

# PCP Strategy 2004-2006 Implementation Plan Update



## **Information resource for Primary Care Partnerships**

It is planned to publish the final implementation plan, which will describe how DHS programs plan to implement for the PCP Strategic Directions, in August 2004 rather than June as originally expected. In the interim, this information resource has been released to assist PCP member agencies to commence planning for 2004 – 2006. It outlines the critical aspects of ongoing PCP implementation in addition to providing advice regarding financial arrangements for PCPs, governance arrangements and catchments. This information resource also contains a summary of the 2004/2006 Community Health Plan expectations and copies of the Service Coordination and Integrated Health Promotion templates for planning.

An information resource for Community and Women's Health agencies participating in health promotion catchment planning will be distributed shortly. It will expand on the program requirements outlined in this document and describe program expectations of agencies in regard to planning and reporting on both catchment wide and individual agency health promotion activity.

### **Primary Care Partnerships 2004-2006**

Service Coordination and Integrated Health Promotion remain the two key deliverables for PCP member agencies to 2006. However, where practical, PCP member agencies may facilitate other collaborative initiatives for their catchment. It is acknowledged that PCPs across the state will adapt and evolve differently to meet the challenges ahead reflecting diversity in partnerships and challenges faced.

### **Financial arrangements for PCPs**

Core funding to each PCP for the financial years 2004–05 and 2005–06 remains as follows:

- \$3.2 million recurrently to support the operations of PCPs, which represents funding of \$100,000 per PCP to facilitate partnership activities that support the implementation of the priority tasks for the PCP, and meet accountability requirements.
- \$1.5 million recurrently allocated as per previous amounts provided to PCPs (\$30,000 per PCP and the remaining distributed on the basis of a weighted population formula) to support PCP catchment integrated health promotion program planning and reporting. PCPs in rural Victoria have received an additional allocation of \$750,000 to support health promotion.

PCP member agencies have the option to negotiate flexible resource-sharing arrangements with their regional office and other PCPs within their region to promote efficiencies in implementation and innovation where possible. Additional resource opportunities will continue to be sought by the Department particularly to support workforce development, change management and information communications technology.

### **PCP governance and leadership**

If existing partnerships are to be strengthened and utilised by new DHS and Australian Government initiatives, PCP governance arrangements will need to be:

- robust enough to provide funding bodies with confidence that the governance arrangements are appropriate to manage a particular collaborative initiative and

- flexible enough for members to be fully informed and yet be streamlined and facilitate participation and development of working relationships around relevant collaborative activities.

### **PCP Catchments**

A limited review of catchment boundaries is currently being conducted (via a consultation process between the department's central office, the relevant regional offices and PCP member agencies) to better align metropolitan health services and PCP catchments. Closer alignment would assist in building a stronger acute-primary interface. One of the principles of the review is that it would not result in an increase in the number of PCPs.

### **PCP Community Health Plans – an overview**

The Community Health Plan (CHP) will be an operational plan that establishes goals, objectives, service system change strategies, governance, monitoring and accountability. For a partnership, this involves identifying the tasks that member agencies and organisations agree to tackle together, what each agency will do to accomplish these tasks and projected timelines. Other stakeholders may also be involved in this process as required.

The components of a PCP Community Health Plan will comprise the implementation plan for:

- Service Coordination – Appendix 1 - Service Coordination Planning Template;
- Integrated Health Promotion – Appendix 2 – Integrated Health Promotion Catchment Planning Template;
- A brief description of other collaborative initiatives undertaken by the PCP.

PCP member agencies will be required to submit by 30 September 2004 a CHP for the period 1 July 2004–30 June 2006. From 30 June 2006, CHPs will become three-year plans and reviewed by PCP member agencies annually.

Where there is expertise and / or partnership commitment, PCP alliances may be involved in more extensive planning, sometimes on behalf of local governments or as an integrated planning exercise. While cross sectorial planning is encouraged, planning beyond the priority tasks of PCPs will need to be resourced by other funding sources, such as agency contributions.

