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1. Background

To inform the development of the Discussion Paper *Smart Health: Reforming community health services in Queensland September 2007*, the Community Health Services Reform Project Team undertook a scan of specific health policies that impact on the provision of community health services in this State.

The scanned documents (listed in Section 2) included Queensland Health, Queensland government and Commonwealth government policies. While the Policy Scan was initially intended for internal use by the Project Team only, it was identified that stakeholders in general might also find the information useful and interesting.

The document is not intended to provide a comprehensive summary of each policy, rather, it highlights excerpts which are relevant to the specific needs of the Community Health Services Reform Project.

The information is presented in a table format, identifying the document name, the related strategic direction and/or statements contained within the policy, and the specific references to *community health* or *primary health care* found in the policy document.

2. List of selected policy documents

1. Queensland Health (2002). Smart State: Health 2020 Directions Statement. Queensland Government, Brisbane.
2. Queensland Health (2005) Queensland's Health Action Plan. Queensland Government, Brisbane.
3. Queensland Health (2007). Queensland Health Strategic Plan 2007-2012. Queensland Government, Brisbane.
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13. Department of Human Services (2004). From hospital to home: Improving care outcomes for older people. A National Action Plan for improving the care of older people across the acute-aged care continuum 2004-2008. Victorian Government on behalf of the AHMAC Care of Older Australians Working Group, Melbourne.
14. Queensland Health (2004). Queensland Health's Directions for Aged Care 2004-2011. Queensland Government, Brisbane.
15. Queensland Government (2006). Queensland Drug Strategy 2006-2010. Queensland Government, Brisbane.
16. Department of Health and Ageing (2006). BreastScreen Australia national policy. <http://www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/national-policy>. Accessed 24 July 2007.
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18. Queensland Health (2006). Cardiac Services Strategy for Coronary Heart Disease, heart Failure and Rheumatic Heart Disease for Queensland 2005-2015. Queensland Government, Brisbane.
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21. Queensland Health (2005). Queensland Strategy for Chronic Disease 2005-2015. Queensland Government, Brisbane.
22. Queensland Health (2007). Queensland Health Disability Service Plan 2007-2010. Queensland Government, Brisbane
23. Queensland Health (2005). Queensland HIV, Hepatitis C and Sexually Transmissible Infections Strategy 2005-2011. Queensland Government, Brisbane.
24. Queensland Emergency Medical System Advisory Committee (2006). A Trauma Plan for Queensland. Royal Australasian College of Surgeons, Queensland Health, Queensland Department of Emergency Services and Queensland Ambulance Service, Brisbane.
25. Queensland Health (2005). Queensland Health Response to the Rebirthing Report. (unpublished)
26. Council of Australian Governments (COAG) (2006). National Action Plan on Mental Health 2006-2011. Australian Government.
27. Queensland Health (2003). Queensland Mental Health Strategic Plan: 2003-2008. Queensland Government, Brisbane.
28. Queensland Government (2003). Reduction Suicide: Action Plan 2003. The Queensland Government Suicide Prevention Strategy 2003-2008. Queensland Government, Brisbane.
29. Queensland Health (2006). Queensland Health Multicultural Action Plan 2006-2007. Queensland Government, Brisbane
30. Queensland Health (2005). Healthier Multicultural Communities Initiative. Queensland Government, Brisbane.
31. Queensland Health (2006). Australian Better Health Initiative Implementation Plan for Queensland 2006-2010. Queensland Government.
32. Queensland Health (2006). The Health of Queenslanders 2006: Report of the Chief Health Officer Queensland. Queensland Government, Brisbane.
33. Queensland Health (2007). Guidelines for the Connecting Healthcare in Communities Initiative. Queensland Government, Brisbane.
34. Queensland Health (2007). Position Statement: Primary Health and Community Care in Queensland Health 2002-2007 Queensland Government, Brisbane.

3. Policy Scan

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
1.	Smart State: Health 2020	Primary health care and/or community care referred to in principle.	Primary health care and/or community care referred to in principle.
2.	Action Plan- Building a Better Health Service For Queensland October 2005	<p>We will renew our services, systems and structures to make sure decisions that deliver good health care are made close to patients and people who use the system.</p> <p>Communities too will help to strengthen our health system and we will ensure that citizens will be more informed about the performance of the health system and involved in planning.</p> <p>Over the next five years, in partnership with the community and our clinicians, we need to find new, smarter ways to deliver health services, new ways to promote healthy lifestyles that prevent illness, and systems to detect disease at an early stage to manage illness and improve quality of life.</p> <p>We have already taken significant action to promote healthy lifestyles and prevent ill health.</p> <p>We need to provide greater care in the community through services closer to home.</p>	<p>Expanding the trial of nurse practitioners by the end of 2006 and seeking access from the Commonwealth to Medicare billing for community-based nurse practitioners, in recognition that these roles are taking on functions traditionally performed by doctors. (Pg9)</p> <p>We will devolve decision making to deliver more power closer to the patients and people who use the health system, with greater clinician involvement by: empowering clinicians by establishing Clinical Networks to improve patient outcomes. (Pg 9)</p> <p>...establish family centres in communities to educate and care for mothers during pregnancy and post birth. These centres will link up with large hospitals to offer continuity of care and advice for mothers about newborn babies.(Pg 10)</p> <p>We will: Establish a Primary Health care Collaborative consisting of Queensland Health primary care practitioners, general practitioners, and allied health services to improve coordination between sectors (by the end of 2006).</p> <p>Work with the C/wealth to develop more flexible models of primary health care.</p> <p>Expand the Queensland Fuel Subsidy Scheme to include opal fuel in a 15 month trial to combat petrol sniffing in remote communities.</p> <p>Better manage demand by establishing more effective community infrastructure and services, through improved patient management processes in hospitals.</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	<p>Action Plan- Building a Better Health Service For Queensland October 2005...cont..</p>	<p>We will look for partnerships with the private sector and help our hospitals manage their busy workloads more efficiently:-</p> <p>Need to make some tough decisions:</p> <ul style="list-style-type: none"> -about how we collaborate with the Commonwealth Government, private health insurers, private health care providers and non-government organisations. -about greater personal responsibility for being healthy and making informed choices about health care <p>An additional \$500 million ongoing by 2010-11 will be allocated, based on a Statewide Health Services Plan to be developed in 2006. Additional funds will deliver new services and drive system reform.</p> <p>New models of care will be developed that emphasise prevention, early intervention and enhanced clinical roles. Integration between the community and hospital services will be improved through better liaison with general practitioners. There will also be a \$15 million Research and Innovation Fund to provide seed funding for innovative practice.</p> <p>We will provide some services differently. For example, if the non-Government sector is better suited to</p>	<p>Explore new practice and partnership arrangements with general practitioners with the first new arrangements to be in place by the end of 2006.</p> <p>Develop multi-professional health care teams to better use the collective skill base of staff and to strengthen hospital/community integration. Identify opportunities to reduce waiting lists with surgical ‘flying squads’, which will undertake elective surgery and specialist outpatient’s assessments. We will also continue to examine opportunities to outsource elective surgery where the public system is at capacity.</p> <p>Develop new models of care that emphasise greater personal responsibility for being healthy, prevention, early intervention, and enhanced clinical roles, eg nurse practitioners. These models will involve greater use of non-government organisations to deliver services, eg community mental health services. Invest in information systems to consolidate records and integrate care. (Pg10)</p> <p>Over the next five years, in partnership with you, the general community and our clinicians, we will find new, smarter ways to deliver health services and to promote healthy lifestyles that prevent illness.</p> <p>We will expand systems to detect disease at an early stage, and improve the management of illness to boost patient survival and quality of life.</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Action Plan- Building a Better Health Service For Queensland October 2005...cont..	<p>the delivery of some services, we will hand these services over.(Pg 11)</p> <p>Transfer the delivery of HACC services from Queensland Health to non-government organisations by mid 2006, and ensure transitional arrangements for staff who are impacted continue until mid 2007. Currently, QH and non-government organisations provide home care services using both State and Federal funding. Annual savings in administration costs would be achieved through this measure. (p13)</p>	
3.	Queensland Health Strategic Plan 2007-2012	<p>Implement Health Precincts to support the shift of primary, ambulatory and selected acute care services closer to communities in response to population needs.</p> <p>Support the transition of health service provision to community controlled Aboriginal and Torres Strait Islander health services where appropriate and where community support and capacity to do so is strong.</p> <p>Undertake Community Health Reform Project to provide strategic priorities in community health services where people can access services as close as possible within their communities. (Pg 8)</p> <p>Establish Health Community Council’s to undertake activities such as</p>	<p>QH delivers a range of integrated services including population health services, hospital inpatient, outpatient and emergency services, community and mental health services, aged care services and public health and health promotion programs.</p> <p>QH’s focus is on the good health and wellbeing of the states population. This applies at both the individual level (for example, with services provided in a hospital) and at the community level (for example with health promotion services) and continues throughout people’s lives.</p> <p>Queensland Health is not the only provider of health services to Queenslanders. QH commits to working with private and non-government health organisations to support and complement the services provided by Queensland Health. Other important partners in the health system are the government and non-government agencies that provide vital community services which influence and contribute to people’s health status and overall well-being.</p> <p>We partner and collaborate with other health service providers, government departments and service organisations to provide integrated, safe and sustainable services to patients and consumers and to improve health status of the community.</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Health Strategic Plan 2007-2012...cont...	advocate for users of public sector health services, consider planning proposals in the delivery of health services and participate in monitoring, from a community perspective, the quality, safety and effectiveness of health services.	In providing dependable health services for Queenslanders, we are accountable to the community for the optimal utilisation of systems, assets and information.
4.	Queensland Statewide Health Services Plan 2007-2012	<p>There are two key objectives in reforming Queensland’s Health system: the first objective is to improve access to safe and sustainable health services, and the second is to better meet people’s needs across the health continuum. (p4)</p> <p>Strengthening of partnerships across agencies and sectors will be critical to successful implementation of the Plan. (P4)</p> <p>Queensland Health will need to invest further in services outside of the hospital system which will more appropriately meet the needs of a growing and ageing population. (P4)</p> <p>Implement the Australian Better Health Initiative to improve access to primary health care services and improve alignment between health service funding and community needs; Pursue more flexible workforce options, such as primary health care practitioners,</p>	<p>The Queensland health system reform will improve the inter-relation of services across the continuum of health. This will be achieved through service planning for, and resourcing of, the promotion of good health, health protection and illness prevention activities and the provision of primary health care services in the community (Pg 7)</p> <p>To improve the health status of Aboriginal and Torres Strait Islander peoples and reduce the need for hospitalisation, service planning will focus on increasing access to local primary health care, illness prevention, health protection, health promotion, improving the health of mothers and babies, building partnerships with communities across service providers and improving access to relevant specialist services. (8)</p> <p>Access to services in small communities:- This will include networking of services, improving transport support, reskilling and up skilling of health staff, implementing alternative methods of supporting service delivery, for example digital/video service delivery, as well as delivering a range of primary health care services as locally as possible. (P8)</p> <p>Through a statewide network of 20 Health Service Districts and the Brisbane Mater Public Hospitals, Queensland Health delivers a range of integrated services including hospital inpatient, outpatient and emergency services, community and mental health services and aged care services. Population health services are delivered via a network of Population Health Units across the state. These services are delivered</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	<p>Queensland Statewide Health Services Plan 2007-2012 cont...</p>	<p>rural generalists, rural and isolated practice endorsed registered nurses, paramedics and nurse practitioners where there are gaps in primary health care services. (P16)</p> <p>Establish Primary Health Care Partnership Councils in each Health Service District to improve coordination of primary health care, community services and health promotion across service providers and reduce avoidable hospital admissions and mortality. (P17)</p> <p>Deliver comprehensive chronic disease prevention programs in partnership through the Primary Health Care Partnership Councils, local government, other government departments and non-government organisations to collaboratively address risk factors of physical inactivity, overweight and obesity, alcohol misuse and tobacco smoking. (P17)</p> <p>Develop an investment strategy to guide a balanced investment across the health continuum.(P20)</p> <p>The Queensland Statewide Health Services Plan 2007–2012 will remain current for a five-year period and will be reviewed and updated every two years. This will include updating strategies and the further development of specific</p>	<p>across the five program areas of promotion, protection and prevention, primary health care, ambulatory care, acute care and rehabilitation and extended care.(11)</p> <p>Support the development of quality primary health care services in both the community and public sectors for Aboriginal and Torres Strait Islander Queenslanders, with clear strategies and standards in key areas such as the health of mothers and babies, adolescents and in the prevention and management of adult chronic disease. (18)</p> <p>In addition, Queensland Health is currently being streamlined to help it focus on core services and implementation of the Health Action Plan. As part of the Machinery of Government changes which are designed to help enhance the delivery of services at a community level and strengthen arrangements for non-government organisations to perform their work in those services, administrative responsibility for the Home and Community Care Program was transferred from Queensland Health to the Department of Communities as from 1 July 2007.</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Statewide Health Services Plan 2007-2012 cont...	services, such as rehabilitation, renal and intensive care services. Ongoing scanning of changes in the health service environment both nationally and internationally, identification of community needs and performance review within Queensland Health will allow emerging opportunities to be identified and considered.(Pg 26)	
5.	Queensland Health Information Management Strategic Plan 2005-2010	The Information Management Strategic Plan 2005-2010 aligns the investment in our information, information systems and information infrastructure with the strategic directions outlined in the Queensland Health Strategic Plan 2005-2011.	Evolving Capability of information management will support Queensland Health’s future service delivery models. Establishing a strategic capability will support an integrated and connected system to bring together providers and consumers across the continuum.
6.	Queensland Health eHealth Strategy 24 July 2007	<p>Information is a key enabler in the delivery of health outcomes within Queensland, the eHealth Strategy explores how information technology can assist the responses to these challenges.</p> <p>One of the key findings to date – that many of the issues Queensland Health currently faces are due to insufficient access to integrated information.</p>	<p>The eHealth Strategy recommends an approach to addressing the current issues facing Queensland Health. It encompasses the following concepts: Community Health (Pg7)</p> <p>Treatment information such as clinical/progress notes, medications, information from speciality care systems (e.g. oncology, ICU, mental health, community health) (Pg 12)</p> <p>A solution for community health, mental health and chronic disease management is implemented (Pg 16)</p>
7.	Queensland Health Hubs and Precincts Service Development Framework and Business Rules	The SE Queensland Infrastructure Plan to 2026 includes a range of major health infrastructure projects designed to meet the future health needs of the population including proposals to	Most international health systems, including Canada, the United Kingdom, New Zealand and the United States, are increasing their investment in ambulatory and primary health care systems to manage chronic and complex health problems more effectively in the community and to deflect inappropriate demand from acute hospital services to

