



Australian Government

Department of Health

phn

An Australian Government Initiative

Activity Work Plan 2018-2021: Integrated Team Care Funding

North Western Melbourne PHN

Overview

This updated Activity Work Plan covers the period from 1 July 2018 to 30 June 2021.

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

North Western Melbourne Primary Health Network's vision is to improve the health of everyone in our region. Our role in achieving this vision is to strengthen primary healthcare and connect services across the system. We do this through working in a way that demonstrates our values of equity, respect, collaboration and innovation.

North Western Melbourne Primary Health Network (NWMPHN) has six key priority areas, as outlined in our 2017 Health Needs Assessment, based on the needs of our region. These are:

- Mental Health
- Suicide Prevention
- Alcohol and Other Drugs
- Aboriginal Health ¹
- Children and Families
- Chronic Conditions

Improving the health of Aboriginal people is not confined to any one program area or funding stream and a key aim of NWMPHN is to ensure that Aboriginal health is considered across all program areas. An integrated and coordinated approach to Aboriginal health within the organisation also supports a consistent and cohesive approach to our stakeholder engagement.

To help us achieve our vision of improving health for everyone in our region, NWMPHN has developed a range of strategies to focus our Aboriginal health activity. These are:

- Support best practice primary health care for Aboriginal people
- Contribute to the evidence base of the health service needs of Aboriginal people in our region
- Support internal cultural competency development, including oversight of the organisation's Reconciliation Action Plan
- Maintain respectful and collaborative relationships with the Aboriginal Community Controlled Organisations, Aboriginal Communities and mainstream organisations working in Aboriginal health

The Integrated Team Care program will contribute to NWMPHN's strategic vision by ensuring that Aboriginal people in our community receive health care that is accessible and culturally responsive to individual needs. We aim to do this by:

- Commissioning care coordination and Aboriginal outreach services that target the highest areas of need as identified by our needs assessments and through consultation with the Aboriginal community
- Ensuring a consistent best practice model of care for eligible clients across the catchment through support and networking of the Integrated Team Care workforce and through the collection and monitoring of client outcomes measures

¹ Please Note: NWMPHN has adopted the term 'Aboriginal' to refer to local Aboriginal people, those from other states & territories and Torres Strait Islander people. This terminology is consistent with communication from the Victorian Aboriginal Community Controlled Organisation.

- Supporting the development of clear referral, intake and discharge processes across the catchment to ensure equitable access for all clients to coordinated care and supplementary services
- Ensure that the challenges of Aboriginal Communities' access to mainstream primary care is understood and embedded across all program areas that support the 500 + general practices within the NWMPHN region
- Strengthening the capacity of mainstream primary care providers to provide culturally-appropriate care to Aboriginal Communities
- Identifying workforce development and training needs and coordinating cross-team professional development to promote capacity building in the region.

NWMPHN will continue to commission the Integrated Team Care program 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 (VAHS), community-based organisations serving Aboriginal Communities in the region, consumers, providers and all levels of government.

1. (b) Planned activities funded by the Indigenous Australians' Health Program Schedule for Integrated Team Care Funding

Public Accountability	
What are the sensitive components of the PHN's Annual Plan? Please list	None

Proposed Activities	
Existing, Modified, or New Activity	This is existing activity as per NWMPHN's 2016-2018 Activity Work Plan.
Start date of ITC activity as fully commissioned	1 July 2018
Is the PHN working with other organisations and/or pooling resources for ITC? If so, how has this been managed?	<p>In this activity work plan period, NWMPHN will be working in consultation with current service providers, the Aboriginal Community Controlled sector and members of the Aboriginal Community to ensure the Integrated Team Care program is serving Community need.</p> <p>NWMPHN will not be pooling resources for the Integrated Team Care program with other organisations in this period.</p>
Service delivery and commissioning arrangements	<p>Commissioning arrangements for the provision of care coordination and Aboriginal outreach services will be via direct engagement of the currently contracted Aboriginal Community Controlled Health Organisation and five mainstream Community Health Organisations. This approach ensures ongoing continuity of care across the region to meet the needs of our Aboriginal communities.</p> <p>Services will be provided in line with the Integrated Team Care program guidelines. NWMPHN will actively support the Integrated Team Care commissioned workforce by facilitating regular networking opportunities across the catchment and through supporting workforce professional development. These meetings will drive continuous quality improvement of a consistent model of person-centred care for all clients accessing the service across the region.</p> <p>The Indigenous Health Project Officers will continue to be employed by NWMPHN to maximise effective collaboration and interface with general practice. This will leverage off NWMPHN's relationships with mainstream general practice to drive improvements in the quality of care for Aboriginal patients.</p>
Decommissioning	No services will be decommissioned in 2018 -2019, however there will be an adjustment in the full time equivalent (FTE) hours offered to redistribute allocations and align with the analysis from our Aboriginal Health Needs Assessment and client demand for service.

