

# Primary Care Partnerships

## Planning and reporting guidelines 2009-2012

July 2009

### 1. OVERVIEW

These guidelines have been developed by the Department of Human Services (DHS) to support Primary Care Partnerships (PCP) in the development of a three year strategic plan for 2009-2012 and in the implementation of new PCP reporting requirements. The guidelines form part of the planning and reporting requirements for the funded activity 28087 detailed in the Primary Health Branch, Funded Organisation Requirements 2009-2012, available shortly at: <http://health.vic.gov.au/pchttopics/index.htm>

The new planning and reporting requirements will support continuous quality improvement in planning, implementation and evaluation of PCP activities. They are designed to support partnerships building, fostering shared responsibility for planned PCP activities, including clarity of roles and expectations of partner agencies.

### 2. STRATEGIC PLAN

In order to better reflect the increasing maturity of PCPs and directions that PCPs are taking in service system reform, the Community Health Plan will be replaced with a 3 year strategic plan for the period 2009-2012. The strategic plan will focus on 2-3 strategic health and wellbeing priorities. It will reflect a shared response from partner agencies in addressing the local priority health and wellbeing issues. Responsibilities of partner agencies to deliver reforms in service coordination, integrated health promotion and integrated chronic disease management will be reflected in the strategic plan.

The strategic plan should be supported by detailed operational plans. It is not a requirement to submit operational plans to DHS, however these should be available as required, for example to assist in discussions with your DHS region about how elements of the strategic plan will be implemented.

There are opportunities to include the full scope of PCP activity funded via a range of sources including:

- Department of Human Services - Disability Accommodation Services demonstration sites, and the Primary Health Refugee Health initiative;
- Department of Justice - problem gambling redevelopment; and
- Department of Planning and Community Development – Elder abuse prevention initiative.

## **2.1 Strategic health and wellbeing priorities**

The strategic plan will focus on 2-3 local health and wellbeing priorities that require a strategic and shared response by partner agencies. The priorities may include:

- A critical issue in the Region and/or the PCP catchment, for example addressing the mental health impacts of drought; and
- Be population, settings and/or service based, for example, diabetes in refugee communities.

The strategic plan should demonstrate that a rigorous and evidenced based approach was used to analyse the range of data which has informed the priority setting process. The partner agency strategic plans and regional priorities will need to be considered.

PCPs with Neighbourhood Renewal areas are encouraged to focus on these sites as a priority setting for their catchment planning, while being mindful of the need to include other communities and population groups that experience disadvantage. Other PCPs are encouraged to use similar 'place based' partnership approaches as a means of assessing and engaging with communities that experience significant disadvantage.

The strategic health and wellbeing priorities should be addressed through the domains of PCP activity of partnerships, service coordination, integrated health promotion and integrated chronic disease management. One or more of the strategic health and wellbeing priorities must focus on chronic disease.

The Primary Health Branch has updated the planning data sets which are intended to support PCPs in the priority setting process. The planning data sets contain up-to-date socio-demographic and health services utilisation data. Data tables provide information by local government area and include comparisons across local, state and regional levels. The Planning Data Sets are available at: <http://www.health.vic.gov.au/communityhealth/chpds/index.htm>

Other relevant data may be available from:

- DHS Regions;
- Divisions of General Practice, Local Government and other partner agencies; and
- [Regional Development Victoria](#)

## **2.2 Addressing long-term and immediate issues**

The strategic plan will allow PCPs to respond to issues over time, such as tackling the mental health impacts of drought and rural adjustment. However, there needs to be some capacity to be flexible and to respond to emerging issues through annual updates of the strategic plan.

### *Drought and climate change*

Both the Victorian and Federal policy focus is now shifting from an emergency recovery response to drought, to a more strategic rural adjustment and climate change adaptation focus, aimed at assisting rural communities in coping in all aspects of rural change.

This transition will require PCPs to review priorities and resource allocations to ensure they reflect the key issues in local communities and to review these priorities as rural communities experience significant change in the future.

### *Bushfire recovery*

PCPs impacted by the bushfires can support a coordinated recovery effort. Bushfire recovery may form part of the PCP strategic priorities and can be a part of planned partnerships, service coordination and integrated health promotion activities. The PCP can help facilitate communication across its partner agencies to aid the local recovery effort. Service coordination activities may include engagement of agencies funded for the Victorian Bushfire Case Management Service to develop consistent and coordinated client needs identification and referral processes. Planned integrated health promotion may include interventions for enhancing community and individual resilience and maintaining social connectedness for vulnerable groups.