### **PCP Actions 2004-2006**

#### **Service Coordination**

The Service Coordination element of the Community Health Plan should be based on three major areas of activity and include the major tasks that will be undertaken over 2 years within these areas. The three major areas of activity are as follows

1. to **support priority human services agencies, which are new to service coordination**, implement the Better Access to Services operational framework; (significant PCP service coordination effort and resources should be applied to this task)
2. to **support priority General Practice(s)** improve the quality of referral and care planning and in particular **implement the General Practice Statewide Referral form**
3. to continue to **support agencies that have already successfully implemented** the Better Access to Services operational framework for initial contact and initial needs identification, and to support those agencies to move on to **implement the Better Access to Services operational framework for assessment and care planning.**

The Service Coordination element of the Community Health Plan should also identify priority agencies for the PCP alliance to support in relation to the achievement of the three elements. As resources are limited, PCP member agencies need to strategically focus their efforts, particularly when considering which agencies new to Service Coordination they are going to work with. This approach recognises that in an environment of limited resources, Primary Care Partnership resources are best directed to those agencies and General Practice(s) that will deliver the greatest returns for consumers and carers from that investment.

When determining this list of agencies, PCP member agencies need to consider agencies willingness to implement Service Coordination. It is important to note that these agencies may not necessarily be current members of the Primary Care Partnership. One consideration in this process is the level of support provided by the funding body for the agency to participate in Service Coordination activity. Both subacute services and alcohol and drug counselling providers are required in their funding guidelines to implement Service Coordination and therefore these agencies are likely to represent new sectors open to approaches from PCP alliances to participate in Service Coordination. PCP member agencies also need to target providers of acute services to improve the care continuum particularly for clients with chronic and complex conditions. Other considerations when determining priority agencies may include numbers and characteristics of clients, such as acuity and complexity, and the agencies role in care coordination.

Once suitable GP practices and priority human service agencies are identified, the PCP alliance in discussion with the Department of Human Services Regional Office will determine which organisations the PCP has the capacity to work with over the next 24 month period based on available resources. The prioritised agencies would then be asked to confirm their in principle agreement to work with the PCP on service coordination implementation and be invited to participate in the planning of how this is to occur.

It is expected that most of the time and effort involved in the development of the Service Coordination element of the CHP would be spent in negotiating with priority agencies and General Practice(s), rather than in documenting the workplan. In order to assist PCP alliances in their planning process, a Service Coordination Planning Template has been developed. A copy of the template is attached and includes examples of the type of information required. (Appendix 1). PCPs are invited to complete the template as the Service Coordination element of the Community Health Plan although this is not compulsory as PCPs may prefer to document their Service Coordination planning activity in another format. If the template is not used, PCPs need to ensure that the Service Coordination element of their Community Health Plan, provides the following information of about their Service Coordination planning including:

- **Area of Service Coordination activity being addressed in the plan.** The plan should outline goals, strategies, responsibility, timelines and measures for each of the three major areas of Service Coordination activity,
- **Goal.** For each area of Service Coordination activity, PCP member agencies need to document what is the projected outcome,
- **Strategies.** In addition to describing how the goal will be achieved, PCP member agencies need to include which individual or agency is responsible for the task,
- **Timelines.** When the strategy will be completed, and
- **Measures.** How the PCP member agencies will decide whether it has achieved its goal.

### ***Service Coordination Reporting Process***

PCP alliances are required to report annually on their Service Coordination achievements for the period June 2004 to June 2006 through the Community Health Plan Implementation Agreement (CHPIA). The Service Coordination Reporting Template will mirror the Service Coordination Planning Template except that it provides additional columns to record actual measures and comments. PCP member agencies will use the Service Coordination Reporting Template to reflect on what has been achieved and describe changes to the plans that have occurred over the year. It is likely that not all the strategies outlined in the plan will have been completed, often due to circumstances beyond the control of the PCP such as when a time line changes because a task takes longer than expected or an agency requests postponement of training due to IT issues. A template for reporting Service Coordination activity will be included in the final implementation plan.

