



Updated Activity Work Plan 2016-2018: Integrated Team Care Funding

The Activity Work Plan template has the following parts:

1. The updated Integrated Team Care Annual Plan 2016-2018 which will provide:
 - a) The strategic vision of your PHN for achieving the ITC objectives.
 - b) A description of planned activities funded by Integrated Team Care funding under the Indigenous Australians' Health Programme (IAHP) Schedule.
2. The updated Budget for Integrated Team Care funding for 2016-2018 (attach an excel spreadsheet using template provided).

North Western Melbourne PHN

When submitting this Activity Work Plan 2017-2018 to the Department of Health, the PHN must ensure that all internal clearances have been obtained and has been endorsed by the CEO.

The Activity Work Plan must be lodged to <name of Grant Officer> via email <email address> on or before 17 February 2017

Overview

This updated Activity Work Plan covers the period from 1 July 2016 to 30 June 2018. To assist with PHN planning, each new activity nominated in this work plan should be proposed for a period of 12 months. The Department of Health will require the submission of a new or updated Activity Work Plan for 2018-19 at a later date.

1. (a) Strategic Vision for Integrated Team Care Funding

North Western Melbourne PHN's (NWMPHN) vision is to improve the health of everyone in our region. Our mission is to strengthen primary health care and connect services across the system. Equity, respect, collaboration and innovation are the guiding values that we apply to everything we do and every interaction we have.

NWMPHN recognises the current barriers to accessing health care and achieving positive health outcomes experienced by the Aboriginal and Torres Strait Islander communities in our region. NWMPHN is committed to ensuring that the health and well-being of our most vulnerable communities are improved in a coordinated and accountable manner.

The strategic vision for the Integrated Team Care (ITC) activity is to ensure that Aboriginal and Torres Strait Islander people in our community receive health care that is accessible and responsive to their specific needs.

In 2017-18, NWMPHN will pursue this vision and meet the Integrated Team Care objectives by:

- Commissioning care coordination and Aboriginal outreach services that target the highest areas of need as identified by our needs assessments and consultation with the community.
- Ensuring consistent best practice model of care for eligible clients across the catchment through support and networking of the ITC workforce and through the collection and monitoring of client outcomes measures;
- Ensuring equitable service access for eligible clients who attend Aboriginal Community Controlled Health Organisations (ACCHOs) and mainstream services by maintaining:
 - clear referral processes via a centralised intake system;
 - effective stakeholder engagement and promotion of the program; and
 - clear lines of communication between relevant stakeholders.
- Maintaining Indigenous Health Project Officer staff as integrated members of the NWMPHN's general practice engagement and support team to maximise outreach and support to general practices in the region.
- Strengthening the capacity of mainstream primary care providers to provide culturally-appropriate care to Aboriginal and Torres Strait Islander communities.
- Identifying workforce development and training needs and coordinating cross-team professional development to promote capacity building in the region.

NWMPHN will undertake the Integrated Team Care (ITC) activity in consultation with key stakeholders in the community including the state peak organisation Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the Victorian Aboriginal Health Service—the region's Aboriginal Community Controlled Health Organisation (ACCHO), other community-based organisations serving Aboriginal and Torres Strait Islander communities in the region, consumers, providers and all levels of government.

1. (b) Planned activities funded by the IAHP Schedule for Integrated Team Care Funding

PHNs must use the table below to outline the activities proposed to be undertaken within the period 2016-18. These activities will be funded under the IAHP Schedule for Integrated Team Care.

