

Primary Health Branch policy and funding guidelines

2006–07 to 2008–09
(2008–09 update)

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Foreword

This is the second and final annual update of the *Primary Health Branch policy and funding guidelines 2006–07 to 2008–09*, published in 2006. This replaces the 2007–08 edition.

This document incorporates an update of the Primary Health Branch policy and program activities and development work with the sector. Most of the updates are regarding progress of sector development activities or minor program changes.

Additional funding announced in the State Budget 2008–09 included expansion of the Early Intervention in Chronic Disease, Aboriginal Health Promotion and Chronic Care Partnership, and Refugee Health Nurse programs; and the introduction of the Healthy Mothers, Healthy Babies initiative to improve antenatal care for disadvantaged mothers in growth areas of Melbourne. The Commonwealth Dental Health Program will commence from 1 July 2008 and will involve additional funding to the Victorian public dental health sector of approximately \$75 million over three years.

Primary health organisations have continued to provide varied and important services and programs to people from diverse backgrounds across Victoria. Community health services continue to demonstrate their capacity to respond to emerging issues and people most in need in a positive and timely way. For example, the new initiatives targeting child health, drought issues, refugee (Refugee Health Nurse program) and Indigenous communities (Aboriginal Health Promotion and Chronic Care Partnership), and people with chronic and complex conditions.

Towards a Demand Management Framework for Community Health Services (DHS, 2008) was introduced in 2007–08 to improve the consistency of practices in measuring and managing demand, and to support and improve fair and equitable access to services. In 2008–09, agencies will capture waiting time data as part of their quarterly reporting process. This will improve service planning exercises at both the local and state levels.

A key challenge set out for the sector in the three year period from 2006–09 was improving integration between services. Primary Care Partnerships continue to be the way to build an integrated primary health care system in Victoria and support strong integrated partnerships across the human services sector.

It is proposed that the next phase of *Care in Your Community* will be implemented in 2008–09. This policy responds to the increasing emphasis on community-based health care and improving access to and capacity of these services.

Partnerships will be based on local government areas (LGAs) within Department of Human Services regional boundaries and will build on the experiences of Primary Care Partnerships and Hospital Admissions Risk Program Chronic Disease Management initiatives.

NURSE-ON-CALL, introduced in 2006, has added to the health system's capacity to integrate health services and inform consumers. Since its inception, calls to the service have been steadily increasing (with approximately 400,000 calls in 2006–07) and users report an extremely high level of satisfaction with the service.

Since the release of the *Improving Victoria's oral health policy* in July 2007 work is continuing to progress the dental health funding review and developing an integrated service model for adults and children. Implementation of this policy is a key piece of work for the Primary Health Branch and the sector in 2008–09 and beyond.

Without a viable and sustainable workforce, service provision will be significantly impaired. The Primary Health Branch continues to work in collaboration with Workforce Branch to ensure primary care services and goals are considered in their initiatives wherever possible. In addition, the branch has conducted some discrete workforce projects aimed at improving recruitment and retention in the primary care sector.

The next three-year service agreement cycle (2009–10 to 2011–12) will provide an opportunity to review the work achieved to date and define the strategic plan for the future. These guidelines will be significantly reviewed in light of these future directions. It will be important for the new directions for Primary Health to consider opportunities that will enable:

- the primary health sector to grow and strengthen its role in the delivery of health services
- primary health services to contribute to health outcome for those Victorians most at risk
- the primary health sector to contribute to a more integrated and coordinated health system.

PCP development work to be introduced from June 2009 includes: improved Integrated Health Promotion Performance Measures for all Primary Health programs funded for health promotion; and a revised suite of the Service Coordination Tool Templates as part of a continuous improvement approach to service coordination.

I look forward to working with the sector and relevant government program partners over the coming year to promote the delivery of quality primary health care services in Victoria. I am committed to supporting the development of more coordinated, timely, high quality services which improve health outcomes for all Victorians, particularly those at most disadvantage.

Janet Laverick
Director, Primary Health.

[http://www.dhs.vic.gov.au/rrhacs/
business-units/primaryhealth](http://www.dhs.vic.gov.au/rrhacs/business-units/primaryhealth)

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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 sub-acute 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 (PCP) 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 Self-Management, Child Health Teams, the Aboriginal Health Promotion and Chronic Care (AHPACC) Partnership and improving integration with general practitioners (GPs). 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.

To better integrate and align branch functions, in 2008 the Branch established four work units:

- Primary Health Integration Unit—manages the PCP Strategy, the Integrated Chronic Disease Management Program, NURSE-ON-CALL and Working with General Practice
- Primary Health Programs Unit—replaces the Dental and Community and Women's Health Units
- Strategy, Research and Communication Unit—encompasses the policy work, coordination, communication and consumer engagement strategies previously undertaken by the Policy Unit and includes sector development activities such as demand management, workforce development and service planning
- Performance and Planning Support team—coordinates data evaluation and associated planning and budget proposals and is responsible for data management, program performance monitoring and program budgeting.

1.2 What these guidelines cover

These guidelines provide information about the key strategic directions, funded programs and major initiatives to be undertaken during 2006–09. The environmental factors that influence Primary Health 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 are read in conjunction with this 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 of interest to agency staff, the community, Board of Management members, policy makers, researchers and staff within the Department of Human Services.

The guidelines are presented in seven parts:

- 1**—outlines the role of the Primary Health Branch and provides an overview of the guidelines.
- 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 branch aims and priorities.
- 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.
- 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.
- 5**—details program reporting requirements. The *Rural and Regional Health Aged Care Services (RRHACS) Division policy and funding plan 2006-09* 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 the 2006-07 State Budget highlights. In addition, the plan provides service agreement information, including service planning and service activity information, service descriptions, performance measures, data collection requirements, standards and guidelines and special funding terms and conditions.
- 6**—describes terms and definitions and references used throughout the guidelines.
- 7**—Appendix 1 describes a number of 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/strategy level, the key policies/programs/strategies that drive the development of primary health care services are:

- *Care in Your Community* (DHS, 2006)
- *Community Health Services—creating a healthier Victoria* (DHS, 2004)
- *Primary Care Partnerships strategic directions* (DHS, 2004)
- *Improving Victoria’s oral health* (DHS, 2007)

- *HealthSMART Victoria’s whole-of-health information and communication strategy* (DHS, 2003)
- General practice strategy
- *Chronic Disease Management Program guidelines for Primary Care Partnerships and Community Health Services* (DHS, 2006)

(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.

Figure 1: State policy context for Victorian primary health programs



A Fairer Victoria, the government's social policy statement, establishes a framework to address disadvantage by developing and implementing innovative approaches to service delivery. In 2008, *A Fairer Victoria* highlights the following priorities:

- **Getting the best start:** early years support for children and families most at risk
- **Improving education and helping people into work:** reducing educational inequality, supporting young people at risk and reducing barriers to workforce participation
- **Improving health and wellbeing:** reducing health inequalities and promoting wellbeing
- **Developing liveable communities:** strengthening neighbourhoods and local communities

Website: www.dvc.vic.gov.au

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.