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	<p>Queensland Health Hubs and Precincts Service Development Framework and Business Rules cont...</p>	<p>establish ‘Health Hubs’ or Precincts “where government and private services such as health clinics and General Practitioners are encouraged to locate in close proximity with other services such as community services.</p> <p>Goals of Health Precincts, Hubs and Related Models</p> <p>Health precincts are part of the infrastructure to support Queensland’s 20 Primary Health Care Partnership Councils. The purpose of the Councils is to improve the integration of service planning and the delivery of primary and community health services in each District Health Service as part of the Connecting Healthcare in the Community Initiative (Queensland Health 2007).</p> <p>The Councils are being jointly established by Queensland Health and the Queensland Divisions of General Practice and will include Queensland Health’s Community Health Staff, general practitioners and non government community health services</p> <p>In more established urban areas and major rural centres Community Health Hubs serving a smaller population base will provide a focal point for the regional ‘hub and spoke’ service network in primary and ambulatory care.)</p>	<p>more appropriate settings. This is occurring at a time of growth in demand due to population growth or ageing and takes advantage of changing therapies and treatment options that support care in community settings. (P5)</p> <p>Primary health care in Australia is provided by public, private and non government sector organisations and is funded by the Australian government, the states and territories and private health insurance and user pays arrangements. Recently, Queensland recognised the importance of primary health care in service delivery through it’s inclusion as a program area in the health continuum of the Queensland Statewide Health Services Plan 2007-2012 (see Figure 1.0) (P5)</p> <p>The Primary Health Care Program in the health continuum includes early detection and intervention services and risk factor management programs for people experiencing the early effects of ill-health and who, without intervention, may progress to having acute or chronic consequences from their condition. (P6)</p> <p>Primary health care services and programs in Queensland are provided in a range of settings including professional rooms, community health clinics, schools and workplaces, specialist ambulatory clinics and outpatient departments, emergency departments and client homes by a broad range of service providers and in the public, private and non government sectors. (P6)</p> <p>Funding responsibility for primary health care and public health activities is shared between the Australian government and the states and territories and there is a growing component of user pays or self funded care in community settings. Broad funding responsibilities for the key aspects of primary care are shown in Figure 1. (P7)</p> <p>Queensland Health has entered into an agreement with the Queensland Division of General Practice to implement the Capacity for Local Partnership Development Initiative and the Continuity of Care Framework and these activities will contribute to the development of the proposed Primary Health Care Partnership Councils. (P9)</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”															
	<p>Queensland Health Hubs and Precincts Service Development Framework and Business Rules cont...</p>	<p>Six Tier Service Development Framework</p> <p>The Framework shown in Table 2 has six types or tiers that range in scale and complexity from primary health services or health posts offering front line care in small rural and remote communities to Integrated Health Precincts in urban and regional growth areas that will offer access to comprehensive primary and community health and ambulatory care services providers by public, private and non government services.</p> <p>Table 2: Primary and Community Health Service Development Framework</p> <table border="1" data-bbox="658 831 1167 1418"> <thead> <tr> <th data-bbox="658 831 882 911">Service Description</th> <th data-bbox="882 831 994 911">Type</th> <th data-bbox="994 831 1167 911">Catchment population</th> </tr> </thead> <tbody> <tr> <td data-bbox="658 911 882 1007">Primary Health Care Services</td> <td data-bbox="882 911 994 1007">1</td> <td data-bbox="994 911 1167 1007">1,500 to 3,000</td> </tr> <tr> <td data-bbox="658 1007 882 1190">Rural Community and Ambulatory Care Service</td> <td data-bbox="882 1007 994 1190">2</td> <td data-bbox="994 1007 1167 1190">Up to 7,000 plus isolation</td> </tr> <tr> <td data-bbox="658 1190 882 1310">Rural Community Health Centre</td> <td data-bbox="882 1190 994 1310">3</td> <td data-bbox="994 1190 1167 1310">8,000 – 20,000</td> </tr> <tr> <td data-bbox="658 1310 882 1418">Metropolitan & Major Rural Community</td> <td data-bbox="882 1310 994 1418">4</td> <td data-bbox="994 1310 1167 1418">20,000-30,000</td> </tr> </tbody> </table>	Service Description	Type	Catchment population	Primary Health Care Services	1	1,500 to 3,000	Rural Community and Ambulatory Care Service	2	Up to 7,000 plus isolation	Rural Community Health Centre	3	8,000 – 20,000	Metropolitan & Major Rural Community	4	20,000-30,000	<p>The Australian government funds Community Controlled Aboriginal Health Services to provide primary health care for indigenous communities. The service mix varies but typically includes primary medical care, dental care, maternal and child health, health promotion programs and a range of early intervention and continuing care programs for indigenous people with chronic health problems. (P9)</p> <p>Allied health professionals including dentists, community pharmacists, physiotherapists, psychologists, occupational therapists, speech pathologists and dieticians are a key part of the primary health care workforce and care system and provide health information, early intervention, treatment and therapeutic services and access to pharmaceuticals. (P10)</p> <p>Significant changes are occurring in the structure and organisation of primary health and community care systems in Australia and overseas. These changes are driven by four key factors:</p> <p>Increasing evidence about the effectiveness and efficiency of integrated primary health care in managing a range of common health problems and improving access to services and health outcomes for disadvantaged and vulnerable groups;</p> <p>The rising incidence of chronic and complex disease and growth in ambulatory sensitive conditions where multidisciplinary care in the community and effective case management models has been shown to be more effective, accessible and cost efficient than admitted patient care;</p> <p>The development of safe and effective ambulatory and community based alternatives to inpatient treatment for a range of common health problems. Models such as ‘hospital in the home’ and post acute care programs, decentralised specialist ambulatory clinics/services and shared care arrangements and maintenance renal dialysis services provide care close to where consumers live, reduce demand on acute hospitals and provide an effective transition from hospital to community care; and recognition of the need to reform and invest in primary and</p>
Service Description	Type	Catchment population																
Primary Health Care Services	1	1,500 to 3,000																
Rural Community and Ambulatory Care Service	2	Up to 7,000 plus isolation																
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Metropolitan & Major Rural Community	4	20,000-30,000																

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	Queensland Health Hubs and Precincts Service Development Framework and Business Rules cont...	<table border="1"> <tr> <td colspan="3" data-bbox="667 245 1167 284">Health Service</td> </tr> <tr> <td data-bbox="667 300 891 411">Regional Community Care Hub</td> <td data-bbox="891 300 981 411">5</td> <td data-bbox="981 300 1167 411">30,000-100,000</td> </tr> <tr> <td data-bbox="667 427 891 571">Integrated Health & Community Care Precinct</td> <td data-bbox="891 427 981 571">6</td> <td data-bbox="981 427 1167 571">100,000-300,000</td> </tr> </table>	Health Service			Regional Community Care Hub	5	30,000-100,000	Integrated Health & Community Care Precinct	6	100,000-300,000	<p>community care to increase the level of functional integration between service providers, improve access to multidisciplinary care and to expand workforce capacity as global health system strategies to manage the impact of population growth and ageing and workforce shortages. (12)</p> <p>Expanding the role of primary health care has been central to health system reforms in most of the major western health systems. The Primary Health Care Trusts described in the NHS Health Plan (2000) and NHS Modernisation Strategy (2002), the Future of Health Care in Canada (Romanow Report) recommendations on primary health care in Canada (2002), the establishment of Primary Health Organisations (2002) in New Zealand and the focus on community based chronic disease management in Health Maintenance Organisations and Medicare in the United States are current international examples of health system investment in reform and expansion of primary and community based health care.</p> <p>(P12)</p> <p>Public sector community health services are often funded on an historical or activity basis; and, private health insurance arrangements cover part of the cost of ancillary services such as allied health and dental services. (P6)</p> <p>The primary health care system is fragmented in Australia and most Australian jurisdictions, including Queensland have initiated service development processes to enhance the integration between public, private and non government service providers to</p> <p>Improve the coordination of care for people with chronic and complex health problems and reduce avoidable hospital admissions. (12)</p> <p>Many of these initiatives are supported nationally through the Council of Australian Governments (COAG) and the Australian Better Health Initiative 2005-2010. Three main operational models are emerging: Formalised partnerships; Service networks and outreach models: Collocation models</p>
Health Service												
Regional Community Care Hub	5	30,000-100,000										
Integrated Health & Community Care Precinct	6	100,000-300,000										

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Health Hubs and Precincts Service Development Framework and Business Rules cont...		<p>In 2006 Victoria released Care in the Community: A Planning Framework for Integrated Ambulatory Care (DHS 2006) which builds on the PCP Strategy and outlines an enhanced primary and ambulatory care model and planning framework that will see expansion of specialised ambulatory and primary health care services in collocated sites with the service configuration and levels and types of care determined by integrated local planning.</p> <p>Three trial sites to pilot integrated local planning approaches have been announced to develop the partnerships, refine program planning parameters and refine the area-based planning methodology for broader application. The initiative represents major reform and expansion of primary health care and ambulatory health services in Victoria. (P14)</p> <p>Further information on three goals of the Health Precincts is provided below.</p> <ol style="list-style-type: none"> 1. Provide a contemporary service response to the need for additional health infrastructure for high growth urban and regional areas. <p>Health Precincts are a contemporary service response to the primary health care infrastructure needs of the outer urban growth areas in South East Queensland where population is projected to grow rapidly over the next 20 years with a mixed age profile and health services will need to be brought on line progressively. Providing services such as renal dialysis units, specialist ambulatory clinics/services, antenatal and postnatal care and others targeting ambulatory sensitive conditions in Health Hubs and Precincts will reduce the need for patients to travel long distances and queue for ‘hospital type’ care. Developing community based ambulatory services as part of Health Hubs or Precincts will enable Queensland to invest in safe, accessible and high quality local services progressively as the population grows.</p> <ol style="list-style-type: none"> 2. Provide infrastructure to support formal partnerships with other health and human service providers. Health precincts are part of the infrastructure to support Queensland’s 20 Primary Health Care Partnership Councils. The purpose of the Councils is to improve the

