identified priorities from Year 2</li> </ul>
<b><i>1.3.1 Service Linkage Protocols</i></b>	<ul style="list-style-type: none"> <li>• Consider the relevance of using specific protocols to enhance partnership involvement and relationships</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

# SERVICE COORDINATION

## Summary of Community Health Plan Strategies 2001 to 2004

### Evolutionary Pathway for Service Coordination

The table below summarises the proposed Evolutionary Pathway for Service Coordination Strategy for the next four years.

Area of work for the PCP	July 2000-June 2001 Partnership Development Plan	July 2001-June 2002 Community Health Plan 1	July 2002-June 2003 Community Health Plan 2	July 2003-June 2004 Community Health Plan 3	July 2004-June 2005 Community Health Plan 4
<b>IDENTIFIED PROJECTS</b>					
Project 1: Progressing Service Coordination  <i>Estimated Budget</i>	Develop and agree a Model for IC, INI, Assessment and Care Planning Develop Implementation Plan in the Community Health Plan 1	Implement the Service Coordination Model for IC, INI and Care Planning Incorporate consideration of privacy and confidentiality of data Refer to Project 1 <b>Section 7.1</b>  <i>\$50,000 core funding \$50,000 additional funding</i>	Investigate electronic capacity to support roll out of Service Coordination Model. Consolidate consumer perspective and consumer involvement Refine and apply the evaluation tool to assist agencies' progress towards the Model <i>\$50,000</i>	Implement electronic platform to support all care and decision making  <i>\$30,000</i>	Ongoing administration  <i>\$20,000</i>
Project 2: Implementation of Standard Client Referral Processes  <i>Estimated Budget</i>	Develop Service Coordination Model and options for client referral to support clinical care and decision making	Refer to Project 2 in <b>Section 7.2</b>  <i>\$100,000</i>	Expand the pilot to cover other agencies involved in referral Develop electronic referral platform Expand GP engagement <i>\$150,000</i>	Further implement a coordinated platform to transfer referral data between agencies  <i>\$150,000</i>	Ongoing administration  <i>\$30,000</i>
Project 3: Service Information Strategy  <i>Estimated Budget</i>	Determine options including costs and progress in other Eastern PCPs Investigate links to statewide directory	Directory in place by December 2001. Refer to Project 3 in <b>Section 7.3</b>  <i>\$150,000</i>	Re-evaluate directory's purpose and utility Build on Directory for other functions including standard tools <i>\$50,000</i>	Build on Directory for other functions including electronic referral  <i>\$50,000</i>	Ongoing administration  <i>\$30,000</i>

## Summary of Community Health Plan Strategies 2001 to 2004

Area of work for the PCP	July 2000-June 2001 Partnership Development Plan	July 2001-June 2002 Community Health Plan 1	July 2002-June 2003 Community Health Plan 2	July 2003-June 2004 Community Health Plan 3	July 2004-June 2005 Community Health Plan 4
Project 4: Primary Care Reaching Out - Linkages Between Service Sectors <i>Estimated Budget</i>		Refer to Project 4 in <b>Section 7.4</b>  <i>\$120,000</i>	Expand to other sectors/programs  <i>\$120,000</i>	Continuation of linkage across sectors  <i>\$60,000</i>	
<b>PROJECTED FURTHER WORK</b>					
Tools	Incorporate into the Service Coordination Model	(See Project 1 above)	Develop, agree & pilot other tools as required	Pilot other tools as required	Pilot other tools as required
Worker competencies	Identify areas that will require support to implement the Service Coordination Model	Work with DHS to build workforce competency wrt Initial Contact, INI and Care Planning	Further build workforce competency wrt all service processes	Maintain workforce competency to support Service Coordination Model	Maintain workforce competency to support Service Coordination Model
Privacy, confidentiality and consent	Assess legislative requirements on agencies and DHS information to agencies Incorporate into Community Health Plan	Work with providers to assess internal operations and to develop & implement management tools Ensure consumer perspective and consumer involvement (See Project 1 above)	Maintain data privacy and client consent Maintain workforce competency for privacy and confidentiality and consent	Maintain data privacy and client consent processes	Maintain data privacy and client consent
IT Capacity & Training  <i>Estimated Budget</i>	Investigate agency IT&T capacity	(See Project 3 above)  <i>(Included in Project 1 above)</i>	Further work towards the minimum IT capacity of all agencies and base infrastructure for the PCP. Upgrade all primary care PCs to minimum standard <i>\$200,000</i>	Achieve the minimum IT capacity of all agencies and base infrastructure for the PCP  <i>\$100,000</i>	Maintain the minimum IT capacity of all agencies and base infrastructure for the PCP All agencies involved in electronic referral <i>\$80,000</i>
Evaluation  <i>Estimated Budget</i>				Whole of PCP evaluation. Include consumer involvement <i>\$65,000</i>	

