

Community and Women's Health Program Guidelines, 2003-04 to 2005-06

Update April 2005

**Primary and Community Health Branch
Victorian Department of Human Services
March 2005**



About this March 2005 update

This update of the *Community and Women's Health Program Guidelines, 2003-04 to 2005-06* outlines changes since the guidelines were published in August 2003. It briefly describes the change and refers to relevant policy documents.

The numbering references in the update relate to, and should be read in conjunction with, the *Community and Women's Health Program Guidelines, 2003-04 to 2005-06* at: http://www.health.vic.gov.au/communityhealth/publications/cwh_prog_glines0304to0506.htm.

Community health policy development

Community Health Services - creating a healthier Victoria was released in September 2004. The policy sets out the vision for Victoria's community health services over the next decade and describes strategies and initiatives to achieve that vision. The policy can be accessed at:

http://www.health.vic.gov.au/communityhealth/downloads/chs_policy.pdf

The strategic directions in the policy will shape the development of Community Health Services (CHSs) individually and collectively over the next decade. CHSs should adopt the strategic directions and enablers outlined in the policy in service, strategic and operational planning.

DHS will work with CHSs to implement components of the policy over the coming year, recognising full implementation will occur over a number of years.

Ambulatory care policy and planning framework

Primary and Community Health Branch has commenced a major project in partnership with the Metropolitan Health and Aged Care Service Division to develop a policy and planning framework for delivering integrated ambulatory care services in the community.

The aim of the project is to improve health outcomes for all Victorians by improving the accessibility, quality, responsiveness, flexibility, continuity of care, capacity and efficiency of the ambulatory care service system through:

- Developing evidence based models of care that focus on the needs of consumers, integrate services across boundaries, and recognise the importance of prevention and primary health care to improving health outcomes and managing demand for more acute services;
- Strengthening partnering and coordination arrangements across service sectors;
- Aligning funding and reporting arrangements to support integration and flexible service delivery and;
- Developing a strategic approach to new capital and recurrent investment in community-based ambulatory care.

2004-05 Annual Update for the RRHACS Policy and Funding Plan 2003-04 to 2005-06

The update outlines changes to the RRHACS Division policies and projects since the beginning of 2003-04. The update can be found at:

<http://www.dhs.vic.gov.au/rrhacs/pfplan.htm>

1.5 Primary Care Partnership Strategy

The [Primary Care Partnerships strategic directions 2004-2006](#) was published in January 2004 and can be accessed at

http://www.health.vic.gov.au/pcps/downloads/strategy/pcp_strat_2004_06.pdf.

The [Implementation plan for the Primary Care Partnerships strategy 2004-2006](#) was published in August 2004 and can be accessed at:

http://www.health.vic.gov.au/pcps/downloads/strategy/imp_plan2004_06.pdf

Primary Care Partnerships (PCP) Strategic Directions 2004-06

The new directions for the PCP Strategy for 2004-2006 build on the achievements to date and aim to see the emerging benefits replicated more broadly. The new directions are:

- DHS will use PCPs to inform and coordinate all initiatives that require partnership across primary health care services, or between these services and other health and community services and sectors;
- All DHS programs will implement service coordination, using the statewide tool templates, where relevant and;
- All DHS funded community-based health promotion initiatives will use the integrated health promotion framework, and all local health promotion activity funded by DHS will be informed by catchment-wide integrated health promotion planning.

Implementation Plan for the PCP Strategy 2004-06

The implementation plan for the PCP Strategy released in August 2004 outlines the commitments by DHS to implement the strategic directions as well as the requirements for PCPs.

Human Services Directory

The statewide Human Services Directory (HSD) is fully developed and can be accessed at: <http://humanservicesdirectory.vic.gov.au/>. All agencies funded by the Community & Women's Health program should have received their logon and password from the content managers, DCA. To ensure the HSD provides comprehensive and up-to-date information all agencies funded by the Community & Women's Health program are required to maintain their information.

1.7 New Funding and Accountability Approach for Small Rural Health Services (SRHS)

DHS has updated the *Small Rural Health Services Guide 2003-04* with information about changes within the new approach and reinforcing the key components. The information update can be accessed at:

<http://www.health.vic.gov.au/ruralhealth/hservices/small.htm>

The approach enables funding and service delivery flexibility for SRHSs in towns with fewer than 5000 people. It encourages services to be active in planning and managing 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 ability to use acute health program and primary health program funds flexibly.