This framework adopts the principles set out in *Victoria: a better state of health*, which are further underpinned by specific values that inform the development of the Victorian health care system. These values 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 refocuses planning and investment to ensure the best mix of inpatient and community-based integrated care services. It responds 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.

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 a continuum of care, avoid duplication and enhance communication. These tools will be refined and developed by partners operating within planning networks who will decide 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
 - 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 now 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 complex needs.

PCPs are the department’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 the Department of Human Services over the next three years will be to achieve a more consistent performance from PCPs across Victoria.

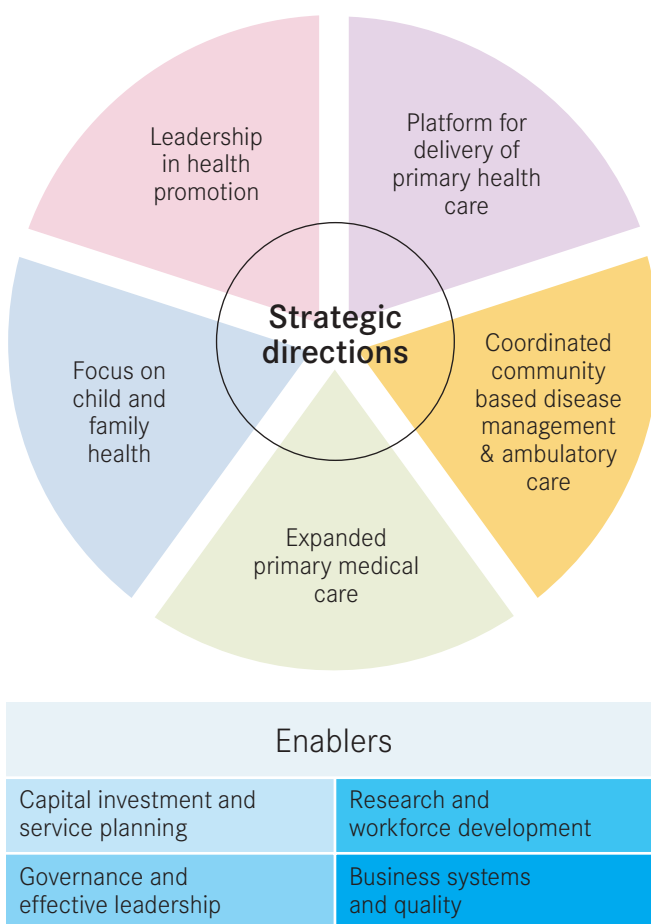
For PCPs to achieve their stated aims, ongoing change of the work environment will be required, with PCPs playing a key role. The department recognises that PCPs are unable to enforce change in the practice of member agencies; however, it is expected that PCPs will develop strategies to encourage and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

2.4 Community health policy

The *Community Health Services—creating a healthier Victoria* policy is the key to developing and integrating community health services within the broader national and state 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.

As shown in Figure 2, the policy describes five major strategic directions and four major capacity building enablers.

Figure 2: Strategic Directions and Enablers (Community Health Services—creating a healthier Victoria (DHS, 2004))



The current five strategic policy directions for CHS's 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 acute care providers.
- 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 Improving Victoria's oral health

Improving Victoria's oral health (DHS, 2007) sets out a vision that all Victorians will enjoy good oral health and will have access to high quality health care delivered in an affordable and timely fashion when they require it. The principles for *Improving Victoria's oral health* are consistent with *Care in Your Community*.

Improving Victoria's oral health outlines six strategic developments or major projects that re-organise the management and delivery of public oral health care:

- oral health service planning framework
- integrated service model for adults and children
- workforce strategy
- oral health promotion
- responding to high-needs groups
- oral health funding, accountability and evaluation.

2.6 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.

The Patient and Client Management Systems project is a key HealthSMART initiative aimed at providing hospitals and community health services with the opportunity to participate in a coordinated and integrated systems upgrade. iSOFT will provide the integrated patient and client management system, while TrakHealth will implement the standalone client management systems in independent community health agencies. The HealthSMART Patient and Client Management Systems will replace legacy software applications, such as HOMER and SWITCH. Agency implementation has commenced with anticipated completion in 2010.

The Department of Human Services is investing in these two systems to develop and deliver standardised applications for the Victorian publicly funded health care sector. Both systems will provide better functionality and flexibility that is not currently available at individual agencies—including enhanced statutory reporting functions covered by a range of program areas—and will consolidate a plethora of systems, including SWITCH, ADIS and IRIS. The applications will also interface to other common health applications.

Both systems will be centrally managed by the department and delivered through the statewide data centre. It is expected that funded agencies will access the products through their regional connectivity infrastructure, which forms part of statewide connectivity network for health—HealthNet.

More information about HealthSMART and the Patient and Client Management Systems project is available at www.health.vic.gov.au/healthsmart.

2.7 Working with general practice

The Primary Health Branch recognises the crucial interface between general practice and the state-funded primary health sector. To support partnership development and collaboration with general practice, the Primary Health Branch has developed the following key documents and resources:

- *Working with general practice: Department of Human Services position statement and resource guide (DHS, 2007)*
- Practical resources and professional development in relation to the Enhanced Primary Care Medicare Benefits Schedule items.
- General Practice Strategy (to be released early 2008–09).

Working with GPs position statement

The *Working with general practice: Department of Human Services position statement and resource guide*, released in December 2007, articulates the Department of Human Services' vision for a strengthened collaborative interface between the department and general practice. The department recognises that successful partnerships between state-funded services and general practice are integral for the provision of coordinated care and result in more integrated service delivery and better health outcomes for Victorians. To this end, the associated resource guide provides practical information on strengthening partnerships with the general practice sector including consulting with and engaging general practice in state health initiatives.

Practical resources and professional development regarding relevant MBS items

The significant growth in the range of Medicare Benefits Schedule (MBS) items over recent years indicates the Australian Government's changing approach in the primary care arena. In recent years, the Australian Government has introduced a range of MBS items to support team-based care and broaden the range of appropriately trained professionals to work together with general practice, including allied health professionals and psychologists. The Department of Human Services is assisting state-funded agencies that may be looking to build new models of care that incorporate the recently introduced MBS items by providing practical resources/tools, information and professional development.

General Practice Strategy

The strategy will progress crucial collaborative partnerships between general practice and state-funded primary health services in order to support the provision of accessible and integrated health care, particularly to disadvantaged Victorian communities.

The strategy will support system and service development as well as the implementation of models to:

- improve access to general practice services, particularly for those from disadvantaged communities in areas of high need
- provide high quality multidisciplinary care and care coordination for those with chronic and complex conditions.