Decision framework	<p>NWMPHN’s activity aligns with the NWMPHN Commissioning Framework. This means that externally and internally delivered services follow the three-stage cycle of: developing insight; plan and deliver, and; evaluate and improve. The iteration that occurs within each stage ensures engagement, responsiveness to local need and continual improvement.</p> <p>The Aboriginal Health Needs Assessment has shown a significant increase in Aboriginal people living in the outer suburban fringe of the NWMPHN region. The following Local Government Areas have shown a high percentage increase in Aboriginal residents from the 2011 census to the 2016 census:</p> <ul style="list-style-type: none"> • Melton City Council 38% • Wyndham City Council 33.8% • Moorabool Shire 29.6% • Hume City Council 28.5% <p>We have consulted with key stakeholders (outlined below) and adjusted commissioned FTE hours of the Integrated Team Care workforce to support the changing demographics across the NWMPHN region and the inclusion of the Victorian Aboriginal Health Service (VAHS) as a significant provider of choice for Aboriginal Community members.</p>
Indigenous sector engagement	<p>NWMPHN has actively engaged with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) as the peak body for Aboriginal health in Victoria to ensure that all activity is aligned with the health and social wellbeing needs of the Aboriginal Community across the region.</p> <p>To support engagement and input from the Victorian Aboriginal Health Service, the Medical Director from this service has been appointed to NWMPHN’s Clinical Council.</p> <p>There has also been significant engagement and consultation with the following Aboriginal Community Controlled Organisations, either to fund services or to support program development at a steering group level:</p> <ul style="list-style-type: none"> • The Victorian Aboriginal Health Service • The Victorian Aboriginal Child Care Agency • Kirrip Aboriginal Corporation • The Aborigines Advancement League <p>A key role for the Care Coordinators and Aboriginal Outreach Workers is to engage with local community groups and these ongoing relationships are invaluable in providing insight to the commissioned work of NWMPHN.</p>
Decision framework documentation	<p>The planned commissioning method for this activity aligns with the NWMPHN Commissioning Framework, which is documented on the NWMPHN website, and the approach described above in the Strategic Vision section.</p>
Description of ITC Activity	<p>NWMPHN has commissioned the Integrated Team Care program to ensure that there is a team approach to client care across the catchment. Where possible, Care Coordinators and Aboriginal Outreach Workers have been co-located to foster collaboration and better client outcomes. The Indigenous Health Project Officer (IHPO) roles work closely with the Care Coordinators and Outreach Workers to support mainstream services better</p>

understand the health needs of the community and to provide more culturally appropriate care.

Care Coordinators

Care coordination service delivery will be commissioned to the Victorian Aboriginal Health Service and to mainstream community-based organisations with well-developed social models of health provision. The mainstream 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.

The work of the Care Coordinators will include:

- supporting eligible clients to understand their health needs and navigate the health system
- liaising with clients' GPs to assist clients 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
- 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 colocated with the Care Coordinators to support the work they do in engaging with clients and community members. Their key role will be to support clients to access healthcare; however, they will also provide valuable feedback to NWMPHN and the Indigenous Health Program Officers (IHPOs) regarding barriers to health services for Aboriginal people.

The role of the Aboriginal Outreach Workers will include:

- supporting Aboriginal 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
- supporting Care Coordinators with client engagement

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

	<p>quality improvement activities to ensure that there is a consistent, best practice approach across the region.</p> <p>Indigenous Health Project Officers</p> <p>The 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:</p> <ul style="list-style-type: none"> • 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 and resources available within HealthPathways Melbourne to identify interventions for best practice care for their Aboriginal clients • 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 • support the maintenance of Aboriginal health pathways, ensuring web-based access to best-practice resources to support general practice teams and other health services improve point of care delivery • utilise the NWMPHN communication channels to provide information on Closing the Gap measures, National Awareness Days and other important Aboriginal and Torres Strait Islander information • support the sourcing or development of resources that are best practice and culturally appropriate for use in a range of primary health care settings • support the NWMPHN Quality Improvement Program with general practices that identify Aboriginal Health as their priority areas.
ITC Workforce	<p>Care Coordinators – 4.5 FTE positions to be commissioned</p> <ul style="list-style-type: none"> • 0.8 FTE commissioned to AMS • 3.7 FTE commissioned to five Community Health Organisations <p>Outreach Worker – 2.4 FTE positions to be commissioned</p> <ul style="list-style-type: none"> • 0.8 FTE commissioned to AMS • 1.6 FTE commissioned to four Community Health Organisations <p>Indigenous Health Program Officers – 1.8 FTE engaged by NWMPHN</p> <p>The FTE will be reviewed annually to ensure allocations are distributed in the most effective and equitable way to meet the needs of the Aboriginal Community.</p>