In 2004-05 most aspects of the SRHS approach are unchanged from 2003-04. The update summarises key components of the approach and changes in 2004-05 including: the outcome of the trend analysis; payment of funding through the Service Agreement Management System; the development of a new Small Rural Services Output Group; and changed expectations regarding F1 reporting.

2.1.2 Integrated Health Promotion

Member agencies funded through Community and Women's Health Programs are now required to participate in catchment planning for at least one health promotion priority. A *Health Promotion Planning & Reporting Information Resource* was published in June 2004 providing detail for agencies about the priority topics and expectations and templates for planning and reporting. The information resource can be accessed at: http://www.health.vic.gov.au/communityhealth/downloads/hp_inforesource_june04.pdf

Sections 5 and 6 of the Information Resource provide detail about the planning and reporting requirements. In summary all agencies that receive over \$20,000 of health promotion funding from the Community and Women's Health program are required to:

- Negotiate with their regional office whether they will submit a one-year or two-year organisational health promotion plan;
- Submit an Organisational Health Promotion plan for the period negotiated with the regional office by 30 September;
- Provide leadership and support for integrated approaches to quality health promotion practice in their PCP catchment;
- Actively contribute to health promotion priority setting, planning and implementation as summarised in the catchment and organisational health promotion plans;
- Contribute to and participate in evaluating, monitoring and reporting against the catchment organisational health promotion plans. This will include evaluation reporting to DHS Regional offices by **1 August 2005 and 1 August 2006**.
- Provide quarterly data collection through SWITCH, AIMS, etc.

Planning for a population/public health approach to health promotion requires vision setting. Integration of this vision into the organisational health promotion plan occurs via the incorporation of local perspectives and priorities with strategic planning at the agency and partnership level. The vision statement should articulate where the partnership or agency wants to be in respect to their health promotion response within a defined period of time.

To achieve the integrated health promotion vision, processes need to be established so that:

- all key stakeholders are involved in developing this vision
- all key stakeholders have access to this information and are involved in the implementation process
- there is a link to the broader corporate and strategic planning processes.

Key stakeholders can refer to both internal and external parties whose interest, participation and expertise are required to contribute to the success of the health promotion plan.

2.1.3 General Practitioners in Community Health Services

The General Practitioners in Community Health Strategy was released in May 2004. It can be accessed at:

http://www.health.vic.gov.au/communityhealth/downloads/gps_in_chs_strategy.pdf.

The 2004-05 submission round resulted in 18 projects that aim to increase GP EFT providing services to CHS clients by 15%. An internal review process will guide the refining of the strategy process and priorities for the planned funding round in April 2005. A data collection and monitoring process will assist DHS and the sector to observe the strategy implementation and developments and make informed decisions about future priorities.

2.1.4 Counselling in Community Health

Following the review of counselling services, a draft of a new policy *Counselling in Community Health Services, Future Directions and Guidelines for Quality Counselling* is planned for release in early 2005 for comment. The policy will provide directions for community health counselling services based on the following principles: that counselling will be underpinned by the social model of health; a focus on developing more effective counseling models; incorporation of outcome measures; and a focus on increasing access for disadvantaged groups.

Released in late 2004, the paper *Foundations for primary care mental health treatment services in Victoria* aims to improve coordination and collaboration between primary mental health services funded by the Victorian and Australian governments.

The paper seeks to support partnerships between three service sectors – specialist mental health services, particularly primary mental health and early intervention teams; community health services and general practitioners – in providing mental health services in primary care settings in Victoria. Greater clarity about the roles should lead to improved service quality and effectiveness.

The summary and full report can be downloaded on the following address:

http://www.health.vic.gov.au/communityhealth/publications/mental_hlth.htm

2.1.5 Governance

The *Guidelines For The Governance, Election And Appointment Of Members Of Boards Of Declared CHCs* were updated in May 2004. They can be found at:

<http://www.health.vic.gov.au/communityhealth/publications/guidelines.htm>

2.8 Language Services

The Central Health Interpreting Services (CHIS) ceased operation in March 2004. Community Health Program funds previously provided to CHIS have been reallocated to continue providing interpreting and translating services in Community Health Services. Direct allocations with associated targets are now provided to nineteen high usage agencies. Other community health services have access to new credit lines (one for metropolitan agencies and one for rural agencies) managed by Victorian Interpreting and Translating Services (VITS).