Partnership development will be a critical building block to achieving these desired outcomes as the Primary Health Branch recognises that neither state-funded primary health services nor general practice can provide the most effective health care in isolation.

2.8 Chronic disease management guidelines

The rising burden of chronic disease presents a challenge to the health system. Meeting the challenge requires a fundamental shift from a reactive model (one that takes action when people are sick) to a proactive approach focused on keeping people as healthy as possible. People with chronic disease need a responsive, person-centred and effective system of care. Care for people with chronic disease usually involves multiple health care providers in diverse settings. To provide this care within an integrated system, health care providers must work collaboratively to coordinate and plan care and services. The Chronic Disease Management Program guidelines have been developed to support PCPs and community health services to improve the system response to chronic disease.

2.9 Other strategies and policies

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

- National Health Workforce Strategy
- 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 Primary Health Branch developmental work that will have significant impact upon business practices, partnerships and change within the primary health sector during 2006–09. This work includes consolidating established activity, 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
- 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. Following a recent review by the Auditor General, the Department of Human Services, led by the Statewide Quality Branch, is developing a new clinical governance framework for Victorian health providers (see www.health.vic.gov.au/qualitycouncil/).

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 primary health sector has a strong consumer participation focus. Consumer engagement is facilitated through boards of management, public health services community advisory committees 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 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.

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/,

www.health.vic.gov.au/ruralhealth/consult/,

www.healthissuescentre.org.au and

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

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

Client satisfaction surveys

The Primary Health Branch has funded the Australian Institute for Primary Care (AIPC) since 2006 to assist community health services to survey their clients using the Primary Health Care Consumer Opinion Survey (PHCCOS). Statewide aggregated data and further information on the project is available at www.latrobe.edu.au/aipc/projects/phccos/pdf/about.pdf.

Funding for further work in this area has been allocated for 2009–10 to reflect the growth in services for people with chronic/complex conditions. Community health services should continue to consider the inclusion of client satisfaction results and responses in their Quality of Care Report (see below).

Reporting to the community on quality of care

Health services, including independent community health services, are required to publish an annual Quality of Care Report. The extension of this requirement to independent community health services was flagged in the previous Policy and funding guidelines (2007). An option to submit the Quality of Care Report for an award is now available to independent community health services.

The May 2008 Clinical Governance in Community Health Forum included presentations to assist agencies in the development of the Quality of Care Report. Further information, guidelines, timelines and resources are available at <www.health.vic.gov.au/consumer>.

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.

Changes to complaints management systems are flagged in the section below on Critical incidents.

Cultural and linguistic diversity

The Primary Health Branch and the department recognise the importance of ensuring that Victorians of culturally and linguistically diverse (CALD) backgrounds have full and fair access to services. Improving access and ensuring appropriate care are important challenges for the sector.

Training for staff wanting to improve skills and understanding of working with CALD populations is available through the Centre for Culture, Ethnicity and Health (www.ceh.org.au/).

All agencies are expected to be familiar with the Victorian Government's language services policy, *Improving the use of translating and interpreting services: a guide to Victorian Government policy and procedure*. The guide stipulates the minimum government guidelines for the provision of interpreting and translating services. The guide can be found on the Victorian Multicultural Commission website (<http://www.multicultural.vic.gov.au/>).

Clinical governance

To strengthen the quality and safety of services and programs in primary health, a three-year project is well advanced to implement a clinical governance framework and associated practices in community health services. The work is being jointly undertaken by the Victorian Healthcare Association (VHA), accrediting organisations (Quality Improvement Council (QIC) and Australian Council on Healthcare Standards (ACHS), community health services (independent and integrated), Dental Health Services Victoria (DHSV), the Victorian Managed Insurance Authority (VMIA) and the Primary Health Branch.

All projects listed in the previous policy and funding guidelines (2007 update) have been completed. Project reports and resources are available on the VHA website <<http://www.vha.org.au>>.

Work throughout 2008 and 2009 will focus on consolidating practices and supporting agencies to develop programs that contribute to a more effective workforce and strengthen the quality and safety of services. Major initiatives include:

- statewide training for agency staff in clinical risk management—a partnership with VMIA
- project on clinical leadership and supervision (research and implementation)
- project on implementing scope of practice in an agency (independent living services, intake services, interdisciplinary services and counselling)
- education of clinical staff
- launch by DHSV of the Oral Health Quality Framework
- trial of QIC Clinical Governance Audit Tool
- development of community health clinical indicators.

Community health services are invited to share their work on clinical governance through the project at VHA. Agencies that have yet to develop frameworks and supporting activities for clinical governance are encouraged to participate and to keep up to date through the VHA website <<http://www.vha.org.au>>. From 1 July 2009, agencies will be expected to have fully implemented clinical governance at all levels of their organisation.

The following sections outline further initiatives to strengthen clinical governance.

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 (EQulP)
- International Standards Organisation (ISO).

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 independent community health services and those integrated with smaller and larger health services.

Independent community health services 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.

Community health services 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.

The department's Incident Information System (IIS) project, led by the Statewide Quality Branch, has broadened its scope to encompass the following:

- clinical incidents
- consumer feedback (complaints, compliments and enquiries)
- occupational health and safety (OH&S) incidents (staff and other non-patient incidents)
- hazards and other non-clinical incidents.

The project objectives have been updated to reflect the change. The objectives are:

- To develop a statewide standard methodology for the way incident information is reported within publicly funded health services.
- To implement a mechanism that will enable statewide aggregation, analysis and trending of multi severity level clinical incident data by the department.
- To establish appropriate mechanisms for departmental representatives and in-scope health services to evaluate clinical incident data, identify trends and share relevant information such that quality improvements can be better targeted.
- To work collaboratively with the Health Services Commissioner, WorkSafe Victoria and the VMIA to whom health services must submit incident data, with the aim of streamlining reporting processes to these organisations.

Data collected will be used to gain a more comprehensive understanding of the type, frequency and severity of incidents. Importantly, data regarding contributing and preventative factors will be analysed and lessons learnt will be shared, so that quality improvement initiatives can be better targeted.

The community health sector is represented on this project, including the development of an IIS data set, by Alison Brown, Project Manager with VHA.

Infection control

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

- 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 <http://www.health.gov.au/internet/main/publishing.nsf/Content/icg-guidelines-index.htm>
- Australian Standard AS4187 (current edition)
- AS/NZS4815 (current edition)—refer to www.icg.health.gov.au (office based health care 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

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 and www.vha.org.au.

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.

Awards

Recognition and celebration of the innovative efforts of individuals, work teams and funded agencies are important opportunities for all involved. The diversity of awards is being reviewed with a view to consolidating these within the Victorian Public Healthcare Awards (www.health.vic.gov.au/healthcareawards). Participation by the broader primary health sector is invited.

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.