### **2.3 PCPs can facilitate planned action in:**

- Strengthening the catchment planning response to health inequalities and social determinants through cross-sector partnering and planned and integrated health promotion;
- Addressing the barriers to both participation and service access of hard to reach and vulnerable groups, including individuals and communities that experience chronic disease and socioeconomic disadvantage, e.g. Indigenous communities. Closing the gap on Indigenous disadvantage with respect to life expectancy, child mortality, access to early childhood education, education attainment and employment outcomes is a national priority;
- Improving care for clients with chronic and complex conditions through better engaging general practitioners (GPs), local government, the acute sector and relevant private providers;
- Ethical and proactive ways that communities and consumers can be meaningfully included within the planning process;
- Collaborating with Neighbourhood Renewal and using 'place based' approaches; and
- Catchment planning that reflects and intersects with state, municipal, PCP member agency strategic plans, community and organisational planning, across the needs analysis, implementation and evaluation continuum. Greater integration with Municipal Public Health Planning is seen as a priority.

### **2.4 PCP Integrated Health Promotion**

Integrated health promotion (IHP) planning is a more detailed component of the overall PCP strategic plan. It is expected that there is a relationship between the strategic priorities and the integrated health promotion priority issues and/or target groups. For example, the PCP may have identified a strategic health and wellbeing priority as access to generalist health services as an issue for people with serious mental illness. The health promotion priority issue could be related to mental health and wellbeing with a focus on a particular population group and/or setting.

PCP IHP planning for 2009-2012 should be undertaken using the approach and principles outlined in the IHP Kit <sup>1</sup>. Two to three health promotion priority issues should be chosen. The majority of PCP IHP effort should focus on addressing the statewide health promotion priorities.

The PCP IHP plan will capture the mix of interventions being led by a range of partner agencies. Partner agencies funded for health promotion through the Primary Health Branch are not required to duplicate their contributions to the PCP IHP plan in the agency IHP plan.

### **2.6 Consumer, carer and community input**

The Victorian Community Council (VQC), identify consumer collaboration as a key tenet of effective health care planning and improvement. The following literature may inform community engagement and consumer participation strategies that would assist the strategic planning process as well as PCP activity generally.

#### **Community engagement literature**

<http://www.health.vic.gov.au/consumer/pubs/doing.htm>

<http://health.vic.gov.au/qualitycouncil/activities/consumer.htm>

<http://www.iepcp.org.au> - Improving the Journey

### **2.8 Revised PCP Program Logic Maps**

A program logic model is a systematic way to present a planned program with its underlying assumptions and theoretical framework. Program logic models are tools for program planning, management and evaluation.

They can be used at any point in the evolution of an initiative. Program logic models describe the sequence of events for bringing about change and relate activities to outcomes.

The PCP Program Logic Maps were first developed in 2001. These have been revised and include the DHS expectations under each domain of PCP activity and will form the basis for the

<sup>1</sup>[http://www.health.vic.gov.au/healthpromotion/evidence\\_res/integrated.htm](http://www.health.vic.gov.au/healthpromotion/evidence_res/integrated.htm)

development of the PCP strategic plan (Attachment 1, *Primary Care Partnerships, revised program logic July 2009*, includes DHS expectations for 2009-2012).

Through Primary Health Branch funding, it is expected that PCPs will deliver on all domains of activity identified in the PCP program logic maps. DHS will monitor progress through impact reports and provide reporting feedback to support continuous quality improvement.

### **2.9 PCP Strategic Plan - structure**

There are many definitions and models for strategic planning. Some commonly accepted characteristics of a good strategic plan are that it:

- Is easy to understand;
- Is short but comprehensive;
- Is achievable but ambitious;
- Assigns responsibility; and
- Leads resource decisions.