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care””
	Queensland Health Hubs and Precincts Service Development Framework and Business Rules cont...		<p>integration of service planning and the delivery of primary and community health services in each District Health Service as part of the Connecting Healthcare in the Community Initiative (Queensland Health 2007) with funding incentives for development of multidisciplinary team models and other initiatives and priorities identified in each Council’s Annual Work Plan. The Councils are being jointly established by Queensland Health and the Queensland Divisions of General Practice and will include Queensland Health’s Community Health Staff, general practitioners and non government community health services. Some may also include health professionals in private practice, local government, the Department of Communities and other government agencies. Health Precincts where public and private providers will be collocated have also been announced in growth areas in South East Queensland.</p> <p>The service configuration, models of care and referral and coordination systems for the Precinct and the local service network will be designed by Queensland Health with input from the Primary Health Care Partnership Councils. This will ensure that services are well integrated, roles are clearly defined to avoid duplication and enabling information and communication technologies and referral and case management models are built into the service system from the ground up. The health precincts are part of the infrastructure to support these integration strategies. In addition to this, Precincts will also provide an opportunity to collocate health and other government services such as Early Years Centres and other service providers such as community controlled Aboriginal Health Services and non government organisation to create one stop shop service centres for communities. It is envisioned that collocation will 15 Queensland Health Hubs and Precincts Service Development Framework 2007 not only support improved access to health and human services for communities, but that collocation will strengthen relationships and communication between service providers.</p> <p>3. Outline logical, sustainable and flexible service delivery models for rural and remote areas with differing population catchment sizes where</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Health Hubs and Precincts Service Development Framework and Business Rules cont...		<p>there is a need to address access and health workforce issues.</p> <p>Analysis of workforce data reported by the Australian Institute of Health and Welfare and the Australian Bureau of Statistics indicates that Queensland faces a range of specific workforce challenges with fewer health professionals in almost all disciplines per 100,000 population than other states and territories, a large proportion of the current health workforce is aged between 45 and 55 and is approaching retirement and the dispersed regional, rural and remote demographic structure of Queensland creates specific problems in relation to workforce critical mass and distribution. These ratios apply to health professionals working in both public and private sector services and shortfalls are most pronounced in outer metropolitan, rural and remote areas.</p> <p>Precincts aim to address workforce recruitment and retention issues in Queensland by collocating public and private sector services and offering the workforce critical mass, range of employment options and training and workforce development options needed to attract sufficient GPs, local specialists, allied health professionals, nurses and other community care service providers to outer urban and disadvantaged communities. In more established urban areas and major rural centres Community Health Hubs serving a smaller population base will provide a focal point for the regional ‘hub and spoke’ service network in primary and ambulatory care. Hubs will act as the base for staff providing satellite and outreach services to smaller towns or disadvantaged communities and for specialised services that require a large population base or specific infrastructure that cannot be duplicated cost effectively in small towns and communities.</p> <p>Service delivery models in rural and remote areas are also evolving rapidly to provide greater flexibility and integration of primary health care services to address access and health workforce issues in rural and remote areas. Models such as Multi-Purpose Services are being implemented that are underpinned by pooled funding and more integrated service provider arrangements are being encouraged through initiatives such as the More Allied Health Services Program in rural and</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Health Hubs and Precincts Service Development Framework and Business Rules cont...		<p>remote areas. The Framework aims to reflect rural and remote service delivery issues including the challenges of sustainable service access across Queensland as well as the innovative models and emerging forms of service integration that are developing in rural Districts. (P16)</p> <p>Flexible Model for District and Area Planning Area Health Services and Health Service Districts across Queensland face different operational and service delivery challenges and constraints when planning the best configuration of services for their communities. The framework is a high level model that encompasses a range of service development options and is designed to allow Areas and Districts the flexibility to plan for a range of different service delivery goals and scenarios. Examples include: Greenfield site developments where new facilities are required in urban or regional growth centres and opportunities exist to develop integrated primary and community health services to attract a viable multidisciplinary workforce and provide a one stop shop for consumers by collocating a range of public, private and non government service providers on one site; Multipurpose ambulatory and community health service developments designed to provide improved local access to high growth services such as renal dialysis, chronic disease programs and specialist outpatient clinics and to divert ambulatory care demand away from hospital campuses; Renewal of obsolete Community Health Centre infrastructure that requires upgrading to provide a wider range of services, offer partnership programs or simply replace redundant stock; Community Care Hubs where health and other government services or programs are colocated to provide integrated human service infrastructure close to relevant communities; and, Primary health care services in small rural and some low socio-economic communities that provide generic Community Health Services locally and receive satellite specialist or outreach services from Regional Centres and Hubs.(P17)</p> <p>Community Based Health Services-</p> <p>There is no consistent service profile or organisation model for state and territory funded Community Health Services in Australia with services evolving differently in each state and territory. Some jurisdictions fund</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Health Hubs and Precincts Service Development Framework and Business Rules cont...		<p>free standing community health centres with local management boards offering a range of services and in others community based health services operate as part of an integrated service structure with hospitals at District, Regional or Area level. Queensland also provide cost shared cancer screening programs for breast, cervical and bowel cancer; community care and home support services for frail elderly people and people with disabilities under the HACC Program and disability services. Services are provided in community health centres, schools, client’s homes, government service centres and a range of other venues in Queensland.(Pg10)</p> <p>Non government organisations</p> <p>A wide range of non government organisations provide primary health and continuing care services funded by both levels of government. Non government and ‘not for profit’ providers play a major role in residential aged care and community care for frail older people and provide advocacy and support services in areas such as mental health, disability, family support and child safety.</p> <p>Blue Care, OZHealth and Spiritus are the major non government health care providers in Queensland providing government funded domiciliary nursing, allied health, respite care and other services for the HACC target group. A range of other organisations support</p> <p>Mental health care and services for people with disabilities and NGOs such as Lifeline, Mission Australia and the Salvation Army provide counselling and other support services. (Pg 10)</p> <p>The Service Development Framework has been designed as an overarching planning tool to define the various primary and community health service configurations that already exist in Queensland as well as the new models required for integrated health care partnerships and whole of government programs.(15)</p> <p>Some of the services types in primary and community health have relevant professional benchmarks and quality measures in place but further work is required nationally to develop relevant performance</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Health Hubs and Precincts Service Development Framework and Business Rules cont...		<p>measures and benchmarks for all the planned service types. (P16)</p> <p>Advice on the services that should be incorporated into Community Health Hubs and Precincts and other desirable primary health care service delivery arrangements was canvassed with the Steering Committee, as part of the stakeholder consultations and at the Workshops.(P16)</p> <p>Rather than locating a single GP practice within the Hub or Precinct, a network model linking distributed practices with community health services and NGOs based in the Health Hubs and Precincts and providing practice outreach/inreach services around chronic and complex disease was seen as an effective service delivery model. (P17)</p> <p>The Division would operate as an autonomous organisation but co-location could provide opportunities to undertake joint health promotion and community consultation activities and enhance work with Community Health Services and NGOs around development of integrated service delivery models.(P18)</p> <p>Allied health professionals in disciplines such as physiotherapy and psychology that can access fee for service and private health insurance rebates are likely to remain in private practice but some practitioners welcomed the opportunity to develop linked up practice arrangements with both general practice and public sector hospital and Community Health Services (P19)</p> <p>The range of public sector Community Based Health Services funded or provided by Queensland Health and the configuration of Teams and spread of services and programs managed as part of a Community Health varies between Health Service Districts and there is no definitive list or core suite of services provided uniformly across Queensland. (19)</p> <p>Community Nurses offer mobile and centre based services and provide treatment and case management services in people’s homes, Community Health Centres and a range of other venues. (20)</p> <p>The Community Health Interface Program (CHIP), early discharge and</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care””
	Queensland Health Hubs and Precincts Service Development Framework and Business Rules cont...		<p>post acute care programs, transition care services and palliative care are examples of services that are generally managed by Community Health at District level and operate across hospital, home and community settings. (P20)</p> <p>Queensland Health Community Health Services provide multidisciplinary chronic care teams that focus on early detection and chronic care coordination and support; cardiac, pulmonary and stroke rehabilitation; acute management and tertiary prevention; and, health information and support activities (exercise programs, smoking cessation, support groups etc) that contribute to prevention and management of risk factors.(P 21)</p> <p>In some Districts HACC also funds Community Health to provide domiciliary nursing, continence support and allied health therapy services for the HACC target group. These services are generally provided in client’s homes with some day respite centres operating from Community Health or residential aged care facilities.(P21)</p> <p>Aged Care Services often based in Community Health can include Aged Care Assessment Teams, Dementia Support Teams, Aged Care Clinical Nurse Consultants, community geriatricians and allied health therapy and maintenance services including podiatry, occupational therapy and physiotherapy.</p> <p>Some Community Health Services also provide Transition Care Services that provide or purchase restorative care for frail elderly people who require a period of sub acute care and therapy in a home like environment to recover their functional skills following an acute admission. (Pg21)</p> <p>Community Mental Health Teams are a priority area for service development under the Queensland Mental Health Strategic Plan 2003-2008 and Teams are co-located with Community Health Services in many parts of Queensland.(P22)</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
8.	Position Statement Health Service Integration In Queensland June 2002	<p>Integration of health care is seen by all levels of government in Australia and internationally as a major priority. It is also strongly supported by the non-government and private provider sectors. For example, the Australian Health Ministers’ Conference (AHMC) agreed in August 1999 that integration of care would be a primary focus within the Australian health system.</p> <p>This focus is clearly articulated in the Australian Health Care Agreement 1998-2003 (AHCA) and in other national policy documents including the National Public Health Partnership, Review of the General Practice Strategy (1998), and Commonwealth budget initiatives (eg Enhanced Primary Care Package). Queensland Health considers that integration is a key imperative to improvements in the health status and outcomes of Queenslanders as reflected in its Strategic Directions 2000-2010 document. Integration as a term has a number of meanings.</p> <p>For the purposes of this document, integration adopts a broad definition and encompasses activity which includes: • formal and informal linkages with other agencies and health service providers • cooperation and collaboration in implementing specific</p>	<p>Vertical Integration:</p> <p>Vertical health integration links those health service providers functioning at different hierarchical levels within the health system. In doing so, it requires different sectors (eg primary and community based care and acute care) to establish practices and processes which promote continuity of patient care across those sectors.</p> <p>Vertical integration include:</p> <p>Transitional care linking community health and general practice services post hospitalisation</p> <p>Horizontal Integration</p> <p>Horizontal integration links those service providers functioning in the one level within the health system with service providers functioning in the same level (eg Queensland Health Community Health Services, non-government service providers and general practitioners).</p> <p>Horizontal integration activity includes:</p> <p>Coordinated HACC Services linking community health, non-government and general practice providers; Coordinated Care Trials addressing care for older persons through appropriate links between relevant primary care providers</p> <p>Linkages between Public Health Units, Queensland Health Community Health Services, local government and general practice to develop complementary health promotion and illness prevention strategies</p> <p>Queensland Health Community Health Services and other primary care providers linked with GPs through care planning and case conferencing</p> <p>For integration to be successful, it must be based on a commitment to collaboration which involves all relevant health services stakeholders and providers in the public, private and non-government sectors. Such stakeholders include: • Queensland Health staff based in hospitals, community health, public health and corporate facilities including management, clinicians, nurses, allied health and diagnostic services</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Position Statement Health Service Integration In Queensland June 2002 cont..	<p>interventions • formal sharing of care between, and across, health disciplines and acute and community-based care settings.</p> <p>Within the integrated health care framework patients/consumers are managed across a care continuum which may encompass treatment in primary and secondary settings. Patients will move within this continuum depending upon their health condition and its severity.</p> <p>Structures Supporting Integration:</p> <p>Promotion of the primary health care reform agenda (eg Commonwealth’s Enhanced Primary Care Package</p>	<p>staff, administrators and policy and project staff</p>
9.	Implementing Integration: A Guide For Health Service Integration In Queensland September 2002	<p>Integration priorities: Common integration initiatives include: GP/hospital integration, hospital/community integration and ambulatory care.</p> <p>Within these areas, hospital admissions, discharge communications and planning, and community-based chronic disease management have received particular attention.</p> <p>In rural and remote areas, the development of integrated health service models such as multipurpose health services has provided a vehicle for the integration of a range of primary health care, aged care, and other</p>	<p>Evaluation</p> <p>There is formal reporting against the strategic plan performance indicators on a quarterly basis to ensure health service accountability to the community of interest.</p> <p>This facilitates the trust and involvement essential to supporting the integration of health services. Early community engagement enabled the CAN to become a key communication vehicle, and created a commitment to feedback between the community of interest and health services.</p> <p>Lessons</p> <p>There is a need for clear definition and communication on the proposed type of service(s) being developed or integrated. For the MPHS, although there was considerable debate on which of the local health services would be integrated, there was also some confusion and anxiety. There were community fears that Blue Nursing Services and</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Implementing Integration: A Guide For Health Service Integration In Queensland September 2002 ..cont..	<p>community care services.</p> <p>In all settings, there is also increasing recognition that primary and secondary prevention activities as provided by a range of government, non-government and private providers need to become better integrated with treatment services.</p>	<p>Meals on Wheels would be taken over and become part of the Douglas Shire MPHS. There was also some confusion about the Aged Care Act 1997, and the differences between flexible high-care packages as opposed to aged care bed licences.</p> <p>Integration within the MPHS framework has changed the organisational structure to ensure equity across all units of service delivery. Improved access and health assessment via primary health care services do have an impact on acute care presentations and activity levels. Managing resource distribution in this environment will challenge the traditional allocation across the MPHS in the future. This will require further evaluation, change management, and the introduction of new guidelines and protocols.</p> <p>The delivery of high level residential aged care in the acute care setting required the reorientation and professional development of acute care staff to ensure commitment and sustainability. The involvement of community and staff in the establishment of new protocols and procedures for admission to aged care ensured their ownership and ongoing participation. There is now better access for the local Indigenous community across the care continuum from community outreach to acute care services. For example, the well women’s health clinic team includes a private female GP, acute care outpatient nurses and a community Indigenous health worker.</p> <p>The cultural and gender specific barriers often experienced in an acute care environment are effectively challenged to improve target group access and health outcomes for this group. The integration of community health and Indigenous liaison staff in the acute care patient ward round and case management meeting cycle has enhanced communication processes and client health outcomes across the primary and secondary levels of care.</p>
10.	National Strategic Framework For Aboriginal And Torres Strait Islander Health	Within the health system, the crucial mechanism for improving Aboriginal and Torres Strait Islander health is the	<p>Key result areas group A: Towards a more effective and responsive health system</p> <p>The Australian health system has a number of components, all of which</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	National Strategic Framework For Aboriginal And Torres Strait Islander Health ..cont...	<p>availability of comprehensive primary health care services. Effective and appropriate primary health care services must be available to all Aboriginal and Torres Strait Islander peoples. These services should maximise community ownership and control, be adequately funded, have a skilled and appropriate workforce and be seen as a key element of the broader health system. (p1)</p> <p>This National Strategic Framework is a complementary document that builds on the 1989 NAHS and addresses approaches to primary health care and population health within contemporary policy environments and planning structures. (p2)</p> <p>Priorities include:</p> <p>Strengthening comprehensive primary health care: It is internationally accepted that comprehensive primary health care provides an opportunity to deliver a range of services required to meet the complex and interactive health needs of Aboriginal and Torres Strait Islander peoples in a holistic way. This National Strategic Framework supports governments, the private sector and community controlled health and health related services working together to strengthen existing approaches to comprehensive primary</p>	<p>must be responsive to the needs of Aboriginal and Torres Strait Islander peoples at the local level and must provide culturally sensitive and accessible services. Comprehensive primary health care, encompassing clinical/medical care, illness prevention services, specific population health programs for health gain, access to secondary and tertiary health services and client/community support and advocacy, is the centrepiece of the health system for Aboriginal and Torres Strait Islander peoples.</p> <p>Aboriginal community controlled health services (ACCHSs) are the best practice model for the delivery of comprehensive primary health care to Aboriginal and Torres Strait Islander communities. In many circumstances other provider groups (for example general practitioners and State/Territory government health services as well as private specialists, private hospitals and organisations such as the Royal Flying Doctor Services) provide primary health care services to Aboriginal and Torres Strait Islander peoples. However, while acknowledging that such providers have delivered technically competent health services, only ACCHSs currently provide culturally appropriate health services to Aboriginal and Torres Strait Islander peoples. (p13)</p> <p>Aboriginal and Torres Strait Islander peoples have the same right to access the appropriate type and mix health services as other Australians.</p> <p>The challenge is to enable all parts of the health system to meet the health needs of Aboriginal and Torres Strait Islander peoples.</p> <p>Comprehensive primary health care provides the infrastructure and the Framework Agreements provide the partnership arrangements for this to occur. The challenge is for the whole health sector to better use these structures and to collaborate with other sectors to achieve sustainable health gains for Aboriginal and Torres Strait Islander peoples. (p14)</p> <p>Key result area one: Community controlled primary health care services.</p> <p>Key Result Area One aims to continue support for adequately resourced, well-planned ACCHSs. It advocates partnerships between community controlled health services and mainstream services to</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	National Strategic Framework For Aboriginal And Torres Strait Islander Health ..cont...	<p>health care.</p> <p>This National Strategic Framework is based on a commitment to nine principles which include:</p> <p>Community control of primary health care services: supporting the Aboriginal community controlled health sector in recognition of its demonstrated effectiveness in providing appropriate and accessible health services to a range of Aboriginal communities and its role as a major provider within the comprehensive primary health care context.</p> <p>Supporting community decision-making, participation and control as a fundamental component of the health system that ensures health services for Aboriginal and Torres Strait Islander peoples are provided in a holistic and culturally sensitive way.</p> <p>Promoting good health: recognising that health promotion and illness prevention is a fundamental component of comprehensive primary health care and must be a core activity for specific and mainstream health services (p3)</p> <p>Building the capacity of health services and communities: strengthening health services and building community expertise to respond to health needs and take shared responsibility for</p>	<p>ensure that Aboriginal and Torres Strait Islander communities have access to the full range of services expected within the comprehensive primary health care context.</p> <p>It supports the fundamental principles of community decision-making, influence and control over the way health services for Aboriginal and Torres Strait Islander peoples are managed and delivered. There is growing evidence that increasing control and social cohesion increases the capacity of individuals and communities to make healthy choices that support their own health. Therefore, Key Result Area One also focuses on building communities’ capacity to take control of and be responsible for their own health outcomes. (p14)</p> <p>Action areas include: Provide training and support for Aboriginal and Torres Strait Islander community members on boards of management and advisory groups. This should include management and administrative infrastructure training with a view to devolving resources to Aboriginal and Torres Strait Islander community health management structures in order to transfer the role of provider/purchaser in health service delivery to the community.</p> <p>In addition, training should include a focus on primary health care and public health to enhance capacity for informed decision making on health priorities.</p> <p>Develop, in partnership with communities, specific awareness programs that aim to increase community understanding and knowledge of the mainstream health system and identify health information needs as a basis of providing the community with the capacity to make informed decisions about their own health.</p> <p>In negotiation with Aboriginal and Torres Strait Islander communities, develop frameworks that could assist in assessing readiness and capacity of communities to manage health resources, and include capacity building targets in funding agreements. (p16)</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	National Strategic Framework For Aboriginal And Torres Strait Islander Health ..cont...	<p>health outcomes. This includes effectively equipping staff with appropriate cultural knowledge and clinical expertise, building physical, human and intellectual infrastructure, fostering leadership, governance and financial management (p3)</p> <p>Key result area one focuses on Aboriginal community controlled primary health care services. It recognises the continuing need for strong ACCHSs and supports the fundamental principles of community decision-making, influence and control over the way health services for Aboriginal and Torres Strait Islander peoples are managed and delivered within the comprehensive primary health care context. It includes mechanisms for strengthening the capacity of local communities and ACCHSs to continue to address the health needs of their local communities. (p13)</p>	