Public Accountability	
What are the sensitive components of the PHN's Annual Plan? Please list	None.
Proposed Activities	
ITC transition phase	<p>From 1 July 2016, NWMPHN fully transitioned its care coordination and Aboriginal outreach staff to commissioned organisations in the community.</p> <p>It continued to maintain employment of the Indigenous Health Project Officer (IHPO) staff as members of the general practice engagement and support team.</p> <p>In 2017-18, NWMPHN will continue to commission care coordination and Aboriginal outreach service delivery guided by its Commissioning Framework.</p> <p>NWMPHN will undertake a review of its current commissioning model and, guided by consultation with key stakeholders, determine if direct negotiation to continue current service delivery contracts or a select tender process is most appropriate to ensure service quality and continuity for 2017-18.</p> <p>NWMPHN will continue to maintain employment of IHPO staff in 2017-18. The retention of these staff members is key to ensuring the challenges of Aboriginal and Torres Strait Islander communities' access to mainstream primary care is understood and embedded across all program areas that support the 500+ general practices within the NWMPHN region.</p> <p>The interface between IHPOs and the care coordinators and outreach workers will continue to support improved cultural appropriateness of care provided to the Aboriginal and Torres Strait Islander population in primary care settings.</p>
Start date of ITC activity as fully commissioned	1 July 2016.
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	In this activity work plan period, NWMPHN will be working in consultation with current service providers, the community controlled sector and members of the Aboriginal community to further develop our ITC approach. It is not anticipated that NWMPHN will pool resources for ITC with other organisations in this period.

<p>Service delivery and commissioning arrangements</p>	<p>Commissioning arrangements for the provision of care coordination and outreach services will be via direct engagement of currently contracted community health organisations or via selected tender to current community health organisation providers and the Aboriginal community controlled organisation (ACCO) in the region. This will be shaped by upcoming consultation with the ACCO following on from our 7 February 2017 Aboriginal Community Consultation.</p> <p>Services will be provided in line with the Integrated Team Care program guidelines. NWMPHN will actively support the ITC commissioned workforce by facilitating regular team meetings across the catchment. These meetings will work towards identifying best practice client care and implementing an evaluation framework to capture the outcomes of the program.</p> <p>IHPO staff will continue to be employed by NWMPHN to maximise coordination with practice engagement and support colleagues and to most effectively leverage NWMPHN's relationships with mainstream general practice to drive improvements in the quality of care for Aboriginal and Torres Strait Islander patients.</p>
<p>Decommissioning</p>	<p>To be determined following consultation.</p>
<p>Decision framework</p>	<p>Building on NWMPHN's specific Aboriginal Health needs assessment and information paper published in January 2016, Closing the Gap in North Western Melbourne PHN, which was endorsed by the Victorian Aboriginal Community Controlled Organisation (VACCHO), NWMPHN has continued to collect and analyse population and community level data on Aboriginal health needs in our region.</p> <p>On 7 February 2017, NWMPHN held an Aboriginal Community Consultation with 21 different organisations—including representation from VACCHO, the senior management team from VAHS, hospital, community health, state and federal government and consumer representatives – which included a workshop that allowed for review of current ITC activities and a discussion on how to strengthen engagement with key stakeholders.</p> <p>Following this consultation event, NWMPHN has entered into more detailed discussions with the Victorian Aboriginal Health Service (VAHS) as part of its assessment of currently commissioned services and to inform final decisions on the commissioning approach for 2017-18 and beyond. Informed by this further consultation, NWMPHN will re-commission the five community health organisations currently contracted to deliver care coordination and outreach and, in addition, commission VAHS to deliver care coordination and outreach for 2017-18 in April 2017.</p> <p>NWMPHN anticipates finalising its review of currently commissioned services and to establish its commissioning approach for 2017-18 in March 2017.</p>