Although reporting information pertains to work with agencies, it is important to understand that the CHPIA is expected to report on the activities undertaken by the Primary Care Partnership and is not intended to report on individual agency implementation of service coordination. PCPs will be required to detail what was actually achieved compared to what was planned and also

### **Integrated Health Promotion**

To support IHP the Department is keen to work in partnership with PCP member agencies and organisations to implement catchment planning for key priority topics and population groups, using the IHP common planning framework. Catchment planning, that addresses priority health & wellbeing topics, aims to:

- Move towards a population health approach to health promotion program delivery.
- Strengthen collaborative partnerships.
- Improve the quality of integrated approaches to health promotion planning, implementation and evaluation.

The pace at which this is implemented by each PCP alliance will **vary** depending on the existing working relationships and levels of integration experienced across the PCP member agencies and organisations, working towards the highest level of integration – **collaboration** (refer to page 4, IHP resource kit).

### **Priority Health & Wellbeing Topics**

The Primary & Community Health Branch and Public Health Group recognise five key priority topics and one priority setting for health promotion for the period 2004 –2006:

- Physical Activity
- Food and Nutrition
- Mental Wellbeing and Social Connectedness
- Minimising Smoking, Alcohol and Other Drug abuse
- Healthy Weight

These five capture the most identified priorities in local needs assessment and in the majority of current health promotion activity, implemented by the Primary Health Care agencies/organisations. Recognising the need for quality priority setting processes, the concept of priority topics will be reviewed by the Public Health Group and other key Departmental program areas leading up to 2006-07 so as to establish DHS Statewide priorities for 2006-2009.

The priority setting is **neighbourhood renewal sites** where they exist in the PCP catchment.

Consolidating IHP to focus on these priorities will enable PCP agencies/organisations and community representatives (key stakeholders) to align their local health promotion program activity to **contribute** to and benefit from state-wide and national directions and initiatives. These include the:

- Victorian Government's obesity and diabetes prevention strategies
- Victorian Government's support of neighbourhood renewal, community building, municipal public health planning and the VicHealth Strategic Directions 2003-2006.
- Australian Government's National Health Priority areas

It will also **contribute** to preventing and minimising the effects of a range of diseases and conditions such as diabetes, cardiovascular disease, cancer, chronic disease, falls and other injuries, suicide and other mental illness, asthma, arthritis, food insecurity, dental caries and related oral disease. This contribution is vital in reducing avoidable hospital admissions caused by the ambulatory care sensitive conditions and in ultimately in reducing the sizeable burden of disease in Victoria. These five also capture the most identified priorities from local needs assessments and health promotion activity implemented by the Primary Health Care agencies and organisations.

### **Planning and Implementation**

PCPs are required to:

- Facilitate catchment-wide planning for IHP. The PCP community health plan should articulate this process by identifying the key priorities for integrated health promotion action in the catchment and outline a **summary** of the planned action, estimated budgets and timelines for action by

participating agencies/organisations and community representatives (see Attachment 1 for the catchment planning template).

- Use the guiding principles for IHP and the IHP common planning framework, to guide the catchment priority setting and planning processes. For each PCP catchment, agencies/organisations and community representatives (key stakeholders) will determine a minimum of one and a maximum of three priorities, of which at least one is selected from the key topics above.
- Provide leadership and support in this planning process and to actively contribute to catchment priority setting for IHP. IHP planning committees and PCP governance groups should ensure the participation of Neighbourhood Renewal Health and Wellbeing working groups, in catchment planning, to enable locally relevant and community driven problem definition and solution generation processes.
- Coordinate and support capacity building strategies, such as workforce development opportunities, to improve integrated approaches to health promotion practice and coordinate the evaluation of the IHP catchment activity and report process and impact indicators achieved in addressing the catchment priorities. PCP IHP funding can be used to support this work.