11.	Strategic Policy For Aboriginal And Torres Strait Islander Children And Young People’s Health 2005-2010	<p>Queensland Health will work to improve the health and wellbeing of Aboriginal and Torres Strait Islander children and young people to a level commensurate with that of other Queensland children and young people as a whole.</p> <p>This will be achieved in partnership with Aboriginal and Torres Strait Islander</p>	<p>The Strategic Policy is designed to achieve: Culturally respectful, competent and evidence-based primary health care services for Aboriginal and Torres Strait Islander pregnant women, infants, children, young people, their families and communities</p> <p>Community control of primary health care services: Community decision-making, participation and control is a fundamental component of the health system to ensure that health services for Aboriginal and</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	<p>Strategic Policy For Aboriginal And Torres Strait Islander Children And Young People’s Health 2005-2010 cont...</p>	<p>people, community controlled organisations, the non-government and private sectors and other partners across the whole of government.</p> <p>Ultimately this means achieving equality and the best possible life chances for Aboriginal and Torres Strait Islander children and young people. Queensland Health in partnership with others will work to improve access to health, housing, educational, employment and environmental infrastructures. (7)</p>	<p>Torres Strait Islander people are provided effectively and in a culturally sensitive way.</p> <p>Enhance the competence and capacity of the new and existing workforce to deliver culturally and clinically competent health promotion and primary health care services for infants, toddlers, children and young people and their families.</p> <p>Regularly assess cultural, health promotion and clinical competency of all staff providing primary health care services to children and young people and address any gaps identified by developing and implementing District and individual plans to address training, development, coaching and mentoring needs.</p> <p>Raise awareness in the hospital and community/primary health care workforce about the central importance of cultural and broader factors that affect health, health beliefs, and traditional health practices.</p> <p>Promotion, prevention, early detection and intervention: Primary health care services that meet the needs of Aboriginal and Torres Strait Islander families, children and young people and are integrated with the broader health, welfare and education systems; have universal access to evidence-based primary health care services for women of childbearing age;</p> <p>Local and regional planning and governance processes, state-wide coordination and workforce development will be resourced to drive the system-level strategies and actions. Implementation requires a staged approach to reorientation of existing and new resources to enhance the provision of targeted high quality, evidence-based primary health care.</p> <p>Priority intermediate outcomes, outcomes and indicators: Access to health promotion and primary health care services delivered in education settings Access to health promotion and primary health care services delivered outside education settings; Increased number of Indigenous Health Workers working in collaborative team models to deliver primary health care services</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
12.	Partnerships Queensland – Future Directions Framework For Aboriginal And Torres Strait Islander Policy In Queensland 2005-2010	<p>Primary health care</p> <p>The sustained delivery of comprehensive primary health care is fundamental to improved health outcomes for Aboriginal and Torres Strait Islander peoples.</p> <p>The National Strategic Framework for Aboriginal and Torres Strait Islander Health recognises that in most cases the broad range of services incorporated in primary health care will be delivered by a range of health-care providers.</p> <p>The Queensland Government is working to fulfil its obligations in primary health-care delivery by providing clinical services; public health programs in areas such as immunisation, nutrition and social and emotional wellbeing; and support for communities to deal with local health issues.</p> <p>The effectiveness of all of these services and programs is being bolstered through ongoing efforts to enhance the Aboriginal and Torres Strait Islander health workforce. Already, environmental health workers have been trained and employed in Cape York.</p>	<p>Preventive health</p> <p>The delivery of programs to prevent chronic disease is an important precursor to successful primary health care.</p> <p>Such programs focus on people’s fundamental requirements — for example, nutritious food, physical exercise, clean drinking water, functional housing, and clean, liveable and sustainable physical environments.</p> <p>All are prerequisites for good health.</p> <p>The Queensland Government is working in partnership with Aboriginal and Torres Strait Islander community organisations and the Commonwealth Government to provide for these health needs. For example, housing is being upgraded and constructed in accordance with the Queensland Aboriginal and Torres Strait Islander Housing and Infrastructure Bilateral Agreements. As a complement to this, the Government is committed to exploring options for home ownership in discrete communities.</p> <p>Aboriginal and Torres Strait Islander women have a higher birth rate than other Queensland women and are likely to give birth at a younger age. In 2000 the mortality rate for Aboriginal and Torres Strait Islander babies was three times above the national average. The Queensland Government is dealing with this serious inequity through maternal and child health initiatives for pregnant women and their children. In the long term, such initiatives will help to prevent chronic disease in adults.</p> <p>Health Promotion Queensland is also working to improve the health of Aboriginal and Torres Strait Islander peoples. Current projects include improving access to health information for people in Pormpuraaw, Kowanyama, Lockhart River and Napranum; a food and nutrition project at Yarrabah; and statewide research into cigarette smoking and alcohol consumption by young Aboriginal and Torres Strait Islander women, particularly those who are pregnant or caring for very young children.</p> <p>Preventive health is also a focus of the Department of Emergency</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Partnerships Queensland – Future Directions Framework For Aboriginal And Torres Strait Islander Policy In Queensland 2005-2010 cont...		Services’ model for pre-hospital care in remote Aboriginal and Torres Strait Islander communities. The model involves the establishment of Queensland Ambulance Service field offices staffed by permanent field officers. These officers provide training to community members in injury prevention and first aid, and training to primary health-care workers in the use of emergency equipment such as defibrillators.
13.	From Hospital To Home: Improving Care Outcomes For Older People. A National Action Plan For Improving The Care Of Older People Across The Acute-Aged Care Continuum 2004-2008	<p>Scope of the action plan</p> <p>The national action plan for the care of older people focuses on those elements of the acute aged care continuum that can improve the health and well being of older people including services at the interface. It takes into account pre-hospital admission (emergency department) and mainly focuses on: acute care services (inpatient and ambulatory) sub-acute care (inpatient and ambulatory) aged care (community and residential).</p> <p>It also introduces transition care services, which are intended to cater for the needs of those older people who are transitioning from the hospital system into ongoing aged care.</p> <p>The action plan stands alongside and complements a large number of initiatives and strategies occurring in other health related areas outside its scope. In particular, it acknowledges the important role that primary health, for example general practitioners have in ensuring ongoing maintenance,</p>	<p>Goal: Partnerships between hospitals, aged care homes, general practitioners and Divisions of General Practice are strengthened to better meet the health needs of older people and minimise disruptive transfers to hospital.</p> <p>There are many potential advantages in strengthening the relationship between primary health care providers, hospitals and aged care. Increased continuity of care for older people with all partners in the relationship being better informed about the older person’s care and treatment history;</p> <p>Improved communication between sectors and greater confidence by the older person in the care and treatment they are receiving; More efficient use of resources as streamlined processes minimise duplication of services and avoidable hospital admissions; Increased opportunities for up skilling/education by all partners in the relationship. (p15)</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	From Hospital To Home: Improving Care Outcomes For Older People. A National Action Plan For Improving The Care Of Older People Across The Acute-Aged Care Continuum 2004-2008 cont...	health promotion and illness prevention. However, these aspects of the health care of older people, while key, are not a focus of this document. (p3)	
14.	Queensland Health’s Directions For Aged Care 2004-2011	<p>Strategies: Use existing partnerships to progress initiatives e.g. the Queensland Aboriginal and Islander Health Forum and the Primary Health Care Access Program</p> <p>Queensland Health’s Directions for Aged Care 2004-2011 endeavours to build upon the vision provided in Smart State: Health 2020 to provide a more detailed vision for the delivery of aged care services in Queensland. (P7)</p> <p>Related Queensland Health documents include: Primary Health and Community Health 2002-2007: Position Statement (Queensland Health, October 2002)</p>	<p>In future, hospital services must expand their focus beyond delivering acute care, to allow for longer hospital stays. They will have to deliver acute and non-acute care and also improve the coordination of their services with community health and social care services. (p10)</p> <p>Promote stronger links between general practitioners, Queensland Health Community Health Services and community managed services to improve coordination of care and resources, through:• information sharing among providers; collaborative funding arrangements. (p31)</p> <p>Explore the feasibility of providing more competency-based training opportunities for hospital staff and community health workers, e.g. dementia, mental health. (p57).</p>
15.	Queensland Drug Strategy 2006-2010	<p>The Queensland drug strategy adopts the following principles:</p> <p>Whole-of-Government approach collaboration and partnership with non-government and community sectors</p> <p>Harm minimisation, including a balance between supply reduction, demand reduction, and harm reduction</p>	<p>Non-government role and voice</p> <p>Government has an important part to play in preventing and reducing the harmful effects of drug use through its role as a legislator, service provider, leader, educator and funder of programs. Government, however, cannot tackle this issue alone. A partnership approach has been one of the hallmarks of Australia’s and Queensland’s approach to drug issues.</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Drug Strategy 2006-2010 cont...	<p>strategies</p> <p>Prevention, including broad-based interventions to address common determinants of social and health problems</p> <p>Evidence-based approaches.</p>	<p>The development and maintenance of effective working relationships with non-government organisations, community controlled organisations, the private sector, and education and research centres for a range of initiatives – including the delivery of treatment and rehabilitation services, prevention programs, community education, training and workforce development, and research – will continue under the Queensland Drug Strategy.</p> <p>The delivery of effective drug and alcohol interventions and activities also depends on the day-to-day work of teachers, police, social workers, general practitioners, Indigenous health workers, mental health and health promotion workers, and many other dedicated staff in community organisations across the State. Implementation of the Queensland Drug Strategy cannot occur without the participation of non-government organisations. In addition to ongoing consultation, a special session of the Queensland Drug Co-ordinating Committee (which is the primary oversighting body for drug policy in Queensland), will be held prior to a midpoint review of the Queensland Drug strategy. This session will canvass non-government sector views on the implementation of the strategy, suggestions for improvement, and ideas for future directions. Other state-based mechanisms for collaborating with the professional, non-government and community sectors include the Queensland Tobacco Control Information Network (including its “Burning Issue” bulletin), Opioid Treatment Reference Group, State-wide Mental Health Network, Healthier Universities Program, Communities that Care Reference Group, and Good Sports Partnership. The Australian National Council on Drugs (ANCD) provides a non-government voice at the national level.</p> <p>The ANCD has membership drawn from around the nation, including Queensland, and from a wide range of experience and expertise on various aspects of drug policy such as treatment, rehabilitation, education, family counselling, law enforcement, research and work at the coalface in community organisations. The ANCD provides Ministers</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Drug Strategy 2006-2010 cont...		with expert advice of matters connected with licit and illicit drugs. It provides non-government input, to facilitate and enhance partnership between government and non-government and community sectors in the development and implementation of policies and programs to address drug-related harms.
16.	Breastscreen Australia National Policy	Policy statement has no specific referral to primary health or community health.	Hard copy available.
17.	Queensland Cancer Control Strategic Directions 2005-2010	<p>The Queensland cancer control strategic directions document outlines Queensland Health’s strategic intent for cancer services for the next five years. It builds on the work of the Smart State: Health 2020 Directions Statement released in November 2002 and the Queensland Health Strategic Plan 2004-10.</p> <p>Guiding principles for the development and implementation of cancer control strategies in Queensland:</p> <p>Cancer control strategies will:</p> <ol style="list-style-type: none"> 1. Promote healthy living and illness prevention. 2. Consider the needs of all individuals in the community and provide equitable availability of expert services. 3. Be comprehensive and sustainable across the range of services promoting a multidisciplinary approach to care. 4. Reflect an ongoing commitment to 	<p>Objectives include: Strengthen the role of primary health care providers in reducing the risk of cancer in the population through enhanced prevention (p11)</p> <p>Strengthen the role of primary health care providers in the population through enhanced early detection and diagnosis of cancer, where evidence exists that early detection will reduce mortality (p11)</p> <p>A comprehensive prevention strategy needs to blend an approach aimed at reducing risk factor levels in the population as a whole with one directed at high-risk individuals. Substantial reduction in the levels of risk factors requires investment in a multi-strategy approach at a level of sufficient population reach and intensity over a sustained period of time.</p> <p>Building partnerships, community education and awareness programs, group-based behaviour modification programs, monitoring and surveillance of high-risk individuals and strengthening the role of primary health care providers to increase risk factor identification and intervention are key strategies that will be employed to enhance primary prevention activity. (p14)</p> <p>The key areas that require ongoing activity include: strengthening the primary health care role in prevention (p14)</p> <p>Objective 5: Strengthen the role of primary health care providers in reducing the risk of cancer in the population through enhanced</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Cancer Control Strategic Directions 2005-2010 cont...	<p>safety, quality and improvement using performance measures and evidence-based standards.</p> <p>5. Provide Queenslanders with access to information which supports active and informed participation in decision making, where people have the ability to take responsibility for their own health care decisions and find their choices are respected.</p> <p>6. Provide privacy with security of personal information that ensures confidence in the health system.</p> <p>7. Balance investment between current demands and future demands of 2020, recognising the social determinants of health.</p> <p>8. Allocate resources based on need, equity, demonstrated health outcomes and the efficient use of available expertise and resources.</p> <p>9. Establish and maintain sustained partnerships with all tiers of government, the private sector, non-government providers and community organisations to ensure efficient, effective and integrated services.</p> <p>10. Promote research and innovation in health service delivery and treatments, while ensuring that community</p>	<p>prevention</p> <p>Strategy 1 Increase accessibility for and use by primary health care providers of evidence-based interventions and guidelines for the prevention of cancer.</p> <p>Strategy 2 Develop supportive partnerships with primary health care providers to increase the availability of practice nurses and other primary health care workers in the community to increase risk factor identification and intervention.</p> <p>What is happening now – gaps in current practice and issues to be addressed includes: The role of primary health care services General practitioners (GPs) have a key role in promoting population screening programs when evidence exists that early detection will reduce mortality and managing patients who have suspicious symptoms, have concerns about possible cancer or have an increased risk due to family history or lifestyle factors.</p> <p>As gatekeepers in the Australian health system, GPs also have a significant role in initiating patients’ access to acute or specialist services.</p> <p>To fulfil this role, GPs and other primary care practitioners must be supported with evidence-based information and education about optimal referral for diagnostic assessment and timely referral to the most appropriate services. (p17)</p> <p>Strengthen the role of primary health care providers in the population through enhanced early detection and diagnosis of cancer, where evidence exists that early detection will reduce mortality:</p> <p>Strategy 1 Support primary health care providers to use evidence-based protocols for early detection of cancer.</p> <p>Strategy 2 Develop and implement systems to guide primary health care providers in referring patients with suspected or confirmed cancer to the</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Cancer Control Strategic Directions 2005-2010 cont...	discussion on proposed new technologies or interventions occurs before change to legislation, standards or practice occurs.	appropriate service. Strategy 3 Support and implement education for primary health care providers, their patients and the community on the risks and benefits of prostate cancer testing. Strategy 4 Develop and implement strategies to improve the skills of primary health care providers in the early detection of melanoma. (p20)
18.	Cardiac Services Strategy 2005-2015	Goal of the cardiac services strategy The goal of the Cardiac Services Strategy is to provide the best cardiac care for Queenslanders through a coordinated, evidence based approach to the implementation of equitable and sustainable cardiac services along the continuum of care.	The following reflect the overall objectives of the Cardiac services strategy. 1. To increase health promotion and primary prevention activities to reduce the incidence of behavioural risk factors and the prevalence of heart disease in the community. 2. To improve access to, and equity of cardiac services throughout the State by appropriate distribution and coordination of services. 3. To improve service delivery in all sectors of cardiac care for the community, with consideration for people with special needs, for example, people living in rural and remote areas, Indigenous people and people with socio-economic disadvantage. 4. To provide highly trained, competent cardiac staff along the continuum of care by supporting competence-based training and effective recruitment and retention initiatives. 5. To ensure clinical practice is safe and of a high standard by implementing evidence based clinical guidelines and procedures, through expanding the role of the Cardiac Collaborative for Healthcare Improvement and establishing Cardiac Clinical Networks. 6. To expand service delivery models including innovative and flexible ways of allocating financial and human resources. 7. To acquire and distribute appropriate funding and resourcing based on equity, access and outcomes, to achieve the initiatives within the