Priority setting and mix of interventions

In Victoria, integrated health promotion involves 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 following health promotion priorities approved by the Minister for Health have been established for Victoria for 2007–12:

- Promoting physical activity and active communities
- Promoting accessible and nutritious food
- Promoting mental health and wellbeing
- Reducing tobacco-related harm
- Reducing and minimising harm from alcohol and other drugs
- Safe environments to prevent unintentional injury
- Sexual and reproductive health

Neighbourhood Renewal sites were confirmed as one of the priority settings for health promotion practice from 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.

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.

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* (DHS, 2003) and *Planning for effective health promotion evaluation* (DHS, 2005) 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.

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 one PCP priority within their organisational health promotion priorities, as well as contributing 25 per cent of their health promotion budget to PCP catchment priorities. This should be included in agency integrated health promotion plans and annual reports against these plans.

Addressing health inequalities

While the health of many Victorians has improved significantly over the past 20 years, there are growing inequalities in health. The evidence suggests there is a direct correlation between socioeconomic 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 the Department of Human Services, including Neighbourhood Renewal (www.neighbourhoodrenewal.vic.gov.au), and the Department of Planning and Community Development.

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 per cent 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 and 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 socioeconomic, 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 (DHS, 2001) 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 has been in practice within the Community and Women’s Health Program, since 2003. In 2006–07 it was incorporated into the Dental Health Program. Consistent use of the Service Coordination Tool Templates (SCTT) and statewide Practices, Processes, Protocols and Systems (PPPS) allows information to be shared to improve client service arrangements. To facilitate the necessary practice change, an industry consultant assisted community health services with embedding service coordination in 2006 and produced the resource guide, *Service access models: a*

way forward (DHS, 2006). Community health services continue to develop and refine their service access models to meet client needs.

Creating a system of care through engaging in partnerships is the business of every agency. 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 and/or complex conditions.

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
- use technology to support good service coordination practice, including e-referral and use of the Human Services Directory
- provide staff with skills training in using these supporting technologies
- use software that supports e-referral using the current version of the Service Coordination Tool Templates (SCTT)
- pursue commercial grade connectivity and capacity to share information using SCTT
- implement the *Statewide Service Coordination Practice Manual* (DHS, 2007)
- work with the department to improve service coordination practice statewide through participation in projects such as the continuous improvement of the SCTT
- provide feedback to other agencies involved in client care, including referral acknowledgement
- improve the transfer of client information between agencies
- record GP details on the SCTT
- accept and encourage referrals from general practice using the Victorian statewide Referral Form
- provide feedback to GPs
- 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 including the statewide Service Coordination Survey.

3.5 Integrated chronic disease management

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

- Workforce development—ensure that staff have the appropriate knowledge and skills to support people with chronic and complex needs.
- Systems change—review agency PPPS to ensure that the needs of people with chronic and complex conditions are identified and responded to in a timely, effective and efficient manner. The agency PPPS should be consistent with the local PCP implementation of the *Victorian Service Coordination Practice Manual* (DHS, 2007).
- Increase capacity—where possible, enhance service delivery responsiveness for people with chronic and complex needs.

Strengthening the role of Primary Health funded agencies in integrated 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 per cent of all community health service registered clients).

Care for people with chronic and complex conditions 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 and complex conditions need a responsive person-centred and effective system of care that aims to:

- slow the rate of disease progression while maximising their health and wellbeing 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
- reduce inappropriate demands on the acute health care system.

Integrated 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, for example, direct services delivered by allied health and nursing.
- 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, has developed a more robust approach to demand measurement and management in community health services, which aligns with other relevant program areas. The result is 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. This will be implemented from mid-2008, supported by training for practitioners.

Towards a demand management framework for community health services (DHS, 2008) aims to assist agencies to:

- improve the consistency of practices in measuring and managing demand, providing improved data that can be used for benchmarking, service planning and funding allocation
- support fair and equitable access to services based on equal access across the state for equal needs, with disadvantaged people provided priority access to reduce the inequality in health status
- provide improved access to services for clients by assisting services to provide high quality, efficient, effective, evidence-based services.

This framework recommends that agencies review their systems, processes and practices in place across the stages of a client's pathway through the community health services. This includes:

- inflow (initial contact and initial needs identification)
- flow through (waiting list management, assessment, care planning, service delivery)
- out flow (exit, referral, recall).

Following a series of workshops in each region in 2008, in 2008–09 the Primary Health Branch will assist agencies to continue to improve their practice to ensure good client outcomes through efficient and effective provision of services and clearly identified models of practice.

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.

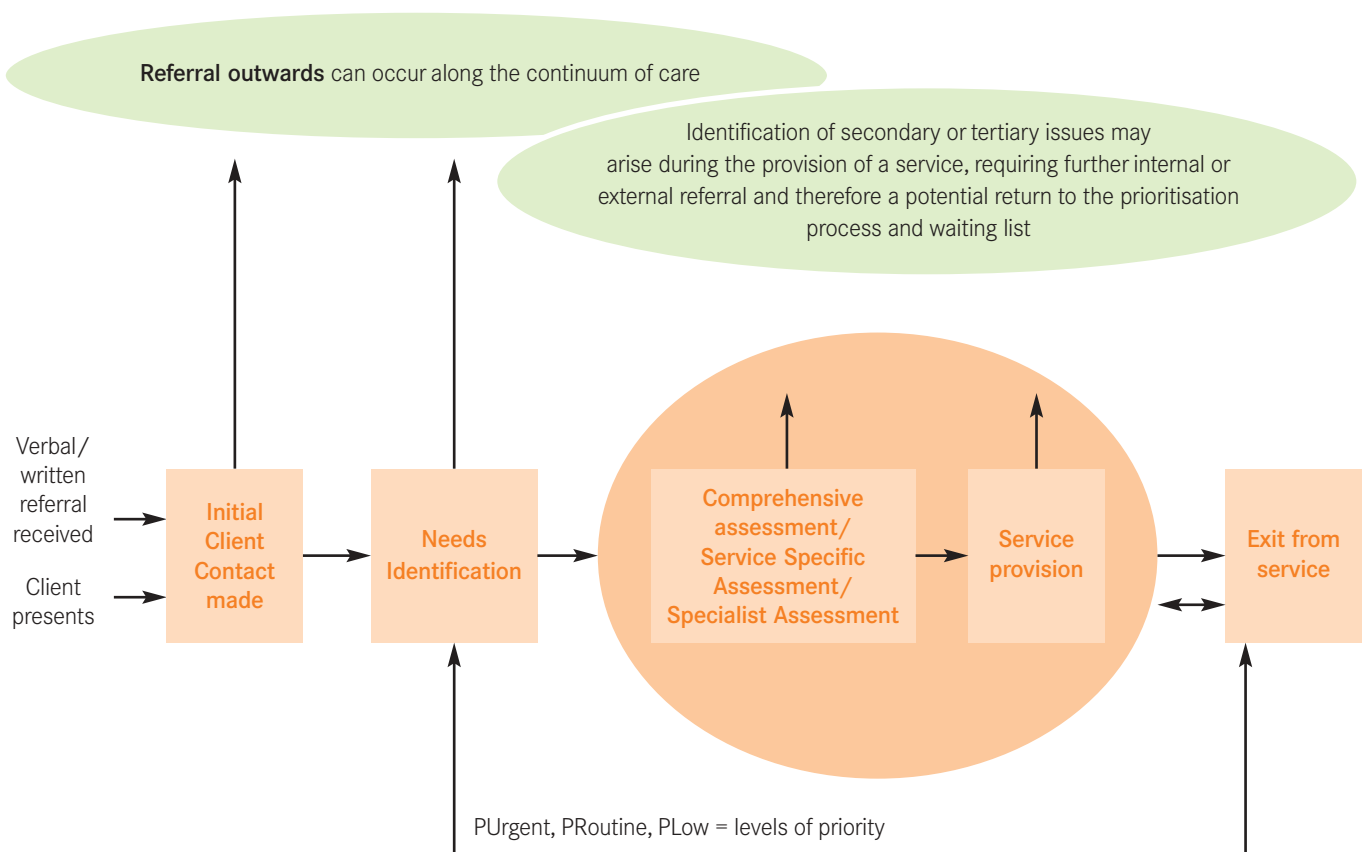
The *'Waiting Time Measurement within CHSs' Practice Guidelines* (DHS, 2008) includes the collection of continuous client-level data based on clear business rules and definitions. Current supporting data systems, including HealthSMART applications, provide the revised specifications from May 2008, and 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 the end of 2007–08, 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.