Specific agency priorities may also be pursued, as part of an organisation specific health promotion plan. These should be negotiated with regional offices to achieve a balance between:

- Allowing a phased approach to catchment planning, which reflects the varying levels of readiness for collaborative action amongst PCP agencies and organisations; and
- Ensuring individual organisational activities does not undermine the potential of comprehensive collaborative action on the catchment priorities.

The Community and Women's Health Program Guidelines will make explicit program expectations in regard to the way agencies apportion health promotion funds between catchment and agency health promotion priorities. These programs will require agencies contribute a significant proportion of their health promotion budget towards catchment based health promotion activity. In addition, the Primary and Community Health Branch will work with other DHS program areas to encourage them to include in their funding and policy guidelines expectations of how agencies are to apportion their health promotion resources between catchment and individual agency health promotion priorities.

### ***IHP Evaluation Reporting***

PCPs are required to report annually on their IHP achievements for the period June 2004 to June 2006 through the CHPIA. The IHP element of the CHPIA requires PCP alliances to submit a casestudy for each IHP priority issue and subsequently meet with DHS Regional Staff to discuss the casestudy and implementation of the CHP for 2004-2006. This meeting will also allow PCP alliances and DHS staff to discuss longer-term planning and sustainability issues for the PCP. DHS Regional staff will document outcomes of the meeting.

In addition, for 30 June 2006 reporting, PCP alliances will need to complete a IHP summary grid for all PCP IHP catchment priorities. A template has been developed to assist this process, the IHP Reporting Summary Grid, and it will be provided in the final implementation plan.

Accountability for program specific funding for health promotion remains as directed by individual DHS programs. For example, accountability and evaluation reporting requirements for Foothold on Safety funding remains with Aged Care. The nature of this reporting has now been changed to align with the IHP framework. Where agencies funded from the Community and Women's health program for health promotion contribute to a catchment priority they are to provide a summary of outcomes from their organisational plan for the PCP IHP catchment report. More details of this requirement will be provided in the Community & Women's Health program guidelines

**Attachment 1**

**SERVICE COORDINATION PLANNING TEMPLATE**

**Name of PCP(s):**

Completion of the following template is optional but PCPs are required to provide as part of the Community Health Plan, details of their planning processes including goals, strategies, timelines and measures. The following template has been partially completed to provide examples of the type of information required.

<b>MAJOR AREA OF SERVICE COORDINATION ACTIVITY</b>	<b>GOAL</b> <i>(What is the projected outcome over 2 years?)</i>	<b>STRATEGIES</b> <i>(How will the projected outcomes be achieved and by whom?)</i>	<b>TIMELINES</b> <i>(When will each of the key tasks be completed?)</i>	<b>MEASURES</b> <i>(How will the PCP decide whether it has achieved it's goal?)</i>
Support priority human services agencies, which are new to service coordination, implement the Better Access to Services operational framework	Implement the SCTTs, PPS and use of the SSD in 3 outpatient clinics at Hilltop Health Service (HHS)	<p>PCP to work with Hilltop Health Service (HHS) management to assess agency resources and capability</p> <p>PC P to assist HHS with implementation planning</p> <p>Service Coordination Change Leader at HHS to support change management including workforce development including workshops</p> <p>Process of implementation reviewed by HHS and through Regional Service Coordination Implementation Group</p> <p>Agency advanced in Service Coordination implementation to assist HHS with ongoing follow up/trouble shooting</p>	<p>July 04</p> <p>July – Aug 04</p> <p>Sept – Dec 04</p> <p>Feb 05</p> <p>Mar, April &amp; May 05</p>	<p>Audit of current referral practice between Outpatient clinic and primary care service completed</p> <p>Realistic implementation plan, including timelines, endorsed by management.</p> <p>Pre and post survey of workshop attendees indicates that Outpatient staff have an increased knowledge of service coordination, use of SSD and use of the SCTT.</p> <p>Service Coordination practice regularly reviewed. Included in quality improvement processes</p> <p>HHS Representative on regional Service Coordination network</p>