## Summary of Community Health Plan Strategies 2001 to 2004

# INTEGRATED SERVICE PLANNING

## Summary of Community Health Plan Strategies 2001 to 2004

### ACTION PLAN

STRATEGIES	ACTION	RESPONSIBILITY	TIMELINES	SELF ASSESSMENT
<b>Strengthening Capacity of the Central East Primary Care Partnership:</b> 1. Establish a strong and cohesive entity	<ul style="list-style-type: none"> <li>• Review vision, mission, values, goals and objectives, roles and responsibilities, and collaborative arrangements on an annual basis</li> <li>• Reflect changes in MoU, Strategic Plan and Work Plan</li> <li>• Ensure implementation by appraising structures, policies, processes and work practices</li> </ul>	Central East Primary Care Partnership	Ongoing	
2. Endorse primary care approach to achieve health for all	<ul style="list-style-type: none"> <li>• Formal endorsement by PCP Management Team</li> <li>• Reflect in Strategic Plan, Work Plan, resource materials and in planning, coordinating and delivering primary care services</li> </ul>	Central East Primary Care Partnership	Ongoing	
3. Adopt the above goal and guiding principles	<ul style="list-style-type: none"> <li>• Formal endorsement by PCP Management Team</li> <li>• Reflect in Strategic Plan, Work Plan, resource materials and in planning, coordinating and delivering primary care services</li> </ul>	Central East Primary Care Partnership	Ongoing	

## Summary of Community Health Plan Strategies 2001 to 2004

STRATEGIES	ACTION	RESPONSIBILITY	TIMELINES	SELF ASSESSMENT
<p><b>Enhancing Decision-making of the Central East Primary Care Partnership:</b></p> <p>4. Establish the following sub-committees to enable efficient and effective decision making:</p> <ul style="list-style-type: none"> <li>- Planning and service development</li> <li>- Quality improvement</li> <li>- Finance and resource allocation</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule a meeting of all members to establish sub-committees with:               <ul style="list-style-type: none"> <li>- Chairperson/Office Bearers</li> <li>- Terms of Reference</li> <li>- Delegations</li> <li>- Agenda and Work Plan</li> <li>- Schedule of Meetings</li> <li>- Communication with Project Management Team</li> </ul> </li> <li>• Ensure provision of resources to service and support the sub-committees</li> <li>• Commence operation</li> <li>• Report to Project Management Team, send agenda and minutes of meeting</li> </ul>	<p>Central East Primary Care Partnership</p>	<p>October–December 2001</p>	
<p><b>Strategic Planning and Development:</b></p> <p><i>Annual Planning and Funding Cycle</i></p> <p>5. Establish an annual planning and funding process to regularly review operations and funding arrangements</p>	<ul style="list-style-type: none"> <li>• Develop a timetable outline the annual planning and funding process</li> <li>• Develop Planning Agenda, Work Plan and Financial Plan</li> <li>• Implement in line with above outcomes</li> <li>• Review process at the end of 12 months</li> </ul>	<p>Central East Primary Care Partnership</p>	<p>Oct–Dec 2001</p> <p>Ongoing</p>	