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 (DHS, 2007)* 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 (Office of Multicultural Affairs, 2003)*.

The department changed the way it funds language services on 1 October 2006. The most significant changes were 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

From 1 October 2006, a number of community health services and statewide services (such as Foundation House and DHSV) that are large-scale users of language services received 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 has been 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 is now:

- a new phone number to access the Credit Line
- 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
- strategic policy directions of government.

The first point of contact for agencies considering service planning is the Department of Human Services 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 Primary Health Branch 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.

The development of resources to support agencies undertaking service planning exercises has been put on hold while Care in Your Community is being considered.

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 and work design
- case management arrangements
- competency-based training
- placement opportunities
- research and development programs.

The Primary Health Branch provides workforce development funding to support the Community and Women's Health Programs, Primary Health integration, the Primary Care Partnerships Strategy and the Dental Health Program.

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
- 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*, 2004)

In addition, 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 Torres Strait Islander populations.

Community and Women's Health Programs

Supporting student placements

The branch has funded a program for supporting student clinical placements and research opportunities for community health services. The aims of the Community Health Teaching and Research Program (CH TARP) are 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 models of health care provided in community health
- promote continuity of care through a broader understanding of community-based health care.

An online student resource kit has been developed by the VHA through a CH TARP grant. The resource aims to improve student placement arrangements in community health services by strengthening partnership arrangements between community health services and educational institutions; clarifying roles and responsibilities of placement arrangements between community health services and educational institutions; and showcasing successful and innovative placement practices. The resource will also inform the higher education sector and students about the role of community health services.

To encourage increased numbers of student placements, community health services need to be able to count the time spent on clinical student placement supervision. The counting rule for the funding activity 'Community Health—direct care' has been refined to clarify clinical supervision includes time spent on student supervision and training. More positive student placements in the community health sector will support workforce recruitment and retention rates.

In addition, the Primary Health Branch, in partnership with the Service and Workforce Planning Branch, funded the Community Health Student Placement Coordination Project in 2007. This project is aimed at helping community health services improve and increase their student placements and further develop their role in education and research. Upper Hume Community Health Service and Dousta Galla Community Health Service were selected to develop a sub-regional placement coordination model able to be replicated in other regions. They will work in partnership with neighbouring community health services and tertiary training organisations to develop a model to coordinate, improve and increase the number of high quality clinical student placements in the community health services in their designated areas. There are many benefits to student placements, including the potential for improving recruitment and retention rates, as graduates will often return to a service after a positive placement experience.

Counselling

Single Session Work was one of several workforce development projects that began in 2006–07 to improve the quality of counselling in community health services. The final report, due in early 2008–09, will report on factors that support implementation of changed practices to increase access to counselling.

A counselling training project undertaken during 2007–08 as part of broader project to support people affected by drought included an action research component to identify counselling approaches that will improve access to counselling for rural people.

During 2007–08, two peer supervision groups were established across metropolitan Melbourne to provide collegiate support to senior practitioners providing clinical supervision in community health services. The groups evolved from the 2006–07 clinical supervision training. From 2009–10, Department of Human Services funding and service agreements will include a requirement that all community health counsellors be provided with regular clinical supervision.

Primary Care Partnerships

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 their health promotion plan.

Training and professional development for the workforce will also be a priority to ensure capacity and skills to provide integrated disease management strategies and to lead systems change. This includes participation in the regional PCP Strengthening partnerships, sustainable collaborations, building resilient communities workshops.

Service and Workforce Planning Branch projects

The Service and Workforce Planning (SWP) Branch in the Portfolio Services and Strategic Projects Division provides a focus and resource for service and workforce planning, policy development and coordination for the department.

The SWP Branch's functions include investigation and analysis of workforce issues related to education and training, recruitment, retention, skills maintenance and distribution. It is also responsible for broader workforce strategy development and cross-department coordination on workforce issues. SWP workforce initiatives include:

- Better Skills, Best Care Strategy on workforce redesign
- recruitment of international health care professionals to Victoria
- Region of Choice—a recruitment and support service for health professionals in regional Victoria
- Clinical Placements Innovation projects
- a clinical placements agency concept
- credentialing and defining the clinical scope of practice
- Rural Allied Health Undergraduate/Postgraduate Scholarships program
- health practitioner regulation.

Information about these and other projects is available from the Service & Workforce Planning website:

<http://www.health.vic.gov.au/workforce/index.htm>

Primary Health Branch has been working in collaboration with SWP Branch on a number of workforce projects.

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 in addition to this clinical supervision 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

Dental Health Program Funding Review

This initiative aimed to 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 aimed to provide recommendations on:

- ways 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 department policy
- improving the effectiveness and efficiency of budget allocation and payment processes and performance measures
- aligning re-imbursment processes for services delivered by agencies and private sector providers with department and industry best practice
- whether overhead/operational costs are reasonable relative to industry standards.

The review is now complete. The department is considering the findings and will consult with the sector regarding the development of a new model in 2008–09, for implementation in 2009–10.

Dental Health Program service integration

The department lead a staged project to integrate the School Dental Service and Community Dental Program into one public dental service. A pilot of service integration at three sites was undertaken. An action evaluation of the pilot revealed that service integration was experienced positively. A publication based on the evaluation findings, *Integration oral health services: a step in the right direction*, has been disseminated to all community health services and hospitals that operate dental clinics to inform integration across all public dental services.