A strategic plan would normally include the following steps:

- Define the **purpose and mission**;
- Identify **aims, objectives and strategy**;
- **Structured brainstorming** with key stakeholders i.e PCP member agencies and others, such as potential new PCP partners. Include an environmental analysis, identification of strategic opportunities and threats. To assist with the environmental scan, refer to '**Primary Care Partnerships, National and State Policy Context, Information Resource, March 2009**;
- Identify the **strategic issues – health and wellbeing priorities** – the most significant issues affecting the PCP catchment and the ways an integrated partnership approach can bring all relevant services together to create the greatest impact in relation to IHP, service coordination and ICDM;
- The **overall goal/outcome** of the PCP; (statement of long term outcomes). in relation to progression of the objectives and DHS expectations as outlined in the PCP program logic maps for; partnerships, service coordination, integrated health promotion and integrated chronic disease management;
- The immediate objectives of the PCP (the goal in operational terms and what must occur for the goal to be achieved);
- The **strategies/interventions** on which the PCP intends to focus; (provide information about specific interventions that will be taken to achieve objectives);
- An understanding of the **gaps** between where the PCP is and where it needs to be to achieve its goals and objectives and of the forces that are likely to help and hinder it;
- The **estimated impacts** related to the strategies/interventions (list what you would expect to change as a result of the intervention taken and how you will measure it);
- **Comments** provide additional information such as unexpected impacts or reasons why the strategy was not completed; and
- The strategic plan should give coherence and clarity to the work of the Primary Care Partnership across the catchment.

Sample strategic planning frameworks are available at:

<http://www.ourcommunity.com.au/boards/>

The following resources may assist in managing change and continuous quality improvement:

- Adopting a continuous improvement approach to PCP activities and strategic planning. Using data for quality improvement;  
[http://www.health.vic.gov.au/qualitycouncil/downloads/vqc\\_guide\\_to\\_using\\_data.pdf](http://www.health.vic.gov.au/qualitycouncil/downloads/vqc_guide_to_using_data.pdf) and
- Incorporating targeted change management.  
[http://www.health.vic.gov.au/qualitycouncil/downloads/successfully\\_implementation\\_change.pdf](http://www.health.vic.gov.au/qualitycouncil/downloads/successfully_implementation_change.pdf)

### **2.10 Time lines and approval process**

It is proposed that the final draft strategic plan be submitted to the DHS Regional Director by 30<sup>th</sup> November 2009.

The DHS regional office will be involved early in the planning process which could include submission of an early draft strategic plan for joint discussion and review with the PCP governing board.

It is proposed that final approval by the DHS Regional Director of the strategic plan would be given by 18<sup>th</sup> December 2009.

The approved PCP Strategic Plans will be publicly available on the Victorian Government web site.

## **3. REPORTING**

### **3.1 Overview**

Reporting against the CHP had taken the form of the Community Health Plan Implementation Agreement (CHPIA). This will be replaced with a series of reports that measure performance of PCPs and demonstrate the impact PCPs are having in delivering reform across service coordination, integrated health promotion and integrated chronic disease management. Qualitative data will be obtained through case studies. See Table 1 for a summary of PCP reporting requirements.

### **3.2 Integrated Health Promotion**

PCPs will deliver a consolidated impact report for integrated health promotion which takes into account the integrated health promotion effort by partner agencies. This report will utilise the new measures developed for IHP reporting.

Consequently partner agencies funded for health promotion through the Primary Health Branch are not required to separately report their IHP effort which forms part of the PCP IHP plan.

### **3.3 Timelines**

It is proposed that annual reporting to DHS occurs in September each year.

Feedback from DHS regions to the PCP governing board and partner agencies on the annual reports will help inform PCPs in the annual review of the strategic plan.

**Table 1**  
**Summary of PCP reporting requirements**

<b>Deliverable</b>	<b>Report format</b>	<b>How</b>	<b>Frequency</b>	<b>Comment</b>
Partnerships	Membership database	PCP updates membership database	Annual update delivered in September – commence 2009	Includes all partner agencies in specified domains of activity
	Financial statement	Governing board approves financial statement	Annual report end of each financial year	In accordance with the agency monitoring framework
Integrated Health Promotion	Impact report includes new IHP performance measures	PCP completes a consolidated IHP impact report	Annual report delivered in September – commence 2010	Mix of qualitative and quantitative measures
	Case study	PCP completes templates provided	Annual report delivered in September–commence 2010	Provides qualitative information
Service Coordination	Service Coordination Survey	Partner agency involved with service coordination completes the survey	Annual survey delivered in September	Partner agency response to key questions
	E-referral report	PCP completes E-referral report	Annual report delivered in September	Report should be produced by the e-referral system
Integrated Chronic Disease Management (ICDM)	ICDM Survey	Partner agencies involved with integrated chronic disease management completes the survey	Annual survey delivered in September - commence 2009 to collect base line data	Partner agency response to key questions
	Case study	PCP completes templates provided	Annual report delivered in September–commence 2010	Provides qualitative information

**Attachments**

*Primary Care Partnerships, revised program logic June 2009* includes DHS expectations for 2009-2012.