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Cardiac Services Strategy 2005-2015 cont...		<p>Cardiac Services Strategy.</p> <p>8. To integrate health services to improve communication between health providers along the continuum of care of cardiac services.</p> <p>9. To monitor and review performance, at specified intervals, to improve clinical practice and service delivery.</p> <p>10. To decrease morbidity and mortality rates associated with cardiac conditions.</p>
19.	Towards An Early Years Strategy- Discussion Paper February 2006 (Department of Communities)	<p>Vision: The Queensland government is promoting a positive vision for all children and their families in the early years. The government has three broad outcomes in mind:</p> <ul style="list-style-type: none"> • children are nurtured, healthy, safe, and able to realise their full potential • families are strong, valued in their nurturing role, and capable of ensuring the safety and wellbeing of children • communities, businesses and institutions (e.g. child care services, schools and community health services) are as safe, healthy, inclusive and supportive as possible, of children and families. <p>Achieving the three desired outcomes is a shared responsibility that requires commitment and action from families, communities, government and non-government sectors, business and industry.</p> <p>The Queensland Government’s</p>	<p>The early years from birth to eight span a number of key transitions for children and families. There is growing evidence of the types of services needed at these times, including:</p> <ul style="list-style-type: none"> • conception – pre-natal services to support a healthy pregnancy and full term birth • birth of a baby – post-natal services, including home visiting and easy access to parenting information and advice • first 12 months of life – parenting information and support, playgroups, accessible child health services, including home visiting and mobile services • transition to care outside the family <ul style="list-style-type: none"> – quality early childhood care and education services, ideally with links to other health and family support services <p>transition to school – a full-time transition or preparatory year with a play-based program, co-located or near to the school. (p7)</p> <p>Many of the services provided or funded by the Queensland Government have evolved over several decades. The Queensland Government continues to evaluate whether existing services are best meeting the needs of today’s families. (p12)</p> <p>Support for mums and babies in Townsville: The Mums and Babies Program, sponsored by the Townsville Aboriginal and Islander Health Service, is an example of an effective primary health care approach that</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Towards An Early Years Strategy- Discussion Paper February 2006 (Department of Communities) cont...	<p>responsibilities include: providing community health services including maternity health, childhood health and mental health programs and Services.</p> <p>Both the Federal and Queensland Government’s policies are complemented by the responsibilities of local government.</p> <p>Local government responsibilities include:</p> <p>Delivering limited community health and welfare services, including childhood immunisation. (p8)</p> <p>The foundation for the Towards an Early Years Strategy is that the needs of children are most effectively met when all levels of government, non-government organisations, businesses, as well as communities work in partnership and combine experience, skills and resources to support families and promote positive outcomes for children (p9)</p>	<p>supports women during pregnancy and families in the postnatal period, by providing maternal and child health services tailored to its community. (p25)</p> <p>Soon after a baby is born, parents engage with community health nurses, and in cases where feeding or other difficulties emerge, may use specialised post-natal facilities. However, there is often a separation between pre and post-natal services and a lack of continuity for parents and infants (Hirst, 2005; Macdonald, Mohay, Sorenson, Alcorn, McDermott & Lee, 2005).</p> <p>Furthermore, the health-based family support system sits apart from child care and more general parenting education and family support services. (p12)</p> <p>The influence of the social environment in the lives of children and families has long been recognised. Changes in family structure, increased family mobility and a decline in extended family point to the need for communities to play a more proactive role in supporting children and families. For some children, particularly vulnerable children, local community and related social institutions (e.g. early childhood education and care services, schools and community health services) can serve to significantly improve safety and wellbeing, now and into the future. (p19)</p>
20.	A Strategic Policy Framework For Children’s And Young People’s Health – 2002-2007	<p>The Strategic Policy Framework seeks to progress the three strategic directions articulated in the Queensland Health Strategic Plan 2000-2010:</p> <p>In relation to children’s and young people’s health, these strategic directions will be progressed by: promoting a health development approach; investing early in children’s</p>	<p>The evidence indicates that to be effective a continuum of care should include: increasing access to skilled primary health care services and professionals improving coordination, collaboration and integration across and within service sectors (p25)</p> <p>Primary health care is the first level of contact of individuals, the family and community with the health system, and constitutes the first element of a continuing health care process. Primary health care addresses the main health problems in the community providing promotive, preventive,</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	A Strategic Policy Framework For Children’s And Young People’s Health – 2002-2007 Cont.....	<p>and young people’s health; addressing the social determinants of health; strengthening partnerships; delivering a continuum of care.(p18)</p> <p>Priority strategies-Cost benefits result from a health development approach, which attends to the health status and health needs of whole populations, promotes health, prevents illness and injury and intervenes early in the pathways to illness and injury. Such an approach balances health promotion and protection strategies involving whole populations and at risk groups, with strategies for treatment and management of illness and injury at the individual level.</p> <p>The Strategic Policy Framework identifies evidence-based priority strategies at both the system and service levels. At the system level, a coordinated approach is required to address priority strategies which incorporate: effective planning and implementation of integrated services.</p>	<p>curative and rehabilitative (and supportive) services accordingly. (p49)</p> <p>Overview of current Queensland Health services for children and young people</p> <p>With the trend in the provision of day-patient care and early discharge from secondary and tertiary health care settings, general practitioners, pharmacists, and other community-based health professionals are increasingly relied upon to provide ongoing management and support within the community. If a more effective continuum of care is to be achieved Queensland Health must develop collaborative and integrated working partnerships with other government and non-government service providers, general practitioners and Divisions of General Practice. This will include, but is not limited to, case management, training and information sharing. (p58)</p>
21.	Queensland Strategy For Chronic Disease 2005-2015	<p>Principles</p> <p>The Queensland Strategy for Chronic Disease 2005–2015 provides an overarching framework at the statewide level to outline key directions for building and strengthening a system-wide response to the prevention and</p>	<p>Contemporary models of health care for preventing and managing chronic disease</p> <p>The health care system in Queensland has historically comprised acute care/hospital services delivered by Queensland Health and private organisations, a small community health sector, and a general practice focused primary health care sector. The effective management of chronic diseases requires long-term care using the “full spectrum of</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	<p>Queensland Strategy For Chronic Disease 2005-2015 Cont....</p>	<p>management of chronic disease. Within this overarching framework, the following guiding principles have been identified that underpin the development and delivery of all components within the Strategy, and provide an impetus for effective chronic disease prevention and management activities across the continuum.</p> <p>Encompassing prevention and the continuum of care-The Strategy encompasses primary, secondary and tertiary prevention, as well as all aspects of the continuum of care, including identifying and minimising risk at the population level, early detection, management (including self-management approaches and reducing disease progression and associated complications), rehabilitation, and end of life care. Integrating appropriate prevention activities is a key consideration at all stages of this continuum. The full range of health settings (for example primary and community care, Aboriginal and Torres Strait Islander primary health care services, hospitals, more specialised care) and other sectors are being embraced. (p15)</p> <p>Working together in partnership and collaboration-Effective interventions for the prevention, early detection and</p>	<p>health care services, from primary (health) care to acute care and health maintenance”. This changing model of health service delivery requires greater emphasis on primary prevention, an increased focus on community or home-based services, and the strengthening of partnerships between the community, primary health care providers and the acute care sector.</p> <p>Long-term sustainability of the health system can be achieved by sharing responsibility among government, private providers, non-government agencies and consumers. A greater focus needs to be placed on the care needs of groups including older people, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds and people from rural and remote areas with chronic disease.</p> <p>To ensure the sustainable delivery of quality health care services, better coordination is required across the acute and primary health care sectors and across the continuum of care. It is important to recognise that, for most of the time, a person at risk of developing or living with a chronic disease is managing their health on a daily basis without the involvement of health care providers. Consequently, these individuals and their carers require the knowledge, skills, ability and tools to manage their own health.</p> <p>A growing body of evidence supports the development of effective ‘self-management’ programs. Effective prevention and management of chronic disease also includes preventing and managing the co-morbid mental health condition of depression.</p> <p>The evidence suggests that a multidisciplinary team approach to dealing with mental health issues is most effective. Delivering sustainable mental health strategies requires a certain level of practice change and community understanding.</p> <p>It is also acknowledged that some of the prevention and management solutions come from sectors outside the health system, thus requiring a genuine partnership approach. When a person’s disease is not properly</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Strategy For Chronic Disease 2005-2015 Cont.....	<p>timely management of chronic disease require commitment and goodwill from the community, government, non-government and private sectors. Chronic disease prevention and management requires the establishment of partnerships on a number of levels. This includes partnering with people with chronic disease, their families and carers, their communities and other service providers involved in their care.⁸ Working in partnership and collaboration creates the environment and provides opportunities to embed the Strategy in a sustainable way. Respect for the contributions of each stakeholder by the others is vital.(p16)</p> <p>Principles for Aboriginal and Torres Strait Islander Peoples</p> <p>The Strategy is supported by complementary national and state-level health policy initiatives and developments, including the National Strategic Framework for Aboriginal and Torres Strait Islander Health: Framework for Action by Governments 2003. This Framework highlights nine principles required when planning and delivering services to Aboriginal and Torres Strait Islander peoples, namely: cultural respect; an holistic approach to health including attention to physical,</p>	managed, it can lead to unnecessary complications and hospital admissions. (p21)