## Summary of Community Health Plan Strategies 2001 to 2004

STRATEGIES	ACTION	RESPONSIBILITY	TIMELINES	SELF ASSESSMENT
<p><i>Priorities</i></p> <p>6. Adopt the following priorities:</p> <ul style="list-style-type: none"> <li>- Building PCP Capacity</li> <li>- Policy Directions</li> <li>- Population Groups</li> <li>- Strengthening Primary Care Services</li> </ul>	<ul style="list-style-type: none"> <li>• Formal endorsement by PCP Management Team</li> <li>• Reflect in Strategic Plan, Work Plan, resource materials and in planning, coordinating and delivering primary care services</li> <li>• Influence future funding submissions</li> <li>• Review priorities at the end of 12 months</li> </ul>	Central East Primary Care Partnership	Ongoing	
<p><i>Resource Allocation</i></p> <p>7. Develop a coordinated approach to the allocation of resources</p>	<ul style="list-style-type: none"> <li>• Establish a framework, with criteria and protocols, for the PCP to submit for new funds</li> <li>• Follow new arrangements when lodging submissions for new funds</li> </ul>	Central East Primary Care Partnership	Ongoing	
<p><i>Service Planning</i></p> <p>8. Extend the first Integrated Service Plan by undertaking further in-depth service planning in mental health, drug treatment and aged care</p>	<ul style="list-style-type: none"> <li>• PCP Management Team to discuss and approve areas for in-depth planning</li> <li>• Develop Brief to undertake Project/s</li> <li>• Assign resources to undertake the Project/s</li> <li>• Discuss and endorse the Project/s</li> <li>• Implement the findings and recommendations of Project/s</li> </ul>	Central East Primary Care Partnership	January – June 2002	
<p><i>Monitoring</i></p> <p>9. Design and develop a monitoring framework for participating members to submit regular service activity reports</p>	<ul style="list-style-type: none"> <li>• Assign Project Worker to design the Activity Report</li> <li>• Design Activity Report in light of DHS requirements and PCP Management Team discussion</li> <li>• Implement Activity Report in participating agencies for 6 month trial period</li> <li>• Modify Activity Report in light of trial phase</li> <li>• Implement</li> </ul>	Central East Primary Care Partnership	January – December 2002	

## Summary of Community Health Plan Strategies 2001 to 2004

STRATEGIES	ACTION	RESPONSIBILITY	TIMELINES	SELF ASSESSMENT
<p><i>Data Collection</i></p> <p>10. Submit 'core', minimum data on a six-monthly basis</p>	<ul style="list-style-type: none"> <li>• Identify 'core', minimum data as per DHS requirements</li> <li>• Seek DHS approval for 'core', data items</li> <li>• Format and process for collection to be designed as per Activity Report above</li> <li>• PCP Management Team to discuss &amp; endorse</li> <li>• Implement collection of 'core', minimum data</li> </ul>	<p>Central East Primary Care Partnership</p>	<p>January – December 2002</p>	
<p>11. Establish a database to allow the analysis, reporting and maintenance of primary care information</p>	<ul style="list-style-type: none"> <li>• Assign resources to design database</li> <li>• PCP Management Team to discuss and endorse proposed specifications</li> <li>• Develop database (maybe necessary to purchase equipment)</li> <li>• Discuss progress of database with PCP Management Team</li> <li>• PCP Management Team to endorse database</li> <li>• Pilot database for 6 months</li> <li>• Modify database in light of above: Activity Report and 'core' minimum data</li> <li>• Implement</li> </ul>	<p>Central East Primary Care Partnership</p>	<p>January – December 2002</p>	
<p>12. Ensure the collection and subsequent analysis of comprehensive service provision data</p>	<ul style="list-style-type: none"> <li>• Identify service provision data: nature, type, level, distribution and human and financial resources</li> <li>• Design format and process for collecting data</li> <li>• PCP Management Team to discuss &amp; endorse</li> <li>• Collect, analyse and interpret service provision data</li> <li>• Incorporate in next Community Health Plan</li> </ul>	<p>Central East Primary Care Partnership</p>	<p>January – June 2002</p>	