<b>MAJOR AREA OF SERVICE COORDINATION ACTIVITY</b>	<b>GOAL</b> <i>(What is the projected outcome over 2 years?)</i>	<b>STRATEGIES</b> <i>(How will the projected outcomes be achieved and by whom?)</i>	<b>TIMELINES</b> <i>(When will each of the key tasks be completed?)</i>	<b>MEASURES</b> <i>(How will the PCP decide whether it has achieved it's goal?)</i>
Support priority General Practices improve the quality of referral and care planning and in particular implement the General Practice Statewide Referral form	Improve referral practice between Sunnyside General Practice and 3 nominated primary care agencies. This will involve GP use of statewide referral form through their software and electronic referral.	<p>PCP member agencies to work with GPs from the Sunnyside General Practice to assess resources and capability for referral to the three agencies</p> <p>Local Division of GP to assist Sunnyside General Practice with implementation planning</p> <p>Local GP Division to provide workforce development activity to support change management</p> <p>PCP and Regional Service Coordination Implementation Group to provide ongoing support for practice change including follow up/trouble shooting</p>	<p>Sept 04</p> <p>Nov – Dec 04</p> <p>Feb – May 05</p> <p>Apr – Jun 05</p>	<p>Audit of current referral practice to 3 primary health services completed</p> <p>Implementation plan endorsed by GPs , Division and practice manager</p> <p>GPs and other medical practice staff indicated an increased knowledge of service coordination including use of SSD &amp; BHC and ability to populate the GP Statewide referral form (workshop evaluation)</p> <p>Increased number of staff able to refer electronically to partner agencies using the GP Statewide Referral form (training evaluation)</p>

Continued support for agencies that have already successfully implemented the Better Access to Services operational framework for initial contact and initial needs identification, and to support those agencies to move on to implement the Better Access to Services operational framework for assessment and care planning.	Facilitate cooperative agency planning and implementation of improved care planning between Dalesville District Nursing Service, Timbertown CHS, Hillborough Local Government and Sunnyside General Practice	PCP member agencies to facilitate monthly practitioners network forum  PCP agencies to assist District Nursing Service, CHS and Local Government to redraft the PCP PPPS to improve content on care planning  PCP to resource 3 training sessions for agency staff	Monthly  Aug 2004  Sept, Nov 2004 & March 2005	Meetings well attended  Revised PPPS drafted and circulated by Nov 2004
	Support practitioners in agencies with advanced implementation with ongoing practice issues related to service coordination implementation (30 agencies from across Region)	PCP member agencies to convene Regional Service Coordination Implementation Group  PCP member agencies in collaboration with Regional Chief Information Officer to conduct 2 regional (with other regional PCPs) e referral workshops  Local linkages agency in collaboration of other PCP member agencies to conduct 1 regional forum (with other regional PCPs) on care planning	Bi-monthly meeting  Feb 2005 & May 2005  Nov 2004	Meetings well attended  Attendees report an increase in knowledge (workshop evaluation)  Regional forum well attended and attendees report an increase in knowledge (workshop evaluation)

## Attachment 2:

### IHP CATCHMENT PLANNING TEMPLATE 2004-2006

#### Introduction

The IHP Catchment planning requirement for 2004-06 involves 3 mandatory components including:

**Part 1:** PCP vision and priority setting process

**Part 2:** Program outline for each priority issue identified in part 1

**Part 3:** Integrated Health Promotion Summary planning grid

Both part 2 and 3 are **required for** each Priority issue identified from part 1

**To guide the amount of detail required the IHP catchment planning section of the Community Health Plan should be no longer than 12 pages**

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PCP name:

#### **Part 1 PCP vision and Priority setting process**

**1.1** Articulate overall PCP vision statement that reflects health promotion principles.

Include a summary statement of where the PCP alliance rates itself in terms of integration (Table 1).