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Strategy For Chronic Disease 2005-2015 Cont...	<p>spiritual, cultural, emotional and social wellbeing, community capacity and governance; whole-of-health-sector responsibility; community control of primary health care services; government, non-government and private organisations within and outside; the health sector working in partnership with the Aboriginal and Torres Strait Islander health sector; decision-making capacity devolved to local Aboriginal and Torres Strait; Islander communities; promoting good health through health promotion and illness prevention activities; building the capacity of health services and communities to respond to health needs and to take responsibility for health outcomes; accountability for health outcomes and effective use of funds by community controlled and mainstream services. (18)</p> <p>Strategies supporting activity across the health continuum:</p> <p>System enablers: Positive policy environment and community capacity</p> <p>To achieve effective and efficient implementation of the Strategy through appropriate governance structures, partnerships and change-management processes</p> <p>Rationale: Primary prevention of</p>	

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Strategy For Chronic Disease 2005-2015 Cont...	<p>lifestyle and behavioural risk factors requires whole-of government and whole-of-community approaches and strong partnerships with lead agencies responsible for issues such as disability, education, employment, housing, local government, transport, sport and recreation, liquor licensing and supporting the development of healthier communities.</p> <p>Integrated health service delivery requires local partnerships involving the range of health service professionals and agencies and consumers in planning and developing local options.</p> <p>Partnership is also required with the Australian Government to shape national health policy and funding models for primary health care services, pharmaceutical benefits and aged care services.</p> <p>Strategies:</p> <p>Enhance positive policy environment and community capacity through governance arrangements and partnerships with key stakeholders; Identify the range of local stakeholders and existing partnerships and, where required, augment or develop local partnerships to progress chronic disease prevention and management strategies; Identify the range of federal,</p>	

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Strategy For Chronic Disease 2005-2015 Cont...	<p>state and regional stakeholders and existing partnerships and, where required, augment or develop partnerships at these levels, to progress chronic disease prevention and management strategies; Support mechanisms to enhance linkages between new and existing federal, state, regional and local partnerships; Develop models and tools to support partnership development, including governance options, identification of barriers, critical success factors and change-management processes; Progress bilateral negotiations between Queensland Health and the Australian Government in relation to funding reform and service delivery models to enhance chronic disease prevention and management strategies.</p> <p>Resource ongoing statewide implementation mechanisms to manage change, and to coordinate and implement chronic disease prevention and management strategies. (28)</p>	
22.	Queensland Health Disability Service Plan 2007-2010	The Queensland Health Disability Service Plan 2007-2012 (the Plan) will serve as a mechanism to assist the department to align with the provisions of the Disability Services Act 2006, and provide a tool to monitor and measure the Department’s performance in responding to the needs of people with	<p>Queensland Health’s priorities for action</p> <p>Queensland Health recognises that people with disabilities and their significant others require targeted interventions to improve their access to public, private and non-government services, including health services. The Department is committed to working in partnership with people with disabilities, their significant others, advocacy groups, the voluntary, non-government, private and government sectors, to identify barriers, and opportunities for improvement. This should in turn enable</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	<p>Queensland Health Disability Service Plan 2007-2010 Cont.....</p>	<p>a disability.</p> <p>The Plan focuses on achievement across the following key reform areas: (includes)</p> <p>Improved collaboration between the public sector, private sector, non-government organisations, other key agencies and departments and the broader community to respond to the needs of people with disabilities.</p> <p>People with disabilities have poorer health outcomes than other Queenslanders; and they and their carers report that they do not have equitable access to health services across the continuum (preventative health care, primary health care, acute health care, rehabilitation or specialist healthcare) to meet their needs. Reasons for inequitable access may include:</p> <ul style="list-style-type: none"> - the severity and range their health needs; - health needs of people with disabilities may be viewed as a part of their disability or as a result of premature ageing (eg People with Down’s syndrome suffering early onset dementia or cardiac disease); - their need to access multiple health services in a coordinated manner when they are in a very vulnerable and 	<p>Queensland Health to implement targeted interventions that will improve people with disabilities and their significant others’ experiences with Queensland Health services.</p> <p>The Plan focuses on achievement across the following key reform areas: (includes)</p> <p>Improved collaboration between the public sector, private sector, non-government organisations, other key agencies and departments and the broader community to respond to the needs of people with disabilities.</p> <p>Queensland Health’s actions to support people with disabilities are organised under the following priority areas for action which were identified during the consultation process with internal and external stakeholders:</p> <p>Improve access to safe and sustainable health services for people with disabilities and their carers.</p> <p>Better meet the needs of people with disabilities across the health continuum.</p> <p>Strengthen individuals, families and carers capacity to improve their health, manage their own healthcare and navigate the health system.</p> <p>Strengthen across Government linkages to reduce health inequalities between Queenslanders with disabilities and other Queenslanders and to facilitate the creation of healthy physical and social environments</p> <p>Strengthen across Government linkages to better meet the needs of people with disabilities whose accommodation and support needs could be better met in the community.</p> <p>Enhance collection and use of information to support decision-making and practice.</p> <p>Coordination of investigations into allegations of abuse, neglect and exploitation of people with a disability</p> <p>Ensure people with disabilities can easily and safely enter and use its</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Health Disability Service Plan 2007-2010 Cont.....	<p>emotional state; and</p> <p>- difficulty navigating such a complex health system and the interface with other social services</p> <p>A continuum of care refers to the provision of health services for the well population to those people experiencing chronic consequences and conditions. Within Queensland Health, the continuum is defined through the five program areas of promotion, protection and prevention, primary health care, ambulatory care, acute inpatient services and rehabilitation and extended care.</p>	<p>offices and facilities.</p> <p>Improve accountability, performance reporting and quality.</p> <p>Attract, develop and retain a skilled health workforce including people with disabilities.</p>
23.	Queensland HIV, Hepatitis C And Sexually Transmissible Infections Strategy 2005-2011	<p>The Strategy is consistent with the underlying principles of a number of national strategies, reports, guidelines and policy documents which address health and wellbeing issues associated with HIV, HCV and STIs.</p> <p>These include the National HIV/AIDS Strategy 2005–2008, the National STI Strategy 2005- 2008, the National Hepatitis C Strategy 2005-2008 and the National Aboriginal and Torres Strait Islander Sexual Health and Blood-Borne Virus Strategy 2005-2008.</p> <p>The National HIV/AIDS Strategy 1999–2000 to 2003–2004 and the National Hepatitis C Strategy 1999-2000 to</p>	<p>Affected communities</p> <p>The community in the broadest sense plays a vital role in improving health outcomes and the life experiences of people with HIV/AIDS, HCV and STIs. The wider community and members of the affected communities in particular, are fundamental to any strategic response.</p> <p>These stakeholders bring specific experience and expertise which will inform and guide the development, implementation and evaluation of Queensland’s response</p> <p>Involvement in the Queensland response can occur in a number of ways including: participation in community based organisations that are represented on committees or working groups such as the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee; through formal mechanisms for the review, development, delivery and evaluation of community based and government programs and services; as individuals or through community advocates in the development and</p>

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	<p>Queensland HIV, Hepatitis C And Sexually Transmissible Infections Strategy 2005-2011 Cont.....</p>	<p>2003-2004 were reviewed in 2002 and the Australian Government provided a response to these reviews. This State Strategy is consistent with the recommendations from the national review and the Australian Government response.</p> <p>The Strategy includes: a partnership approach encouraging an integrated, coordinated program between all service providers; a commitment to an enabling environment; the fundamental principles of health promotion and harm reduction; and sharing of responsibility for the prevention, early detection and management of these health issues between service providers and among individuals and affected communities.</p>	<p>evaluation of policy, programs and services; and through participation in research to inform responses and to identify emerging issues.</p> <p>Non-government sector and community based organisations -</p> <p>Non-government service providers offer a range of services across Queensland and advocate for the interests of affected individuals, communities and/or those at risk of HIV, HCV and/or STIs. These important organisations provide services to target populations that are complementary to government and private sector services</p> <p>Together with other organisations, they provide a range of programs and services including those described as clinical, educational, preventive and training. The non-government sector and community based organisations are well placed to provide programs to target populations such as the gay community, other homosexually active men, sex workers, injecting drug users, culturally and linguistically diverse populations, people with haemophilia and blood-borne virus co infection, people living with HIV/AIDS and people with HCV. Non-government and community based organisations participate in the Queensland response in a number of ways including: as advocates for those most affected in the development and evaluation of policy programs and services; as representatives of the affected communities on state based committees such as the HIV/AIDS, Hepatitis C and Sexual Health Advisory Committee and working groups through formal mechanisms for the review, development, delivery and evaluation of community based and government programs and services; through coordination and collaboration with community sector and government agencies to facilitate and strengthen community based responses; and through the delivery, monitoring and evaluation of community based programs and service responses and the identification of emerging issues.</p> <p>The vast majority of primary health care services in Queensland continue to be delivered through general practitioners (GPs) who have an important role to play</p> <p>in the delivery of the Strategy. In addition, a range of specialist and allied</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland HIV, Hepatitis C And Sexually Transmissible Infections Strategy 2005-2011 Cont.....		health professionals also contribute to the education, prevention, treatment and care of people living with or at risk of HIV, HCV and STIs. During the course of this Strategy resources will be directed towards improving the skills and knowledge of these professionals to contribute to the outcomes of the Strategy and towards strengthening relationships between service providers, professionals and representative bodies such as Divisions of General Practice (DGP).
24.	A Trauma Plan for Queensland	<p>It is recognised that there are issues in the overall health environment that would limit rapid expansion of services. In particular the medical, nursing and allied health workforce shortages exacerbated by life style decisions of health professionals will impede immediate implementation of many proposals. The Plan supports a longer-term approach to addressing these issues. That approach engages the professionals involved in the delivery of services directly in the provision of advice to government in a way which ensures a cooperative approach. The plan also recognises the need for much more detailed analysis of service requirements and recommends that as a first step, this planning process should continue and that the clinicians involved in the delivery of services should be engaged in the development of those plans.</p> <p>These proposed investments have the potential based on interstate and international experience to achieve</p>	<p>Due to Queensland’s size and geography most injured patients in rural and regional areas will need to be taken to the nearest hospital (Primary Health Services, Primary Injury Services or Metropolitan and Regional Trauma Services) for assessment, stabilisation and resuscitation as necessary. Early notification of the QEMS Coordination Centre (QCC) is critical to ensure appropriate destination decisions. The QCC will be forewarned that a seriously injured patient may be arriving at these services. This will expedite early transfer of patients to the Major Trauma Service (MTS) (see attachment 3/Fig 3).</p> <p>The Trauma Service framework should; Be based on the nationally accepted categorisation of trauma services into four levels</p> <ul style="list-style-type: none"> - Major Trauma Services - Metropolitan and Regional Services - Primary Injury Services - Primary Health Services (p19) <p>Primary Health Services will be called upon to provide aid in emergencies to injured patients.</p> <p>Early notification protocols, retrieval and transfer arrangements and educational programs should be provided to these facilities to assist them in accessing assistance in such circumstances. (p22)</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
		<p>enormous returns in regard to reduced long term disability and costs to the community. The proposed improvements are consistent with the WHO’s Guidelines for Essential Trauma Care (2004), predicated on the philosophy that “improved organisation of trauma care services can be a cost-effective way of improving the care of the injured” and which demonstrate considerable evidence for the fact that “political jurisdictions that improve the organisation of trauma services benefit from reduced trauma mortality ”</p>	
25.	Queensland Health Response to the Rebirthing Report	<p>In urban centres hospitals will establish integrated, community-based family centres which provide primary care based pregnancy and post-birth care.</p>	<p>Government supports the concept of integrated community based ‘family centres’. However comprehensive identification, planning and analysis are required prior to the development of family centres in urban centres and implementation of this strategy. Specific initiatives will be subject to the normal business case and budget processes of the Department</p>
26.	COAG National Action Plan On Mental Health 2006-2011	<p>The National Action Plan is directed at achieving four outcomes:</p> <ol style="list-style-type: none"> 1. Reducing the prevalence and severity of mental illness in Australia; 2. Reducing the prevalence of risk factors that contribute to the onset of mental illness and prevent longer term recovery; 3. Increasing the proportion of people with an emerging or established mental illness who are able to access the right health care and other relevant community services at the right time, 	<p>Integrating and improving the care system</p> <p>People with mental illness often require access to a range of human services provided by Commonwealth, State and Territory governments and the private and non-government sector. Better coordination of all these services can help to prevent people who are experiencing acute mental illness from slipping through the care ‘net’ and reduce their chances of readmission to hospital, homelessness, incarceration or suicide. Better coordinated services will also mean that people can better manage their own recovery. An effective care system will provide timely and high-quality health and community services to people with a mental illness that assists them to live, work and participate in the community. An effective, integrated care system has several parts working well together:</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	COAG National Action Plan On Mental Health 2006-2011...cont...	<p>with a particular focus on early intervention; and</p> <p>4. Increasing the ability of people with a mental illness to participate in the community, employment, education and training, including through an increase in access to stable accommodation.</p>	<ul style="list-style-type: none"> • psychiatrists in the community and a primary health care sector of GPs, psychologists, mental health nurses, and other allied health workers that provide clinical services to people with mild, moderate and severe mental illness, including early identification, assessment, continuous care and case management; • emergency, acute and community-based mental health services assisting people who are experiencing acute episodes of mental illness to prevent crisis and promote rehabilitation and recovery; • community support services such as accommodation, personal support, vocational education and training, and employment services that enable people with mental illness to live stable and productive lives in the community; and • effective assessment and triage within all parts of the system to ensure care needs are properly identified early, and that people with mental illness are referred to the services from which they will benefit most. <p>Achieving such an integrated care system requires governments to focus on two specific policy directions: to resource adequately health and community support services to meet the level of need; and to develop ways of coordinating and linking the range of care that is provided across</p> <p>the continuum of primary, acute and community services by public, non-government and private sector providers.</p> <p>Each jurisdiction is undertaking different actions to strengthen their mental health services as part of their Individual Implementation Plan. This diversity reflects the differences in the range and scale of services that are already in place in each State and Territory. Some examples of the actions include:</p> <ul style="list-style-type: none"> • implementing new Medical Benefits Schedule items for psychology and other allied health providers, psychiatry and GPs; • improving access to acute and community-based clinical services through enhancing emergency departments, providing additional acute