## Summary of Community Health Plan Strategies 2001 to 2004

STRATEGIES	ACTION	RESPONSIBILITY	TIMELINES	SELF ASSESSMENT
13. Ensure the collection and subsequent analysis of comprehensive demographic and socio-economic data	<ul style="list-style-type: none"> <li>• PCP Management Team to endorse the data required as specified in Strategic Directions 9.5, No. 13</li> <li>• PCP to make a request to DHS for this data to be provided on a regular basis</li> <li>• When provided, analyse and present data</li> <li>• Incorporate in next Community Health Plan</li> </ul>	Central East Primary Care Partnership	November 2001 – June 2002	
<b>Policy Development:</b> 14. Develop policies and guidelines that assist in developing a clear direction for the future	<ul style="list-style-type: none"> <li>• PCP Management Team to determine the areas for policy development</li> <li>• Assign resources to undertake the task</li> <li>• Discuss draft policies with PCP Management Team</li> <li>• Refine policies</li> <li>• PCP Management Team to endorse policies</li> <li>• Implement</li> </ul>	Central East Primary Care Partnership	November 2001 - 2002	
15. Develop an Agenda for Policy Development and Review	<ul style="list-style-type: none"> <li>• Develop a Policy Agenda, with timelines and responsibilities</li> <li>• PCP Management Team to endorse Agenda</li> <li>• Implement</li> </ul>	Central East Primary Care Partnership	November 2001	
<b>Coordinating Mechanisms:</b> 16. Develop a number of mechanisms/processes to coordinate the organisation and delivery of primary care services	<ul style="list-style-type: none"> <li>• PCP Management Team to select coordinating mechanisms for action</li> <li>• Assign Project Worker to undertake tasks: consultations, literature review, discuss similar developments, etc.</li> <li>• Draft documentation</li> <li>• PCP Management Team to discuss and endorse coordinating mechanisms</li> <li>• Implement</li> <li>• Review after 12 months</li> </ul>	Central East Primary Care Partnership	November 2001 – 2002	

## Summary of Community Health Plan Strategies 2001 to 2004

STRATEGIES	ACTION	RESPONSIBILITY	TIMELINES	SELF ASSESSMENT
<p><b>Community Participation and Involvement:</b> 17. Develop and implement a strategy to ensure meaningful carer, consumer and community participation and involvement</p>	<ul style="list-style-type: none"> <li>• Design and implement appropriate representative processes and structures for consumer, carer and community participation (eg. Consumer Advisory Committee, Consumer Charter of Rights and Responsibilities, etc.)</li> <li>• PCP Management Team to discuss and endorse structures, processes and networks</li> <li>• Ensure adequate resources to support consumer participation</li> <li>• Implement</li> </ul>	<p>Central East Primary Care Partnership</p>	<p>November 2001 – June 2002</p>	
<p><b>Promoting the Central East Primary Care Partnership:</b> 18. Develop and implement the Communication Strategy</p>	<ul style="list-style-type: none"> <li>• PCP Management Team to discuss and endorse Communication Strategy</li> <li>• Communicate details of the Communication Strategy with PCP membership</li> <li>• Implement the Communication Strategy</li> </ul>	<p>Central East Primary Care Partnership</p>	<p>November 2001 – June 2002</p>	
<p><b>Education and Training:</b> 19. Develop an education and training program that will enhance the skills and expertise of participating members and their staff</p>	<ul style="list-style-type: none"> <li>• Assign Project Worker to undertake tasks</li> <li>• Undertake training needs assessment to determine education and training requirements</li> <li>• Develop an education and training program</li> <li>• PCP Management Team to discuss and endorse</li> <li>• Implement</li> <li>• Review after 12 months</li> </ul>	<p>Central East Primary Care Partnership</p>	<p>November 2001 – June 2002</p>	
<p>20. Enable participating members and their staff to increase their awareness and understanding of working in the primary care system</p>	<ul style="list-style-type: none"> <li>• As in 19 above</li> </ul>	<p>Central East Primary Care Partnership</p>	<p>November 2001 – June 2002</p>	