**1.2** Identify the PCP catchment priority topics for health promotion activity and provide supporting rationales.

#### **Part 2 Program outline for each priority issue identified in part 1**

**2.1 Problem Definition** including the:

- Program Goal
- Program Objectives
- Population Target Groups

**2.2 Solution Generation** including the planned health promotion interventions. Ensure an appropriate mix and balance of both individual and population wide health promotion interventions to address each of the Program Objectives. A summary of these interventions is also required in part 3.

**2.3 Capacity Building-Support and Resources**

- Identify the roles and responsibilities of the key stakeholders, including community, consumer and carer representatives.
- Identify key capacity building strategies required to ensure success. A summary of these strategies is also required in part 3.
- Assess and allocate appropriate resources.
- Include a summary of how the PCP IHP funding will be used to support the PCP alliance capacity building.

**2.4 Evaluation and dissemination planning** including a summary of the evaluation methods to be used, estimated process and impact measures and the total budget being dedicated to evaluation and dissemination

.Part 3: Integrated Health Promotion Summary planning grid

Summarise the planning process articulated in Part 2 in the planning grid, including budget details. Explanatory Notes to help with completing this section are provided below

<b>Priority Goal:</b>					
<b>Objective 1:</b>					
<b>Est. Impacts<sup>2</sup> (Qual/Quant) for Objective 1</b>					
<b>PCP key stakeholders<sup>3</sup></b>	<b>Summary of mix of Interventions &amp; CB strategies<sup>4</sup></b>	<b>Population Target Group/s:</b>	<b>Estimated timelines</b>	<b>Estimated Reach<sup>5</sup></b>	<b>Resources per key stakeholder for Obj1<sup>6</sup></b>
Community Reps					
Community Health					
Women's Health					
Local Government					
GPs and Divisions					
Alcohol & Drug Services					
Hospitals					
PCP HP capacity building <sup>7</sup>					
<b>Estimated Total Budget per Objective<sup>6</sup>:</b>					
<b>Estimated Total Budget per Goal<sup>6</sup>:</b>					

## Explanatory Notes for the 2004-2006 IHP Catchment Planning Template

1. A useful tool for this Partnership self assessment in The partnerships analysis tool: for partners in health promotion (2003) downloadable from <http://www.vichealth.vic.gov.au> under Publications-General resources- Partnerships.
2. Estimated Impacts (Qualitative &/or Quantitative): Planning requires the development of impact indicators to measure the achievement of program objectives. PCP alliances are required to identify intended impacts as part of their planning process and report against these in June 2005, 2006. Please refer to the document "Measuring Health Promotion Impacts – A Guide to Impact Evaluation". This is part of the Integrated Health Promotion Resource Kit. See also [www.dhs.vic.gov.au/phkb](http://www.dhs.vic.gov.au/phkb) under health Promotion publications and resources. Depending the objective numerous impact statements can be reported here.
3. For each Priority topic there maybe a different set of PCP member agencies/organisations involved in implementation the suggested heading here can be changed to reflect each PCP alliance.
4. Member agencies/organisations from each PCP are only required to give a summary of the interventions/strategies that are planned for; all other interventions/strategies categories can be deleted. Include also anticipated timelines for implementation. Please refer to the the Integrated Health Promotion Resource Kit. See also [www.dhs.vic.gov.au/phkb](http://www.dhs.vic.gov.au/phkb) under health Promotion publications and resources. This kit describes these interventions and strategy types.
5. Estimated Reach: Planning requires the development of process indicators for each program. However, the Department only one type of process indicator-Reach to be documented in the health promotion summary grid. Please refer to the Integrated Health Promotion Resource Kit. See also [www.dhs.vic.gov.au/phkb](http://www.dhs.vic.gov.au/phkb) under Health Promotion publications and resources.
6. For the PCP member agencies/organisations involved in implementation estimate the resources being dedicated to each objective for every Program goal. Also include total cost per objective (including a total of all resources relevant PCP member agencies/organisations) and total the overall cost per program goal.