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	COAG National Action Plan On Mental Health 2006-2011...cont...		<p>and non-acute beds and expanding community treatment services across the lifespan;</p> <ul style="list-style-type: none"> • providing additional step-up and step-down community-based treatment facilities; • more services in rural and remote areas and providing a more flexible approach to service delivery in these areas; • providing additional care coordination services through the public, private and non-government sector; • improving services for people with mental illness in the criminal justice system, including community-based forensic mental health services; • integrating mental health and drug and alcohol services, including in Indigenous communities; and • improving mental health clinical information and accountability. <p>Additional investment is also being made to expand capacity in community support services for people with mental illness, as outlined in the section titled Participation in the Community and Employment.</p> <p>Importantly, as part of the Plan, governments have committed to two flagship initiatives consistent with the specific policy strategic direction of coordinating and linking the range of care that is provided across the continuum of primary, acute and community services by public, non-government and private sector providers. These are described in the section entitled Coordinating Care. (p3)</p> <p>Individual implementation plan on mental health-Queensland Community Mental Health Services – Enhancement (\$114.5 million)</p> <p>Queensland will improve specialist community mental health services to provide acute care, crisis assessment, mobile intensive treatment, continuing care and intake and assessment services in community settings. More people with mental illness will be able to access services and receive treatment in the community and in settings closer to their</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	COAG National Action Plan On Mental Health 2006-2011...cont...		<p>natural support networks. Implementation arrangements: through District Community Mental Health Services. Implementation commencement date: from 1 July 2006 (p 23)</p> <p>Health Action Plan Non-Government Organisation Funding (\$25.0 million)</p> <p>Funding will be provided to Queensland non-government organisations to support people with a mental illness living in the community, including people living in housing provided by the \$20.0 million capital investment identified above. This will ensure that people living in the community have access to adequate clinical and non-clinical support to assist them in their recovery process. Implementation arrangements: through the non-government sector. Implementation commencement date: 1 July 2006</p> <p>To further complement the \$20.0 million housing capital, the Queensland Government will support clients through the Special Fiscal and Economic Statement funding announced in October 2005, specifically the Mental Health Community Organisation Funding Programme; and growth funding to Disability Services Queensland for accommodation support services. The housing capital investment will also enable some acceleration of Project 300 clients to access appropriate accommodation.</p>
27.	The Queensland Mental Health Strategic Plan: 2003-2008	<p>Significant impetus and direction for mental health reform has been provided by the National Mental Health Strategy.</p> <ul style="list-style-type: none"> • The National Mental Health Plan (1993 – 1998) focused activity on the structural and procedural reform of specialised mental health services to ensure more accessible, consumer focused and high quality care for 	<p>Key areas for action identified within the Third National Mental Health Plan include:</p> <ul style="list-style-type: none"> • Continued development of high quality specialised treatment services; • strengthened mental health promotion and prevention programs; • improved linkages between primary health and mental health services to support access into and out of specialised mental health care; • coordination of treatment across services for people with complex health needs;

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	The Queensland Mental Health Strategic Plan: 2003-2008 cont...	<p>people with mental illness.</p> <ul style="list-style-type: none"> • The Second National Mental Health Plan (1998 – 2003) continued the focus on improving the quality of treatment services, and expanded the agenda to include attention to mental health promotion, prevention and early intervention, and to strengthen recognition of the roles of other sectors as partners in service delivery. • The Third National Mental Health Plan (2003 – 2008) focuses on consolidating the directions of the previous plans. The scope for mental health planning is widened from centring on people with mental illness to considering the role of mental health in individual and community quality of life, and the need for comprehensive, coordinated strategies to address the growing incidence of mental health problems. The plan proposes development of systems and processes across the range of sectors, which have responsibilities in promoting mental health and reducing the impact of mental health problems and mental illness on individuals and communities (p4) 	<ul style="list-style-type: none"> • increased capacity and linkages between government, non-government and community services to ensure access to an increased range of service and support options for people with mental health problems, mental illness, their families and carers; • enhancement of disability support, education, employment, housing, family and community services to ensure appropriate access and outcomes from these services in promoting and maintaining mental health, facilitating recovery and reducing the impact of mental illness. <p>Associated frameworks developed to support implementation within priority areas include the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (2000), and the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework. A National Policy on Multicultural Mental Health is also being finalised for release in 2004. (p5)</p>
		<p>Ten year mental health strategy for Queensland</p> <p>The Ten Year Mental Health Strategy</p>	<p>Smart State: Health 2020</p> <p>Smart State: Health 2020 Directions Statement emphasises the need for a broader conceptualisation of health than has been traditionally</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Mental Health Strategic Plan 2003-2008	<p>for Queensland 1996 –2006 established a clear planning framework for the development of specialised adult and child and youth mental health services. The Mid-Term Review of the Ten Year Mental Health Strategy conducted in early 2003 found that substantial gains have been achieved in terms of enhanced resources, structures and functions within mental health services including:</p> <ul style="list-style-type: none"> • Development of a comprehensive network of mental health services providing acute assessment, treatment and continuing care across the state, with functional linkages established between rural and regional services to facilitate access to care • Significant progressive enhancement of community based mental health service staffing to 22 staff per 100,000 population for adult services, towards a target of 30 per 100,000, and 23 staff per 100,000 population aged 0 – 18years for Child and Youth Mental Health Services, towards the guideline of 25 per 100,000 population • More equitable distribution of acute and extended treatment inpatient resources across the state enabling treatment closer to people’s homes • Increasing focus on acute assessment 	<p>adopted, with specific attention given to strengthening the focus on health promotion and prevention, and developing whole-of-government approaches to supporting health and wellbeing.</p> <p>The development and provision of high quality, patient focused health services, which are accountable, sustainable and integrated within broader systems, is recognised as a key component within this context. Health 2020 provides a structure for planning for sustainable health services into the future.</p> <p>This includes the following strategic directions for health service development:</p> <ul style="list-style-type: none"> • Taking a wider perspective on health: aimed at strengthening whole-of-government approaches to address social, economic and environmental factors impacting on health, and to support healthy lifestyles and preventive health care • Targeting areas for health improvement: improving health and wellbeing by implementing targeted strategies to address areas of illness which offer significant health improvement opportunities • Engaging communities in better health and health care: developing strong partnerships between individuals, communities, health services and the government to improve health and ensure a responsive community and client-centred health system. • Integrated patient-focused health services: ensuring access to appropriate, quality, integrated, patient-focused health services within a health system based on principles of equitable access based on need, evidence and sustainability. • Shaping the Workforce: developing a dynamic health workforce to provide quality care. • Smart State research and technology: ensuring access to current

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Mental Health Strategic Plan 2003-2008 cont...	<p>and treatment being available in the community on an extended hours basis</p> <ul style="list-style-type: none"> • Enhancement of specialised services for Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse groups. Major areas of work identified within the Strategy that require completion include continuing enhancement of community staffing to meet planning guidelines and review of the need for further development or redistribution of acute and extended inpatient beds. (p5) 	<p>technology and building an environment for research and innovation within health care.</p> <ul style="list-style-type: none"> • Paying for health in 2020: ensuring sustainable services and effective financial stewardship. The strategic directions articulated in Health 2020 are closely aligned to those underlying the National Mental Health Plan 2003 - 2008, and have been adapted as the underlying structure for identified outcomes and strategies within this plan. (p5)
28.	Queensland Government Suicide Prevention Strategy 2003-2008	<p>New suicide prevention initiatives</p> <p>Queensland Health will work with key community and Government stakeholders to develop strategies that respond to the mental health and well-being needs of people in rural and remote communities. Initial focus will be given to mental health promotion initiatives aimed at increasing the mental health literacy of rural communities.</p> <p>Queensland Health will further contribute to increasing the mental health literacy within Queensland by facilitating the availability of appropriate education and training options for key service providers, agencies and community groups. Health and community personnel throughout</p>	

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Government Suicide Prevention Strategy 2003-2008...cont...	<p>Queensland will be trained in programs including the Coordinated Training Program in Suicide Prevention Planning and the Living Works ASIST Program so they can be conducted across the State.</p> <p>Queensland Health will also work with communities to implement strategies to reduce stigma and discrimination affecting specific high-risk population groups. Queensland Health, in partnership with the Centre for Primary Health Care, University of Queensland, will develop resources to increase the capacity of services and the communities to support people who experience loss and grief. (p11)</p>	
29.	Queensland Health Multicultural Action Plan 2006-2007	No specific references to primary health or community health.	
30.	Healthier Multicultural Communities Initiative	No specific references to primary health or community health	
31.	Queensland Health Australian Better Health Initiative Implementation Plan 2006-2010	<p>ABHI priority area 5: improving integration and coordination of care</p> <p>ABHI component 5.3: Incentive fund to improve the integration of primary care services</p> <p>Jurisdiction’s own headline descriptor: Improving the integration of primary care services in Queensland</p> <p>Deliverables:</p>	<p>Delivery mechanism:</p> <p>Formal agreements between Divisions of GPs, other non-government primary health care services and Queensland Health specify governance arrangements and shared population health goals.</p> <p>New regional project officer positions recruited for the next 4 years from 2006/07 to develop and implement models that improve integration between primary health care services at the regional and local levels.</p> <p>Implementation steps:</p> <p>Recruit the new regional project officer positions and locate them within</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Queensland Health Australian Better Health Initiative Implementation Plan 2006-2010 cont...	<p>Incentive funding provided to improve the integration of primary health care services in Queensland, based on the nationally agreed ABHI principles.</p> <p>Formal working partnerships between GPs and Queensland Health and non-government primary health care services in place to improve primary health care integration at the regional and local levels.</p> <p>Budget: \$10M over 4 years from 2006/07</p> <p>Relationship to existing activity: Build on existing local partnerships and joint activities.</p> <p>Use existing primary health care partnership models to guide Queensland’s strategic directions.</p> <p>Maximise utilisation of existing tools and resources that support integration and continuity of care for people with chronic disease in the community setting, e.g. electronic referral, discharge summaries, clinical paths/protocols and diagnostic results</p>	<p>the nominated catchment areas in 2006/07.</p> <p>Explore current models used by other jurisdictions to improve primary health care integration in 2006/07.</p> <p>Develop a framework for primary health care partnerships for Queensland in 2006/07 to 2007/08.</p> <p>Implement expressions of interest process and negotiations for allocation of funds to establish new or revised partnership arrangements that meet the agreed ABHI principles for integration in 2007/08.</p> <p>Establish and/or review formal partnership models at the local and/or regional levels in 2006/07 and 2007/08.</p> <p>Monitor outcomes of initiatives at State and national levels through formal governance and evaluation mechanisms from 2006/07 to 2009/10.</p>
32.	The Health Of Queenslanders 2006: Report Of The Chief Health Officer Queensland	<p>Improvements in health will require an increased focus on all five key areas:</p> <p>Building healthy public policy across government and non-government</p>	<p>The Future</p> <p>Population growth and ageing will have a significant impact on the health needs of Queensland over the coming decades. The Queensland population is estimated to increase by about 3 million people over the</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	<p>The Health Of Queenslanders 2006: Report Of The Chief Health Officer Queensland Cont....</p>	<p>sectors, eg foods sold at school tuck shops, ‘walkability’ criteria for residential development approvals.</p> <p>Creating supportive environments, eg public walkways, breast feeding facilities in shopping centres.</p> <p>Strengthening community action, eg ‘walking’ school bus, community gardens.</p> <p>Developing personal skills, including better lifestyle choices, eg knowledge of health, food choices.</p> <p>Increasing access to appropriate health services for prevention, early detection and disease treatment and management, eg cancer screening services, brief interventions for diet and physical activity. (vi)</p>	<p>next 45 years to reach 7.1 million in 2051. One in four people in 2051 will be aged 65 years or older, compared with one in eight in 2006.</p> <p>Over the next 15 years, the number of hospitalisations in Queensland is projected to double as a result of changes in the population (growth and ageing) and the increasing burden of (potentially avoidable) chronic disease. Type 2 diabetes is projected to become the largest cause of disease burden in 2023, principally due to</p> <p>substantial increases in the prevalence of overweight and obesity. Coronary heart disease is projected to remain a major cause of disease burden in Queensland despite continuing declines in mortality rates, as the effect of an ageing population becomes evident. Ageing will increase the disability burden due to dementia, adult onset hearing loss and osteoarthritis, with each projected to double over the next 20 years.</p> <p>Avoidable death and hospital burden</p> <p>Two thirds of all premature deaths of Queenslanders are potentially avoidable. This is around four per cent higher than nationally. These deaths are due to diseases and injuries that are either preventable or treatable.</p> <p>Significant improvements in the health of Queenslanders could be made through targeted efforts to reduce levels of overweight and obesity, smoking and risky alcohol use, and increase physical activity and improve diets. Modifying the health behaviours of men, women and children will result in improved outcomes.</p> <p>The rates of avoidable death are about 50 per cent higher in areas of socioeconomic disadvantage than areas of advantage in Queensland. Around 1100 premature deaths each year could have been avoided if the rates were the same as those in advantaged areas.</p> <p>Similarly, rates of avoidable death are at least 40 per cent higher in remote and very remote areas than in cities. If rates of avoidable death were the same as those in the cities about 560 deaths each year could have been avoided. A substantial number of hospitalisations are</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	The Health Of Queenslanders 2006: Report Of The Chief Health Officer Queensland Cont....		<p>potentially avoidable.</p> <p>In Queensland, similar to nationally, nine per cent of all public and private hospitalisations are avoidable through additional preventive care and early disease management in the ambulatory setting such as primary health care. If the preventability of other major preventable illnesses - such as coronary heart disease, stroke and lung cancer, and intentional and unintentional injury – is included, the real figure of avoidable hospitalisations would be much higher. (pvii)</p>
33.	Guidelines For The Connecting Healthcare In Communities Initiative. Primary Healthcare Partnership Councils	<p>Connecting healthcare in the communities (CHIC) Initiative- A brief overview</p> <p>The Connecting healthcare in communities (CHIC) Initiative represents a new approach to establishing partnerships in the primary health care sector to improve the health of Queenslanders and increase the capacity of the health system over the next five (5) years. The aim of the CHIC Initiative is to establish Partnership Councils within each of the 20 Queensland Health District Health Services to enhance service coordination through shared service planning and assessment tools, common management protocols, agreed roles in patient support and education, and local community health promotion action.</p> <p>The planning priorities for each Partnership Council will address the Government priorities of chronic and</p>	