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

Dental Health Program Common Data Set Project

In 2005–06, Primary Health Branch conducted a review of data reporting requirements of DHSV for the Dental Health Program. The review found that the reporting approach was ad-hoc and provided a mix of high level and aggregated data that did not always meet the needs of program accountability and service planning.

Subsequently, a dental data set has been developed to meet the requirements of the department and the sector. The proposed data set has been reviewed by national representatives and stakeholders and will be implemented in July 2009.

New department funded activities

The department funded new activities from 2006, including the Aboriginal Health Promotion and Chronic Care Partnership, the Early Intervention in Chronic Disease, Primary Care Partnerships Integrated Chronic Disease Management and Diabetes Self-Management initiatives. Refer to specific program guidelines in chapter 4.

Additional funding announced in the State Budget 2008–09 included:

- Expansion of the Early Intervention in Chronic Disease program by \$4.3 million per annum to allow 3,000 more Victorians with chronic disease access to the program across 18 municipalities.
- Expansion of the Aboriginal Health Promotion and Chronic Care Partnership program by \$0.5 million.
- Introduction of the Healthy Mothers, Healthy Babies initiative with \$8 million over four years to improve antenatal and perinatal care for vulnerable mothers in growth areas of Melbourne. Details of this program will be made available early in 2008–09.
- Expansion of the Refugee Health Nurse program by \$0.6 million.

The Commonwealth Dental Health Program will operate from 1 July 2008 to 30 June 2011 and will involve additional funding to the Victorian public dental health sector of approximately \$75 million. The broad objectives of the Commonwealth Dental Health Program are to increase access to dental services by eligible preschool children, Aboriginal people and people with special health needs. The program is also intended to reduce waiting times for public dental services. Funding from the program will be allocated in accordance with an implementation plan agreed by the Australian and Victorian governments.

Primary Health Funding Approach

The Primary Health Funding Approach (PHFA) previously had three components:

- funding for direct client services, based on a unit price equivalent to an hour of service delivery
- funding for health promotion activities
- a development and resourcing (D&R) component that supports infrastructure costs of agency operations.

At the time of the introduction of the PHFA, the D&R component was seen as a temporary approach to funding agency overheads, pending a more detailed review of this approach. Due to its complexity, there has been inconsistency in the treatment of D&R across regional offices and Primary Health funded organisations, leading to a lack of transparency and equity.

A revision of the PHFA, with the following key elements, commenced on 1 July 2007:

- Development and resourcing costs have been incorporated into unit prices for direct care service delivery and into health promotion block funding.
- The new unit prices for direct care service delivery have been aligned with HACC unit prices for like services. There is one unit price for Allied Health and Counselling and a separate unit price for Nursing.
- Health promotion is block funded and more meaningful performance measures that reflect a planned approach to health promotion will be developed.

- There is now a direct relationship between funding levels and performance targets for direct care services. This has been achieved by adjusting targets and not by adjusting funding.
- From July 2009, following a two-year transition period, a recall policy, consistent with the HACC recall policy, will be introduced.
- Department of Human Services regional offices are working with agencies during the two-year transition period to achieve a direct relationship between direct care funding and targets
- The Community Health and HACC fees policies and fee levels have been aligned.

Note: the definition of ‘direct care’ has been refined to more clearly state that it includes clinical supervision time of students. This clarification is to encourage services to accept greater numbers of students on placement.

More information on the revised PHFA can be located at: http://wcm.dhs.vic.gov.au/internet/rrhacs_Internet/business-units/primaryhealth/primary-health-funding-approach?a=160733

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>Integrated chronic disease management funding</p> <p>This is a State-funded element of the Australian Better Health Initiative package. In 2006–07, integrated chronic disease management funding has been extended to all 31 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. See 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 Australian Better Health Initiative there may be further development of requirements and performance measures for 2006–07 to 2008–09.</p> <p>Other funding</p> <p>As funds become available, 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, community health services, divisions of general practice, health services, aged care assessment services, district nursing and a range of other service providers that have a role in service coordination and managing consumers with complex needs.</p> <p>The focus for 2006–07 to 2008–09 is on improving the outcomes for clients with chronic disease and complex conditions. 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 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 community health services. 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. Community health services also promote multi-disciplinary team work, and are an integral part of the training of the future health workforce through their student placement activities.</p> <p>Community health services 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 Program funds more than 120 agencies operating from approximately 400 sites across Victoria. These include statewide services such as Foundation House, Centre for Culture, Ethnicity and Health, and International Diabetes Institute.</p> <p>Agencies are funded under the Primary Health Funding Approach (see section 3.10).</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 community health service they will attend, and services 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 independent community health services relate to membership and governance, and while a community health service will primarily relate to, plan for and serve the community in its catchment, people outside the catchment may still access its services. Community health services should prioritise services and activities towards population groups and individuals with chronic and complex health issues and in lower socioeconomic groups.</p>
Fees	<p>A statewide fees policy applies for all clients of the Community Health Program.</p> <p>The fee level depends on client income. Inability to pay is not a basis for refusing a service to people who are assessed as requiring a service. There are no fees for any services to children under 18 years of age from low income families and counselling/casework for people of low and middle income.</p> <p>Details of the current policy can be found in <i>Fees policy for Community Health Program and Home and Community Care Program</i>, January 2008, at http://www.health.vic.gov.au/communityhealth/service_provider/ch_fees.htm</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. The resource guide, <i>Service access models: a way forward</i> (2006), provides information, support and tools to assist in this goal.</p>
Integrated health promotion	<p>It is expected that quality health promotion practice (as outlined in the <i>Integrated Health Promotion Framework (DHS, 2003)</i>) 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>

4.3 Dental Health

Program: Dental Health

Type and scope of service	<p>Public dental services are currently 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 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>Priority access is given to preschool and primary school aged children and dependents of health care or pensioner concession card holders in years 7 and 8 (14–15 year olds) who have left formal schooling. Eligible adults who are Aboriginal, refugees, homeless or pregnant also receive priority access.</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	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.
Target group/eligibility	<p>Children: Preschool and primary school aged children, dependents of health care or pensioner concession cardholders 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>For up-to-date information regarding eligibility and co-payments for dental health services visit the Dentistry in Victoria website:</p> <p>http://www.health.vic.gov.au/dentistry/clients/dental_system.htm</p>
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	DHSV has lead responsibility for oral health promotion. DHSV has developed, and in 2008–09 will implement, an organisational health promotion plan that will begin the integration of oral health promotion into broader evidence-based interventions and strategies.

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 organisations. The program operates through three statewide and nine regional programs.
Funding	Refer to Primary Health Funding Approach section 3.10.
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, PCPs and community health planning processes, for example, 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.