## Summary of Community Health Plan Strategies 2001 to 2004

STRATEGIES	ACTION	RESPONSIBILITY	TIMELINES	SELF ASSESSMENT
21. Develop a consultancy service, drawn from the existing expertise of participating members, to provide an education and training resource	<ul style="list-style-type: none"> <li>• Assign resources to undertake the task</li> <li>• Identify expertise available in PCP</li> <li>• Establish consultancy service</li> <li>• Provide consultancy service</li> </ul>	Central East Primary Care Partnership	November 2001 – June 2002	
<b>Culturally and Linguistically Diverse (CALD) Communities:</b> 22. Ensure participating members develop common access and equity standards for CALD communities	<ul style="list-style-type: none"> <li>• Disseminate access and equity standards</li> <li>• Meet with Migrant Resource Centre to inform agencies of the standards, their relevancy and application</li> <li>• Establish intra-agency structure to implement standards across all aspects of the organisation</li> </ul>	Central East Primary Care Partnership	November 2001 – June 2002	
<b>Health Promotion</b>	<ul style="list-style-type: none"> <li>• As per Health Promotion Strategy</li> </ul>			
<b>Quality Improvement</b>	<ul style="list-style-type: none"> <li>• As per Quality Improvement</li> </ul>			

## Summary of Community Health Plan Strategies 2001 to 2004

### HEALTH PROMOTION ACTION PLAN

STRATEGIES	ACTIONS	PRIORITY ORDER	TIMELINES	RESPONSIBILITY
<i><b>Mental Health Promotion Activities:</b></i>				
<ul style="list-style-type: none"> <li>○ <b>Mental Health Promotion Program Plan, including:</b> <ul style="list-style-type: none"> <li>● <u>Area of focus</u></li> <li>● <b>Target groups</b></li> <li>● <b>Building partnerships</b></li> <li>● <b>Type and nature of activities</b></li> </ul> </li> </ul>	<ol style="list-style-type: none"> <li>1. Develop Mental Health Promotion Program Plan</li> <li>2. Further develop partnerships for implementing the Mental Health Promotion Program Plan</li> <li>3. Refine proposed activities in light practitioner involvement</li> <li>4. Submit to Central East PCP for discussion and endorsement</li> <li>5. Implement &amp; review</li> </ol>	<b>1</b>	October/November 2001 – May/June 2002	Central East PCP
<i><b>Resourcing:</b></i>				
<b>2. Health Promotion Coordinating Group/Committee</b>	<ol style="list-style-type: none"> <li>1. Establish a Health Promotion Coordinating Group/Committee with Chairperson. Agree to: <ul style="list-style-type: none"> <li>● Terms of Reference</li> <li>● Membership</li> <li>● Relationship to PCP</li> <li>● Links to Central East PCP Health Promotion Advisory Group</li> <li>● Resourcing</li> <li>● Schedule of Meetings, etc</li> </ul> </li> <li>2. Determine Agenda and Workplan for next 12 months</li> </ol>	<b>1</b>	October/November 2001 – May/June 2002	Central East PCP
<b>3. Health Promotion Development Officer</b>	<ol style="list-style-type: none"> <li>1. Determine position description and allocate funds</li> <li>1. Appoint Health Promotion Development Officer (6-12 months)</li> <li>2. Review position and achievement of tasks after 12 months</li> </ol>	<b>1</b>	October/November 2001 – May/June 2002	Central East PCP

## Summary of Community Health Plan Strategies 2001 to 2004

STRATEGIES	ACTIONS	PRIORITY ORDER	TIMELINES	RESPONSIBILITY
<b>4. Co-ordinating New Resources</b>	1. Present a co-ordinated response to new funding	<b>1</b>	Ongoing	Central East PCP
<i>Policy and Strategic Planning:</i>				
<b>5. Commitment</b>	1. Reflect commitment to mental health promotion in strategic and action plans	<b>2</b>	October/November 2001 – 2002	Central East PCP
	2. Establish/further develop partnerships for the provision of joint mental health promotion activities	<b>2</b>	October/November 2001 – 2002	Central East PCP
<i>Workforce Development:</i>				
<b>6. Education and Training</b>	1. Design and conduct a range of education and training programs: <ul style="list-style-type: none"> <li>• Discuss with DHS incorporation of mental health promotion as a component of Workforce Development training curriculum</li> <li>• Establish a Mentor and Leadership program</li> <li>• Organise and conduct seminars</li> <li>• Identify, collect and share mental health promotion resources</li> </ul>	<b>1</b>	October/November 2001 – May/June 2002	Central East PCP
<i>Infrastructure:</i>				
<b>7. Raising Awareness and Understanding</b>	1. Promote and raise awareness and understanding by: <ul style="list-style-type: none"> <li>• Conduct regular forums and special events</li> <li>• Develop or expand existing information resources</li> <li>• Disseminate mental health promotion information</li> </ul>	<b>2</b>	October/November 2001 – 2002	Central East PCP