Apart from changes to the DHS contact person for approval to access the credit lines, arrangements for other Community Health Program funded credit lines managed by VITS remain unchanged.

Language service credit line guidelines, DHS contact details and application forms are available at www.dhs.vic.gov.au/multicultural/langservices

In December 2004 DHS commenced a review of language services funding arrangements across all program areas.

3.9 Fees

The *DHS Fees Policy for Community Health Program & Home and Community Care Program* was updated in October 2004 to include revised HACC fees for 04-05. The policy can be found at:

http://www.health.vic.gov.au/communityhealth/publications/ch_fees.htm

4. Reporting Requirements

Community and Women's Health Programs – 2004-06 data reporting requirements describes the data collection and reporting requirements for agencies funded by the Community and Women's Health Program and those program-funded agencies that provide services to Department of Veterans' Affairs members. This document can be found at:

http://www.health.vic.gov.au/communityhealth/downloads/2004_06_data_rpt_requirements.pdf

Major changes to reporting requirements since the publication of the *Community and Women's Health Program Guidelines, 2003-04 to 2005-06* are outlined below.

4.8 Health Promotion Report

In order to improve the implementation of the Health Promotion strategy, additional Priority Issues have been added for 2004-06. A full listing of *Priority Issue* and *Population Group* codes available for clients accessing Health Promotion services can be found in Appendix A on page 41 of the *Community & Women's Health Program data reporting requirements 2004-06* (see point 4, above).

4.11 Registered Clients Report (SWITCH)

A number of additional data items have been included in the Registered Client Report which are already collected by agencies using SWITCH and should have no impact on agency practice.

The *Reason for Attendance* data field in SWITCH will be populated by the *Allied Health Indicator for Interventions* (IFI) code set developed by the National Allied Health Casemix Committee.

The code set will be included in the next SWITCH release in order to pilot its usefulness during the 2004-05 year with selected agencies who have volunteered and agreed to participate in the trial.

4.12 Workforce Development (WFD) Reporting

All WFD activities regardless of their funding source need to be reported using the revised WFD Report. WFD data is now to be reported under WFD priorities, which include Health Promotion and Service Coordination (further details are provided on page 28 of the *Community & Women's Health Program data reporting requirements 2004-06*).

4.13 Demand Management Survey

The survey periods in 2004-06 have been extended to 2 weeks.

4.14 Multipurpose Report

The items that have been added to the SWITCH registered clients report have also been added to the Multipurpose Report.

General Practitioners in Community Health Services Strategy

Reporting requirements have not yet been finalised for agencies receiving funding from this initiative but will be available in the *Reporting Requirements* appendix of the *General Practitioners in Community Health Services Strategy and submissions process 2004-05* publication.

Data Reporting Help Line

The Data Reporting Help Line assists agencies to develop and implement more effective data management practices and to improve data quality, in terms of timeliness, accuracy, completeness and validity.

The Helpline's activities for 2004-05 include:

- Data Reporting Workshops & Distribution of the Data Reporting Training Kit
- Data Reporting Helpline (to operate on designated dates - in total 558 hours)
- Quarterly Email/Fax broadcasts on common data management issues and problems
- Follow-up of Peer Support Group workshops
- Detailed report on Helpline's operation

The Helpline's hours of operation will be between 10:00 AM and 4:00 PM daily during 1 April 2005 to 30 April 2005

The Helpline will also accept email and fax queries at any time and will provide weekly responses to all queries (typically at the end of each week).

5: Terms and definitions

(The following definitions have been updated)

Funded activities

Activity	Description
Audiology	To provide audiology services for the assessment, diagnosis, treatment and prevention of disorders of human hearing, including population/public health approaches to targeted population groups – all performed by a suitably qualified person.
Dietetics	To provide nutritional support for individuals and groups in health and illness, including population/public health nutrition approaches to targeted population groups - all performed by a suitably qualified person.
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 suitable qualified person.
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, musculoskeletal and cardiovascular systems - all performed by a suitable qualified person.
Podiatry	The diagnosis and treatment of ailments of abnormal conditions of the human foot, including population/public health approaches to targeted population groups – all performed by a suitably qualified person.
Speech Therapy/ Pathology	The assessment, diagnosis and treatment of individuals with speech disorders, eating and drinking difficulties and swallowing difficulties, including population/public health approaches to targeted population groups – all performed by a suitable qualified person.