4.5 Family Planning (FPP)

Program: Family Planning (FPP)

Type and scope of service	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 3.10.
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	FARREP works with communities that traditionally practise 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 • 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 north-west and southern regions of metropolitan Melbourne. Refer to Primary Health Funding Approach in section 3.10.
Target group/eligibility	With a focus on those most at risk, the program targets all communities that practise female genital mutilation. In addition, FARREP 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 health care 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	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 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 GPs, 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 also allocated.</p> <p>Non-recurrent funds were allocated to each of the Primary Care Partnerships that have refugee health nurse positions to 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 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>

4.9 Child Health Teams Initiative

Program: Child Health Teams Initiative

Type and scope of service	<p>Multidisciplinary 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: <i>Guidelines for the child health teams in Community Health Services initiative</i></p>
Funding	<p>Funding is allocated to community health services in interface council areas as part of the <i>Growing Communities Thriving Children</i> initiative and to agencies in areas of significant disadvantage or with a large childhood population.</p>
Target group/eligibility	<p>Child health teams should target families with children who:</p> <ul style="list-style-type: none"> • are aged 0–6, with priority given 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>Community health services are encouraged to adopt prioritising protocols in line with the demand management framework, using the generic and clinical priority tools where relevant.</p>
Fees	<p>As per the Community and Women’s Health fees policy.</p>
Service coordination	<p>The practice of service coordination should be embedded in service delivery. Agencies are encouraged to use the SCTT to support service coordination. The 2009 SCTT revision will develop tools that are better suited for use with children and families.</p>
Integrated health promotion	<p>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. Community health services integrated health promotion activity should target children’s priority health and wellbeing issues with focus on the six outcomes prioritised for intervention in the <i>Growing Communities Thriving Children Initiative</i>.</p>

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.</p> <p>This initiative complements the health promotion programs implemented by community health services and other 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 Australian Better Health Initiative package.</p> <p>Funding has been provided to 18 community health services (to become 36 in 2008–09) and their corresponding PCPs. 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 community health services, 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>Agencies in receipt of Early Intervention in Chronic Disease funding are required to deliver hours of service in line with agreed targets and PCPs are required to report three-yearly with annual updates against Integrated Chronic Disease Management deliverables described in the Primary Care Partnerships Guidelines for completing the Community Health Plan and Community Health Plan Implementation Agreement (CHPIA) templates.</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) • have complex needs, particularly in the elderly, prior to significant complications or significant decline • 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 Self-Management

Program: Diabetes Self-Management

Type and scope of service	<p>This initiative will provide self-management interventions to people newly diagnosed with Type 2 diabetes through community health services in rural PCP 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) • manage the impact of the condition on physical functioning, emotions and interpersonal relationships.
Funding	<p>Diabetes Self-Management is a State-funded element of the Australian Better Health Initiative package. Funding will be distributed to rural regional offices to allocate to community health services based on need, as indicated by diabetes hospital admission data and agency capacity to deliver services.</p> <p>Agencies in receipt of Diabetes Self-Management funding are required to deliver hours of service in line with agreed targets</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 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. Nine partnerships have been established across Victoria in both rural and metropolitan areas.
Funding	Community health services 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	Indigenous Victorians with or at risk of chronic disease, in nine geographic areas.
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/).

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	State funding committed as part of State's contribution to the National Suicide Prevention Strategy.
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 agency's 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. There is provision in the contract for an additional 2 x 1 optional years.
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 Practice Strategy

Type and scope of service	<p>The strategy will support system and service development as well as the implementation of models that can achieve:</p> <ul style="list-style-type: none"> • improved access to general practice services, particularly for those from disadvantaged communities in areas of high need • provision of high quality multidisciplinary care and care coordination for those with chronic and complex conditions.
Funding	Refer to funding guidelines to be developed
Target group/eligibility	The strategy will focus on improving access to general practice services for disadvantaged communities in areas of high need and the provision of coordinated, multidisciplinary care to those with chronic and complex conditions.
Fees	Agency discretion should be used in determining whether fees are charged for GP services.
Service coordination	To achieve health service integration across the health care continuum, it is expected that the practice of service coordination is 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.

5 Reporting and accountability

5.1 Reporting requirements

The *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
 - 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 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						
Output	Community Health Care						Dental Services
Component/activity	<ul style="list-style-type: none"> • Community Health • Women’s Health • IHSHY • Family Planning • Family & Reproductive Rights Education • Suicide Prevention • Community Health Diabetes Self-Management • Primary Health DVA 	Primary Health General Practice Services Support	Community Health Integrated Chronic Disease Management	Aboriginal Health Promotion and Chronic Care Partnership	Primary Care Partnerships* * 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.	Telephone Counselling	<ul style="list-style-type: none"> • Oral Health Promotion • Community Dental Care • RDHM Dental Care • School Dental Care
Community and Women’s Health Programs 2006-07 Data Reporting Requirements www.health.vic.gov.au/communityhealth	✓		✓	✓			
Community Health Plan and Community Health Plan Implementation Agreement www.health.vic.gov.au/pcps					✓		
Australian Government Innovative Health Services for Homeless Youth (IHSHY) reporting requirements www.health.vic.gov.au/communityhealth	IHSHY program only						
Early Intervention in Chronic Disease evaluation reporting requirements			✓				
Aboriginal Health Promotion and Chronic Care Partnership evaluation reporting requirements http://www.health.vic.gov.au/communityhealth/aboriginal_health.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 policy and funding plan 2006–07 to 2008–09*.

Table 2: Changes to Community Health Care output 2005–06 to 2006–07

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 • PCP—Integrated Chronic Disease Management • Aboriginal Health Promotion and Chronic Care Partnership (AHPACC) • Community Health—Diabetes Self-Management 	<ul style="list-style-type: none"> 28060 TBA TBA TBA 	Additional activities to provide funding for new Primary Health initiatives (TBC)
• 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
• Disaster Support & Recovery	• Disaster Support & Recovery	28047	No change
• Language Services	• Language Services	28048	No change
	• Service System Development	28069	New investment activity

Table 3: Changes to Primary and Dental output group 2006–07 to 2007–08

2006–07	2007–08		
Funded activity	Funded activity	Activity number	Change
Community Health—Development and Resourcing	Community Health—Direct Care Community Health—Health Promotion	28049	This activity has been defunded and deactivated. Development and Resourcing funding has been incorporated into unit prices for Direct Care (28065) service delivery and into Health Promotion block funding (28001)
Case Coordination	Care Coordination	28060	Name change

Table 3: Changes to Primary and Dental output group 2006–07 to 2007–08

2006–07		2007–08	
Activity number and name	Change	New Activity Description	
28000	Health self help	Activity Description	The Health Self Help program provides non-recurrent grants of up to \$5,000 to self help groups for general running expenses and minor equipment.
28071	Aboriginal Health Promotion and Chronic Care	Activity Description	Provides funds to support access to a range of chronic disease prevention and management services and integrated health promotion interventions delivered through partnerships between community health services and ACCHOs.
28072	Community Health Integrated Chronic Disease	Activity Description	Provides funds to community health services for the provision of Integrated Chronic Disease Management encompassing direct care, and change management.
28073	PCP Integrated Chronic Disease Management	Activity Description	Provides funds to Primary Care Partnerships for the provision of service system development initiatives including change management for Integrated Chronic Disease Management.
28074	Community Health Diabetes Self-Management	Activity Description	Provides funds to community health services for the provision of self-management programs to people newly diagnosed with Type Two Diabetes.