## Summary of Community Health Plan Strategies 2001 to 2004

STRATEGIES	ACTIONS	PRIORITY ORDER	TIMELINES	RESPONSIBILITY
<i>Evidence-Based Planning and Practice:</i>				
<b>8. Best Practice Projects/Research</b>	1. Initiate and fund a number of conjoint best practice projects	<b>2</b>	October/November 2001 – 2002	Central East PCP

### QUALITY IMPROVEMENT ACTION PLAN

STRATEGIES	ACTIONS	PRIORITY ORDER	TIMELINES	RESPONSIBILITY
<i>Agency Level:</i>				
<b>1. Accreditation</b>	<ol style="list-style-type: none"> <li>1. Agencies not accredited, to negotiate pursuing accreditation with management</li> <li>2. Agencies to discuss with Central East PCP: process, timelines, assistance and support, etc</li> <li>3. Agencies to undertake accreditation process</li> </ol>	<b>1</b>	1 – 3 years	Agency
<b>2. Quality Checklist</b>	<ol style="list-style-type: none"> <li>1. Agencies to undertake a Quality Improvement audit</li> <li>2. Agencies to prepare a Quality Improvement Action Plan for 12 months; only for initiatives not met on the Checklist</li> <li>3. Agencies to discuss with Central East PCP: process, assistance and support, education &amp; training, etc</li> <li>4. Agencies to implement Quality Improvement Action Plan</li> <li>5. Agencies to review Quality Improvement Action Plan at 12 months</li> </ol>	<b>1</b>	November 2001-June 2002 June-October 2002 June-October 2002 October 2002 +	Agency

## Summary of Community Health Plan Strategies 2001 to 2004

STRATEGIES	ACTIONS	PRIORITY ORDER	TIMELINES	RESPONSIBILITY
<i>Partnership Level:</i>				
<b>3. Quality Improvement Coordinating Group/Committee</b>	<ol style="list-style-type: none"> <li>1. Establish Quality Improvement Coordinating Group with Chairperson. Agree to Terms of Reference, Membership, Relationship to PCP, Resourcing, Schedule of Meetings, etc</li> <li>2. Determine Agenda and Workplan for next 12 months</li> </ol>	<b>1</b>	Oct/Nov 2001 – May/June 2002	Central East PCP
<b>4. Quality Improvement Development Officer</b>	<ol style="list-style-type: none"> <li>1. Determine position description and allocate funds</li> <li>2. Appoint Quality Improvement Development Officer (6-12 months)</li> <li>3. Review position and achievement of tasks after 12 months</li> </ol>	<b>1</b>	Oct/Nov 2001 – May/June 2002	Central East PCP
<b>5. Support and Resources</b>	<ol style="list-style-type: none"> <li>1. Determine the nature, type and cost of professional and financial support to be provided to smaller agencies</li> <li>2. Provide support and resources to smaller agencies</li> </ol>	<b>1</b>	Ongoing	Central East PCP
<b>6. Register of Quality Improvement Initiatives</b>	<ol style="list-style-type: none"> <li>1. Assign responsibility to an individual to design, develop and maintain the Register</li> <li>2. Develop specification for type and format of information to be collected</li> <li>3. Maintain Register</li> <li>4. Summarise information &amp; circulate to members annually</li> </ol>	<b>2</b>	June/July 2002	Central East PCP
<b>7. Education and Training</b>	<ol style="list-style-type: none"> <li>1. Identify education and training needs of the PCP</li> <li>2. Design and develop appropriate program</li> <li>3. Determine human and financial resources required</li> <li>4. Conduct education and training program</li> <li>5. Review education and training program after 12 months</li> </ol>	<b>1</b>	July 2002 +	Central East PCP
<b>8. Promoting Quality Improvement</b>	<ol style="list-style-type: none"> <li>1. Develop a Promotion Plan to promote Quality Improvement in the PCP</li> <li>2. Implement Promotion Plan</li> <li>3. Review Promotion Plan after 12 months</li> </ol>	<b>1</b>	Ongoing	Central East PCP