

# Community Led Integrated Health Care

## Program Guidelines

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Ref	Variation Type	Variation



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## 1. Purpose of the Operational Guidelines

The purpose of the Operational Guidelines (the Guidelines) is to provide operational advice, expectations and guidance. The Guidelines should be read with reference to the Service Order for the delivery of the Gippsland PHN Community Led Integrated Health Care (CLIHC) Program and the overarching Gippsland PHN Commissioned Services Program Guidelines.

The Guidelines are not intended to be the only source of guidance for clinicians, nor should they take precedence over state or federal policy, which is subject to change. The Guidelines should be followed subject to the clinician's judgement in each individual case.

## 2. Program Summary

The Community Led Integrated Health Care program (CLIHC) has a focus on increasing access to a range of primary care, allied health services, and activities for rural and remote communities - particularly smaller and more remote communities - and is targeted to the identified health needs of these communities.

The Community Led Integrated Health Care Program supports Health Services and targets priority areas and population groups not currently resourced from other Government programs. Services are to be provided in geographic locations within Gippsland where there is evidence of high prevalence of chronic conditions, high levels of socio-economic disadvantage, and lower access to allied and other health services, including where there are significant barriers to accessing services.

These Program Guidelines set out a range of supportive information and instructions to Health Services for the implementation and administration of the program.

## 3. Aims and Objectives

The aim of the Community Led Integrated Health Care Program is to improve the health and wellbeing of people living in Gippsland in rural and remote locations and is structured to align with Gippsland PHN's strategic objectives. The program objectives are to:

- Promote and establish innovative models of health care by increasing access to primary care and allied health services based on the identified needs of the community;
- Promote coordinated, multi-disciplinary, team-based approaches to the provision of integrated primary health care services;
- Establish and maintain effective community consultation practices for the planning management, flexible delivery and ongoing review of the program;
- Provide and maintain access to relevant health promotion and preventative health programs and activities designed to promote health and wellbeing; and
- Encourage people living in rural and remote locations in Gippsland to adopt or modify behaviours to better manage their health and wellbeing.

## 4. Program Scope

The Community Led Integrated Health Care Program will provide community-based Health Services greater flexibility in the range of primary health and allied health services offered to rural and remote communities, including activities promoting good health practices and prevention.

Primary health care services encompass active treatment, screening programs, health education on individual health risks, and more broadly, efforts to address health concerns for the entire community.

Mental Health Services are not within the scope of the Community Led Integrated Health Care Program.

### 4.1 Primary and allied health services

Primary and allied health services delivered under the Community Led Integrated Health Care Program are defined as:

Service	Health Discipline	Additional requirements*
Allied Health	Audiology, chiropractic, dietetics, exercise physiology, occupational therapy, osteopathy, physiotherapy, podiatry, *psychology, speech pathology/therapy. Allied Health Assistants, foot care practitioner.	*Services listed can only be delivered where they do not duplicate existing services and <b>only with Gippsland PHN written prior approval</b> via a Service Order Agreement and/or approved Activity Work Plan.
Aboriginal Health	Aboriginal Health Workers/Practitioners, Aboriginal Mental Health Workers, Aboriginal lived experience peer workers	
Nurses in Specialist Role	Community nursing, primary health care and community health, chronic and complex condition management, sexual health, Cancer care nurses, Palliative Care nurses, Nurse Practitioners, Mental Health nurses, Stoma nurse, continence nurse, Diabetes educator nurse.	
Social Work	Social welfare and social support	

Service	Health Discipline	Additional requirements*
Family Health	Child, youth, men's health, women's Health, family and maternal health services	
*Other	Foot care therapy, oral health, *alcohol and other drugs, sexual health, aged care (excluding residential), massage therapy.	*Services listed can only be delivered where they do not duplicate existing services and <b>only with Gippsland PHN written prior written approval</b> via a Service Order Agreement and/or approved Activity Work Plan..
Community Health Education, Promotion and Prevention	Health promotion and health education activities, including injury prevention, screening, public health activities and disease prevention	Gippsland PHN requires evidence of an integrated approach to delivery of health education, promotion and prevention programs.  Where possible, consideration and collaboration with government and non-government organisations should be included in any health education, promotion and prevention activities.  Service providers may use reporting mechanisms outlined in their Service Order to reflect on any variation between the Community Led Integrated Health Care Program, and catchment integrated health promotion priorities.
Clinical/Health Coordination	Direct client role, e.g. assessment for services, case management/coordination activities	

## 5. Workforce

### 5.1 Workforce competency

Primary and allied health professionals providing services through the Program are recognised health professionals with the qualifications and skills to provide expert clinical care and advice. Health professionals must practice in accordance with the relevant professional standards as established by their professional body and/or the regulating and registering authority, Australian Health Practitioner Regulation Authority (AHPRA).

Registered Nurses providing services through the Program should\* hold a competency in a specialist role such as asthma management, diabetes education, community nursing or palliative care where the service delivery

plan for the provider includes specialist services. In that case and all other cases where a Registered Nurse is employed within the program, the Registered Nurse should be appropriately credentialed and working within their recognised AHPRA Scope of Practice.

Grade 3 Allied health assistants \*\*, as per the Victorian Supervision and Delegation Framework for Allied Health Assistants<sup>1</sup> and including the minimum training competency for general population; and Enrolled Nurses with current APHRA registration are also acceptable health professionals providing services to the Program. Delegation to, and supervision of, allied health assistants, enrolled nurses and any other personnel providing a clinical service must adhere to the guidelines of their respective regulatory bodies.

**\* Non-specialist Registered Nurses are not approved for funding via the Community Led Integrated Health Care Program.** Should workforce recruitment present a challenge,, a non-specialist Registered Nurse **may** be employed **only** with pre-approval from Gippsland PHN.

**\*\* Grade 1 and 2 Allied Health Assistants are not approved for funding via the Community Led Integrated Health Care Program.** Should workforce recruitment present a challenge, a level 1 or 2 Allied Health Assistant **may** be employed **only** with pre-approval from Gippsland PHN.

## 5.2 Workforce models

When considering workforce models for the Program, Health Services can consider a range of employment models that are best suited to their location and workforce availability:

- Full-time or part-time employment of an allied health (or allied health assistant) or nursing professional by the Health Service;
- Subcontracting services through general practices or groups of general practices;
- Sharing an allied health or nursing position with another organisation;
- Contracting visiting allied health professionals;
- Sub-contracting an allied health or nursing position on a purchaser-provider basis; and
- Brokerage (e.g. General Practitioner refers an eligible patient to an allied health professional, who provides the service and bills the organisation which pays the allied health professional direct).

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<sup>1</sup> <https://www.health.vic.gov.au/publications/supervision-and-delegation-framework-for-allied-health-assistants>