Direct Care activity: further information

From July 2006, each funding source (Community Health, IHSHY, Women's Health, Family Planning, FARREP and Suicide Prevention) includes '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 included 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 is no new funding tied to INI, as INI hours reported through the 2005–06 activities (such as counselling) are 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 work closely with funded agencies to negotiate an appropriate mix of services within each funded activity and across funded activities. Targets are not set for each service type (allied health, counselling, nursing and INI) included under 'Direct Care'. Instead, targets are 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.

For example, a community health service 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.

Where a student who is supervised by a professional performs a Direct Care or Direct Care- indirect service, the professional can record the direct or indirect service time but the student time cannot be counted.

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 community health services) 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	<i>Better Access to Services: A policy and operational framework</i>
Burden of disease	The burden of disease is the health and socioeconomic cost of a given medical condition on a society.
Care coordination	The provision of care coordination including the planning and organisation of coordinated care for clients with a complex or chronic condition requiring multiple services to be delivered in an integrated fashion.
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 Health Centre)	Community-based health service with an independent board of management as defined in the Health Services Act.
CHF	Chronic Heart Failure.
Chronic and complex conditions	A chronic condition is continuous or persistent over an extended period of time and not easily or quickly resolved. Amongst Australia's national health priorities are chronic conditions that are our greatest burdens of disease: asthma, cancer, cardiovascular disease, diabetes mellitus, mental health conditions, arthritis and musculoskeletal conditions. A complex condition typically involves co-morbidities and psychosocial factors.
Community health services	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.
CHS TARP	Community Health Service Teaching and Research Program

Acronym/term	Description
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 three 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.
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, socioeconomic 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)
CRM	Clinical Risk Management
CVD	Cardiovascular disease
DALY	Disability Adjusted Life Years
D&R	Development and Resourcing

Acronym/term	Description
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.
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.
FPP	Family Planning Program
Government	The Victorian State Government (unless otherwise specified).
GP	General practitioner
Group client	Target populations or a collection of individual clients receiving a service collectively or as part of a group audience. A group may be: <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.

Acronym/term	Description
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
IHSHY	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 that 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.
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 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.

Acronym/term	Description
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 that 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 of the Department of Human Services 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.
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.

Acronym/term	Description
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	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. <i>Note that the term 'participation' is used here to encompass consumer, carer and community participation, unless otherwise specified.</i>
PASA	Program and Service Adviser
Performance indicator	A statistic or other unit of information that 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
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.

Acronym/term	Description
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 that 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 the 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.
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

Acronym/term	Description
RHN	Refugee Health Nurse
Rural and Regional Health and Aged Care Services (RRHACS) Division	This division of the Department of Human Services 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	<p>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.</p> <p>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.</p>
SCTT	Service Coordination Tool Templates
Sector-wide activities	Activities that encourage collaborative practice 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.
Service planning	Planning that is undertaken periodically with the aim of providing an effective and efficient health service that meets the needs of the catchment population.
Settings and supportive environments	<p>This includes:</p> <ul style="list-style-type: none"> <li data-bbox="416 1547 1414 1682">• Organisational development—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. <li data-bbox="416 1704 1477 1805">• Economic and regulatory activities—involves the application of financial and legislative incentives or disincentives to support healthy choices. These approaches typically focus on pricing, availability, restrictions and enforcement. <li data-bbox="416 1827 1477 1919">• Advocacy—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.

Acronym/term	Description
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, for example 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.
Social worker	Works with individuals towards the realisation of their intellectual, physical and emotional potentials, and works with individuals, groups and communities in the pursuit and achievement of equitable access to social, economic and political resources.
Speech therapist/pathologist	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.
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
VMIA	Victorian Managed Insurance Authority
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 Websites

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/aboriginal_health.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.health.gov.au/internet/main/publishing.nsf/Content/icg-guidelines-index.htm

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

DHS—Cultural Respect Training
www.dhs.vic.gov.au/operations/cultural-respect-training

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/service_provider/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/about/index.htm#strategy

Primary & Community Health Network
www.latrobe.edu.au/aipc/pchnetwork/

Primary Health Branch
www.dhs.vic.gov.au/rrhacs/business-units/primaryhealth

Primary Health Consumer and Carer Opinion Survey
www.latrobe.edu.au/aipc/projects/phccos/pdf/about.pdf

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

Service Access Models: a way forward.
 Resource guide for community health services
http://www.health.vic.gov.au/communityhealth/publications/chs_guide.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/archive/archive2008/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/

Appendix 1—Relevant policies

Rural Directions for a better state of health

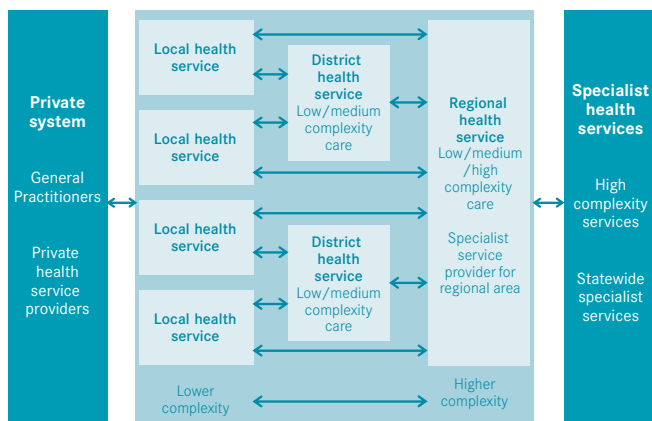
The Primary Health Branch recognises the challenges facing the delivery of health services to promote the health and wellbeing of rural Victorians. *Rural directions for a better state of health* provides a framework to address the challenges to deliver a contemporary health system and models of care 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
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
- 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 5,000 people. The 67 agencies that fall into this category are primarily Group D and E hospitals (including Multi-Purpose Services and Healthstreams) and bush nursing centres, plus a small number of independent 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.

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 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/html/refugee_action.htm

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 2002–06* 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—everyone'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 department responsibilities in health, aged care, disability, housing and services for children, young people and families. It will also continue the important focus on the needs of disadvantaged women and diversity.

Refer to: <http://www.health.vic.gov.au/vwhp>

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 retain as many teeth as possible throughout their lives. The vision is for 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 layout 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* (Department of Premier and Cabinet, 2006).

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