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	<p>Guidelines For The Connecting Healthcare In Communities Initiative. Primary Healthcare Partnership Councils...cont...</p>	<p>complex care, integrated health promotion and illness prevention, early childhood health (including ante-natal and post natal care), community mental health and drug and alcohol services. It is expected that this would lead to reductions in risk factors and better clinical care, in turn leading to reductions in avoidable admissions, inappropriate referrals to outpatient services and improved quality of life.</p> <p>Queensland Divisions of General Practice, the Combined Health Agency Group and the Qld Aboriginal and Islander Health Council is working closely with Queensland Health in leading the implementation of Partnership Councils within each of the 20 Health Service Districts. Partnership Councils will consist of stakeholders such as general practitioners, community nursing services, aboriginal Medical Services, Divisions of General Practice, relevant community and hospital services, and consumer representatives.</p> <p>It is envisaged each Partnership Council will:</p> <ul style="list-style-type: none"> - be formed at the District level to more effectively identify and prioritise the health needs of the people and respond to the pressures on the health system 	

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	<p>Guidelines For The Connecting Healthcare In Communities Initiative. Primary Healthcare Partnership Councils...cont...</p>	<p>in the catchment area;</p> <ul style="list-style-type: none"> - commit to governance arrangements where all members of a Council are equal partners in planning and delivering primary health care services, and improving population health outcomes across the continuum; - collaboratively develop local integrated implementation plans for primary and community health care; and - foster and reward innovative approaches to primary health care service planning and delivery; <p>A CHIC Implementation Team has been established including coordinators placed in the Northern, Central and Southern Area's to provide an effective means of leading and supporting the implementation for the first three (3) years.</p> <p>Queensland Health is investing approximately \$34 million over five (5) years, commencing in 2006/07, to implement the Partnership Councils and promote innovation in primary health care service delivery. \$12.5 million of this funding is part of the State Government's contribution to the Australian Better Health Initiative (ABHI).</p> <p>Partnership Councils will be reviewed</p>	

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Guidelines For The Connecting Healthcare In Communities Initiative. Primary Healthcare Partnership Councils...cont...	<p>to ensure they continue to achieve the aims that are outlined in the Policy. There will be an interim developmental review in 2009, with a final review to be undertaken in 2011, when Partnership Councils should be well established throughout Queensland.</p> <p>Overarching evaluation will be conducted by an independent body. Broad stakeholder consultation will occur with Queensland Health staff and relevant external stakeholders to progress this important initiative.</p>	
34.	Position Statement: Primary Health And Community Care In Queensland Health 2002-2007	<p>The purpose of the Position Statement: Primary Health and Community Care in Queensland Health is to guide service development and delivery over the next five years. The Position Statement identifies the key directions and priorities for Queensland Health staff and services over this period.</p> <p>Rationale for a new policy framework</p> <p>Since the early 1990s a number of continuing trends and developments have combined to lead Queensland Health to review its strategic policy directions for this sector. These include:</p> <ul style="list-style-type: none"> • Demographic trends, such as changing family structures, increasing cultural diversity and an ageing population; • Technological developments, such as 	<p>Primary health and community care</p> <p>Primary health and community care encompasses a range of services and activities spanning the prevention, management and maintenance continuum. These services and activities are supported by a social view of health which recognises that many factors influence the health and well-being of individuals and communities such as healthy liveable environments, safe cohesive communities, access to employment opportunities and quality education.</p> <p>The primary health and community care sector forms a significant part of the health system. It includes private sector services such as general practice and community pharmacies, non-government services and a range of public sector health services. Within this sector, various health service providers often link together to provide a range of functions and services.</p> <p>The functions performed in the sector are:</p> <ul style="list-style-type: none"> • health protection, health promotion, illness prevention and early detection at individual and population levels; • assessment, treatment and referral at the first contact point in the

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	<p>Position Statement: Primary Health And Community Care In Queensland Health 2002-2007 cont...</p>	<p>medical advances which have reduced in-patient stays, placing greater emphasis on carers and community-based services for post-hospital care;</p> <ul style="list-style-type: none"> • Improvements in information management systems and information technology, that drive communication improvements and enhance operational and strategic decision-making, through the timely and secure transfer of clinical, performance and other key information; • Increasing consumer expectations, in particular, demands for more client-oriented, coordinated services; • Initiatives to strengthen the contribution of general practice in the sector, including integration and chronic disease management initiatives, the establishment of the Divisions of General Practice, and initiatives aimed at promoting the role of general practice in population health activities; • Developments in the health system at a national level, including priorities under the Australian Health Care Agreement, Australian Health Ministers’ Advisory Council (AHMAC)-initiated primary healthcare initiatives, the ongoing challenges in the split funding responsibilities between the Commonwealth and States/Territories 	<p>health system;</p> <ul style="list-style-type: none"> • community-based management for people with chronic and complex conditions including pre-admission and post-hospital care; • community-based health maintenance support for people with a disability and frail older people living independently in their own homes; • community-capacity building. <p>Queensland Health’s primary health and community care services are provided by:</p> <ul style="list-style-type: none"> • community health services, including oral health services, sexual health services, alcohol and drug services, child and youth health services, aged care services, home and personal care services, Medical Aids Subsidy Scheme (MASS) and other specific population-based services; • Statewide and local public health units; • multipurpose health services; • integrated mental health services; • emergency departments of public hospitals and outpatient specialist medical and surgical services. <p>Queensland Health also purchases a range of primary health and community care services through the funding of non-government organisations.</p> <p>Queensland Health is committed to supporting communities with essential primary health and community care services, across the continuum of care, that are available locally or within a broader service network by a range of providers.</p> <p>In addition, Queensland Health recognises the substantial contribution made by carers, family, volunteers and communities in providing support in the management of people with chronic illness and/or</p>

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”						
	<p>Position Statement: Primary Health And Community Care In Queensland Health 2002-2007 cont...</p>	<p>and joint Commonwealth-State initiatives in rural health service delivery.</p> <p>There is now a clear need to refocus and re-prioritise service development and delivery to respond to these demographic, social, technological and health system changes and challenges, and to strengthen the alignment of current policy and services with developments in the broader health and community care policy environment. Therefore, this Position Statement will replace the Primary Health Care Policy (1992)¹, as the pre-eminent document to guide Queensland Health’s primary health and community care services.</p> <p>Organisational priorities for Queensland Health</p> <p>The key organisational priorities that need to be addressed to underpin changes in service delivery involve communication, workplace culture, workforce planning, information management/information technology enhancements and service evaluation.</p> <p>As the pace of reform accelerates and the necessity to work across occupational, professional and service streams increase, so will the need to promote clear communication processes. Communication among</p>	<p>disabilities. (p5)</p> <p>Key Directions and Elements</p> <p>The key directions and elements that must be addressed as a minimum for Queensland Health’s primary health and community care services are outlined below.</p> <table border="0" data-bbox="1205 459 2123 1289"> <tr> <td data-bbox="1205 459 1496 497">Key Directions</td> <td data-bbox="1496 459 2123 497">Key Elements</td> </tr> <tr> <td data-bbox="1205 497 1496 1034"> 1. Client-focused service </td> <td data-bbox="1496 497 2123 1034"> <ul style="list-style-type: none"> • promote services and service linkages built around client and community need • incorporate quality principles in the development and delivery of services • promote equitable access to services • proactively involve clients in understanding their own health and how to access the health system • acknowledge the cultural needs of Aboriginal and Torres Strait Islander people and those from diverse cultural and linguistic backgrounds in service development and delivery </td> </tr> <tr> <td data-bbox="1205 1034 1496 1289"> 2. Addressing the burden of disease </td> <td data-bbox="1496 1034 2123 1289"> <ul style="list-style-type: none"> • focus on national health priority areas • develop integrated disease management strategies • promote chronic disease self-management • promote and support an evidence-based health care system </td> </tr> </table>	Key Directions	Key Elements	1. Client-focused service	<ul style="list-style-type: none"> • promote services and service linkages built around client and community need • incorporate quality principles in the development and delivery of services • promote equitable access to services • proactively involve clients in understanding their own health and how to access the health system • acknowledge the cultural needs of Aboriginal and Torres Strait Islander people and those from diverse cultural and linguistic backgrounds in service development and delivery 	2. Addressing the burden of disease	<ul style="list-style-type: none"> • focus on national health priority areas • develop integrated disease management strategies • promote chronic disease self-management • promote and support an evidence-based health care system
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No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”	
	<p>Position Statement: Primary Health And Community Care In Queensland Health 2002-2007 cont...</p>	<p>service providers is critical to better service outcomes in the primary health and community care environment.</p> <p>Workload demands, organisational and discipline based cultural issues, information gaps and some management practices have been identified as barriers in achieving more client-focussed health service delivery. The key direction of providing a client-focussed service will require health workers to work in a range of ways depending on the needs and circumstances of individuals and population groups. It has been recognised that current deficits in the skill mix and distribution of the workforce, particularly in relation to the aged care workforce and allied health staff, are barriers in achieving a fully functional inter-disciplinary approach in the primary health and community care sector. A culture that values quality, innovation, responsiveness and forward planning will be developed over time to anticipate emerging issues and consider response opportunities.</p> <p>Information management systems that are able to share data will need to be developed and implemented to support continuity of care, and in particular to develop effective partnerships with other providers and to ensure the timely</p>	<p>3. Reducing inequalities in health and promoting health and well-being</p> <p>4. Integration of services</p>	<ul style="list-style-type: none"> • target higher risk and vulnerable groups that have lower health status • focus on social and other determinants of health • develop strategies for specific population groups • develop strong partnerships with private and non-government providers • develop collaborative models of care and shared planning across the sectors • coordinate services across key providers to avoid duplication, reduce gaps and develop cost-effective assessment and continuous management processes • focus on older people and those with chronic and complex care needs (pp7-8)

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Position Statement: Primary Health And Community Care In Queensland Health 2002-2007 cont...	<p>use of information.</p> <p>The increasing importance of health service evaluation as a key driver in improving the delivery and continuity of health services has been supported through National and State agendas. Health service evaluation can be undertaken at a number of levels to assess service performance.</p> <p>Priorities</p> <ul style="list-style-type: none"> • Changing work practices and identifying training and workforce needs. This may include developing and implementing a system-wide approach and local approaches for priority workforce issues. These issues will include recruitment and retention strategies that address the needs of rural and remote communities, and specific workforce issues such as Indigenous Health Workers, in relation to their level of skill, isolation and lack of support in large remote Indigenous populations. • Developing flexible and innovative workforce models and a culture that supports collaborative practice between relevant State Government departments, all levels of government, non-government organisations, private providers and community members to meet the individual needs of each 	

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Position Statement: Primary Health And Community Care In Queensland Health 2002-2007 cont...	<p>community.</p> <ul style="list-style-type: none"> • Establishing clear working relationships between internal service providers (such as Community Health Services and Public Health Services) to achieve a multi-strategic approach to health promotion and illness prevention. • Planning of skill development and maintenance to deliver the contemporary primary health and community care agenda. Key examples are training in coordinating care, managing or participating in an inter-disciplinary team, information management and information technology, and management skills. • Promoting good communication practices and information flows that are based on the principles of professionalism, trust and respect among service providers and with clients. • Educating consumers about health, health issues, self-management and timely access to an appropriate type and level of health service. • Effectively using accurate data through the development of comprehensive information management and information technology strategies in this sector. A 	

No.	Document	Strategic Statements/Principles	References to “Community health/Primary health Care”
	Position Statement: Primary Health And Community Care In Queensland Health 2002-2007 cont...	<p>standardised system will need to be delivered within Queensland Health that can easily share the information with other providers in the sector as appropriate. The introduction and application of other technological developments will facilitate new models of service delivery in the community.</p> <ul style="list-style-type: none"> • Assessing current positioning of services and service linkages against key directions and elements outlined in the Framework, and subsequent development, implementation and evaluation of strategies to bring service focus and delivery mechanisms into alignment with the Framework. This work will include reprioritisation of resources, and service and business process redesign and will be underpinned by a standardised service self-assessment tool, for use within each district. • Assessing the quality and performance of all services. These assessments will be part of a wider quality improvement process and should be consistent with departmental and State performance frameworks, and the National Health Performance Framework (see Appendix). Corporate governance should be directed to the best outcomes for clients who use primary health and community care 	