<p>Indigenous sector engagement</p>	<p>A key workshop at the 7 February consultation explored how NWMPHN can best engage stakeholders for ongoing guidance in commissioning the ITC activity.</p> <p>Additional consultation with VAHS will be held in February 2017 to finalise review of the current ITC commissioning model and a determination if any changes to the commissioning approach will be required for 2017-18 will be made after that point.</p> <p>At the 7 February 2017 community consultation, establishment of an Aboriginal Health Advisory Group was endorsed by the participants and will now be developed to support ongoing guidance of the ITC program and other NWMPHN programs addressing Aboriginal health needs.</p> <p>Care Coordinators and Aboriginal Outreach Workers also have well developed links to local community groups who are invaluable in providing insight to the commissioned work of NWMPHN.</p>
<p>Decision framework documentation</p>	<p>The planned commissioning method for this activity aligns with the NWMPHN Commissioning Framework and the approach described above in the Strategic Vision section. The decision framework for the commissioning approach of the ITC activity is documented in an Executive briefing paper.</p>
<p>Description of ITC Activity</p>	<p>Care Coordinators</p> <p>Care coordination service delivery will be commissioned to community-based organisations with well-developed social models of health provision to provide ready access to multidisciplinary care, which is important in managing complex health needs. Commissioned agencies will also have existing broader Aboriginal Health Teams to support the role and to increase the reach of the service into the local community.</p> <p>The work of the care coordinators will include:</p> <ul style="list-style-type: none"> • supporting eligible clients to understand their health needs and navigate the health system; • liaising with clients' GPs to assist clients to get the care they need; • facilitating access to the most appropriate service for clients; • establishing relationships with other community organisations to ensure that clients are aware of available resources; • engaging community so that both community members in need of the service and community workers become familiar with the service and recognise its value; • providing appropriate clinical care and arranging treatment options in accordance with the client's care plan. This includes identifying when further needs or supports might be necessary; and • working with the client's family and support network to ensure that the client's emotional and social wellbeing needs are considered.

Outreach Workers

The Aboriginal Outreach Workers are an integral part of the ITC team as they assist with community connection and cultural understanding. These roles will be collocated with the care coordinators to support the work they do in engaging with clients and community members. The outreach roles will be the eyes and ears of the ITC program and, as well as supporting clients, they also will provide valuable feedback to NWMPHN and the IHPOs regarding barriers to health services for Aboriginal and Torres Strait Islander people.

The role of the Aboriginal Outreach Workers will include:

- supporting Aboriginal and Torres Strait Islander clients to access health services and attend appointments;
- assisting clients to access their medication;
- encouraging clients to engage in services that can improve health outcomes e.g. GP care plans and Health Assessments;
- linking clients with community through support to attend social and emotional wellbeing groups;
- identifying barriers to health care access for their clients and feeding that information back to the IHPOs at the NWMPHN; and
- helping the care coordinators engage with clients.

The care coordinators and Aboriginal Outreach Workers will be supported by an experienced clinician to build the capacity of the workforce and increase the referrals into the program. This role will also oversee quality improvement activities to ensure that there is a consistent, best practice approach across the catchment.

Indigenous Health Project Officers (IHPOs)

The Indigenous Health Project Officers (IHPOs) form an important part of the general practice engagement and support team and will be employed by NWMPHN.

The IHPOs will work directly with general practice, other mainstream primary health care providers and NWMPHN staff to:

- increase awareness of the availability of and how to access the Practice Incentive Payment Program's Indigenous Health Incentive (PIP IHI);
- work with general practices to utilise the data contained within their medical software programs to identify interventions for their Aboriginal and Torres Strait Islander patients and implement the systems for appropriate recall based on clinical need;
- provide access to Cultural Awareness Training opportunities, which ensure general practice meets the requirements of the PIP IHI;
- maintain information on the NWMPHN website on appropriate care for the Aboriginal and Torres Strait Islander population;
- utilise the NWMPHN communication channels to provide information on Closing the Gap measures, National Awareness

	<p>Days and other important Aboriginal and Torres Strait Islander information;</p> <ul style="list-style-type: none"> • support the sourcing or development of resources that are best practice and culturally appropriate for use in a range of primary health care settings; and • support the NWMPHN Quality Improvement Program with general practices that identify Aboriginal Health as their priority areas. <p>The IHPOs work with the broader Integrated Team Care team to:</p> <ul style="list-style-type: none"> • ensure that Aboriginal and Torres Strait Islander people with chronic and complex health needs are able to access culturally appropriate primary health care; and • be a conduit between experiences the Aboriginal and Torres Strait Islander community have within mainstream primary health care and, where necessary, work to support these providers to become more culturally appropriate, understand the health needs of this community and work to increase capacity in caring for Aboriginal and Torres Strait Islander patients.
ITC Workforce	<p>Care Coordinators – 4.2 FTE positions to be commissioned Outreach Worker – 1.8 FTE positions to be commissioned Indigenous Health Program Officers – 1.6 FTE engaged by NWMPHN</p>